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THE NEW-ENGLAND  
MEDICAL GAZETTE.

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VOLUME VIII.





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THE

NEW-ENGLAND

# MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

SURGERY AND THE COLLATERAL SCIENCES.

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I. T. TALBOT, M.D., GENERAL EDITOR.

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VOLUME VIII.

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*"Die milde Macht ist gross."*

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CLINICAL MEDICINE.

HENRY B. CLARKE, M.D., EDITOR.

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CIRCULAR.

At the last meeting of the American Institute of Homœopathy, a by-law was adopted requiring each bureau to propose a subject for special investigation during the year, and for discussion at the following meeting. In accordance with this requirement, the BUREAU OF CLINICAL MEDICINE have selected *Phthisis*. In making this selection they were not unmindful of the reluctance which might be felt at undertaking the study of a disease which offers so little encouragement to clinical effort. Nevertheless, considering the great importance which phthisis holds, as the leading disease in all bills of mortality, its wide-spread prevalence, and the great therapeutic difficulties it presents, it was thought best to make an attempt to gather, for once at least, from as many sources as possible, such facts as would aid in throwing light upon its causation, and might present an account of what is now being done by physicians of our school to prevent, arrest, or palliate its ravages.

It should be understood, that in thus making choice of a single topic for special investigation and discussion, it is not in-

tended to relinquish the claim of the Institute upon its members for the usual contribution of papers upon any other subject of interest or profit to the profession; and this Bureau earnestly solicits the aid of every one in its efforts to present a valuable report.

Communications may be mailed to the Chairman of the Bureau, or, when more convenient, may be handed to any member of it. They should be sent in as early in April as possible.

HENRY E. CLARKE, New Bedford, Mass., *Chairman of Bureau.*  
 E. C. BECKWITH, Zanesville, O.      W. H. HOLCOMBE, New Orleans.  
 H. D. PAINE, New York.              N. A. MOSMAN, Norwalk, Conn.  
 L. E. OBER, La Crosse, Wis.         R. T. BAKER, Davenport, Ia.  
 J. C. BURGHER, Pittsburg, Pa.       G. A. HALL, Riverside, Cook Co., Ill.

The above circular of the Bureau of Clinical Medicine should be considered a personal appeal to every member of the profession. The first condition of success in such a work is that of general coöperation.

Every physician who has treated a case of phthisis should be competent to contribute some fact of his own observation which may serve the purpose of this investigation. It may be thought that a more specific inquiry upon certain points would have been better than a demand for general information; but if one will take the trouble to attempt to prepare the questions which should elicit information upon particular points, and then set himself to reply to them from his own resources, he will find the amount of labor required so great as to render the scheme impracticable. Dr. Bowditch, who is now conducting, on behalf of the State Board of Health of Massachusetts, an investigation into the causes influencing the development of phthisis, has indeed prepared a series of questions which only require affirmative and negative answers, with no reference to original observations; but in this he depends for information upon the "opinions" of those whom he consults, while he urges the report of "facts upon the various questions" from those who will

take the pains to communicate them.\* And this is, after all, the *sine qua non* of anything worthy the name of a scientific investigation, that—first of all—the facts shall be carefully gathered.

In the present instance, the thing needed is that every one shall set himself to the simple task of reporting as many cases as convenient, in a way that, when possible, there shall be mention of the apparent remote and proximate causes of the disease, together with its subsequent course and the modifications resulting from treatment.

A little effort on the part of such in our ranks as are competent to do this work, might give us enough cases to form a very valuable contribution to the study of the etiology of the disease.

\* *Opinions of Dr.*.....*of*

*State of*.....

	YES.	NO.
1. Consumption caused or promoted by hereditary influences	.....	.....
2.     "     apparently prevented from occurring in children so hereditarily disposed . . . . .	.....	.....
3. Special means used for such prevention . . . . . (If so, please name these means on another sheet.)	.....	.....
4. Consumption caused or promoted by the drunkenness of parents	.....	.....
5. Consumption caused by the drunkenness of an individual .	.....	.....
6.     "     prevented by the " " " " . . . . .	.....	.....
7.     "     "     "     "     "     total abstinence of " . . . . .	.....	.....
8.     "     caused or promoted by " " " " . . . . .	.....	.....
9.     "     "     by over-study at school or college . . . . .	.....	.....
10.    "     "     "     over-work in trades . . . . .	.....	.....
11.    "     "     "     special trades . . . . .	.....	.....
12.    "     "     "     over-work of any kind . . . . .	.....	.....
13.    "     "     "     severe bodily injuries . . . . .	.....	.....
14.    "     "     "     "     mental trouble . . . . .	.....	.....
15.    "     "     "     "     marriage . . . . .	.....	.....
16.    "     checked by marriage (child-bearing, etc.) . . . . .	.....	.....
17.    "     caused or promoted by inordinate sexual indulgence . . . . .	.....	.....
18. Consumption caused by contagion or infection . . . . .	.....	.....
19.    "     "     by exposed location of dwelling . . . . .	.....	.....
20.    "     "     "     wet     "     "     " . . . . .	.....	.....

Of course the above are only a few of the causes that might be suggested. It is hoped that, if any correspondent knows of any peculiar circumstances which he may deem important in reference to the disease, information will be given in detail, as all facts upon the various questions will be gratefully received.

A general attention to climatic influences, widely spread as our members are, might serve to throw some light upon the obscurity which now prevails regarding them, or at least help to show the hopelessness of the attempt to remove that obscurity.

The medical treatment of phthisis, though so generally unsuccessful in its final aim, nevertheless affords scope for valuable observations in regard to the influences of remedies over special conditions and groups of symptoms, and for the verification of their symptoms as now recorded in our *materia medica*.

The clinical reports which we are accustomed to have, often fail to meet the requirements of homœopathic therapeutics in this regard. The parade of successful results is no compensation for the lack of the data by which the value of the measures used may be estimated. Nor do the results always afford sufficient justification for the means.

In phthisis, in particular, we need a close observation of the clinical use of those medicines and hygienic means which may be found effectual in removing an inherited taint of constitution or other predisposition to the disease. In this field there remains a great work for the homœopathic physician.

Hitherto there has been a tendency to neglect the dyscrasic conditions of patients, in the search for the individual symptoms characteristic of remedies. In these cases, unlike those of acute functional disturbance, there is reason for the opinion that greater clinical success will follow attention to the objective features of the disease than to allow to the subjective sensations of the patient a controlling influence in the selection of the remedy; and also, that we may find more substantial doses of medicine required to modify the prevailing habit of the economy.

It is upon this ground that clinical experience from a homœopathic standpoint may render important aid in supplementing the teachings of our *materia medica*. It will often happen in practice that, after repeated disappointment in the use of remedies selected according to prominent symptoms, the peculiar dyscrasia may be studied, and an almost magical result follow. Thus, in certain chlorotic states, iron may be given; in some

exhausted or malarious conditions, quinine; after syphilitic contamination, iodide of potash, or mercury. The psoric theory of Hahnemann, with its suggestion of sulphur and other anti-psorics, whenever the system fails to respond to the apparently indicated remedy, should give way in its influence over our practice to such a discrimination as the facts of experience shall warrant.

Whatever may be thought of these suggestions, however, one thing is clear, that in the field of clinical observation we need a great many workers, not only for the direct aid each one brings, but because of the added value which each observation gives to all others.

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### CASES FROM PRACTICE.

*Read before the Maine State Homœopathic Society,*

BY IRVING S. HALL, M.D., GARDINER, ME.

#### CASE I. INFANTILE COUGH. — CORALLIUM.

Feb. 14, 1872. — A. R., aged 7 months, has suffered for ten days from a severe, distressing cough. Worse at night, especially after midnight. Coughs rapidly, almost spasmodically, with dark-red, purple face. Much rattling of mucus all through the lungs. Profuse coryza. General health remarkably good. Prescribed *Calc. carb.*<sup>200</sup>

Feb. 16. — Very little change in any respect. The patient had, previous to my taking charge of the case, been treated by an allopathic physician with nauseous doses, and now refuses to take anything in the form of medicine, so that the administration of the *Calc.* had been very irregular. The case was somewhat difficult to prescribe for, since the symptoms were so few in number, but after some consideration I gave *Corallium rubrum.*<sup>200</sup> The symptoms that induced me to give this remedy, I derived from an article on Cough, by S. Lilienthal, M.D., in the Transactions of the Hom. Med. Soc. of the State of New York for 1870. They are as follows: "Nervous and spasmodic cough, so violent that children lose their breath, and grow purple

and black in the face." After the administration of this, the child rapidly improved, and in two days was discharged cured.

#### CASE II. CROUP. — BROMINE.

March 18, 1872. — Called to see E. R., æt. 21 months, suffering from a hoarse, croupy cough, with much rattling of mucus in the throat; worse at night; goes to sleep seemingly quite well, and soon wakes up much stuffed, with distressed breathing, decidedly like croup; appears to sleep into it. *Lach.*<sup>200</sup> given at 9 P.M.

Mar. 19. — Much the same in the morning. The symptoms have remained unchanged through the night. Guided by the appearance of the patient, who is remarkably light, with very blue eyes, I prescribed *Bromine.*<sup>200</sup>

Mar. 20. — Has had no croup symptoms since. To-day, very much better.

Mar. 22. — Cured. The only point of interest in this brief case is the rapid and decided action of *Brom.* when indicated apparently by only the trivial symptoms of complexion, etc.

#### CASE III. TUMOR IN THROAT. — FLUOR.<sup>15</sup>

August 1, 1872. — Mrs. W., age 38, called on me with the following symptoms: A hard swelling about the size of a button in front of the upper part of the trachea, and extending somewhat around the sides of it; voice reduced to a loud, strained whisper; deglutition difficult; can take but two or three swallows of liquid without stopping, and solid food she must take in very small morsels, or regurgitation occurs; the respiration is short, and oppressed from the least exertion. The patient has been afflicted with asthma in previous years, but not lately. This swelling has been appearing now, since a period of eighteen months, during which time she has received treatment from several physicians, with but little effect. Face, and even lips pale; general chlorotic appearance; constant feeling of weariness and exhaustion, aggravated from slight exercise. My prognosis was unfavorable, as the case presented many severe, and but few encouraging points. At the earnest request of the patient,



I however undertook the treatment of her case on this rather hopeless ground, and prescribed *Iodine*<sup>5000</sup> (Jenichen).

Sept. 4. — About five weeks have passed with no change in the symptoms. Having now given the *Iod.* a thorough trial with no result, I changed the prescription to *Fluor*<sup>15</sup> calcium fluoride (*Calcis fluor*).

Sept. 30. — A noticeable improvement is now apparent. On her first accosting me I observed she spoke more easily, producing a clearer tone instead of the previous whisper. Deglutition was less impeded, and the swelling, on close examination, shows some decrease and softening.

Jan. 19, 1872. — The improvement has been progressive, the swelling steadily diminishing, until now it is scarcely perceptible. During this interval, she has taken no medicine except for a period of about one week, when I gave her *Helonias*<sup>3</sup>, for loss of appetite, general debility, etc., and with good effect. She has now called on me with some aggravation of her old symptoms, though there is no enlargement of the swelling. Repeated the *Fluor*<sup>15</sup>.

This soon produced a favorable change. Since that time she has had no medicine except one dose of *Sepia*<sup>200</sup>, which I gave her for other and transient symptoms. It is now nine months since I commenced the treatment of this case. The swelling has disappeared, together with its accompaniments of difficult deglutition, aphonia, etc., and the general health is much better. I think the case may safely be considered cured, though I shall continue to watch it with interest.

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#### A LAYMAN'S OPINION OF GRAUVOGL.

THE Text-Book of Homœopathy has been the subject of many reviews and critical notices in our medical journals, most of which have been highly eulogistic. An intelligent gentleman, who has given considerable attention to biological study, examined the work in order to inform himself in regard to the principles of homœopathy. In reply to a request that he would

give his opinion of the work, the following letter was written, which, though not intended for publication, may prove interesting to the profession, as the candid expression of a neutral in medical partisanship : —

*My dear Doctor.* — You'll never lend me a book again. Not only have I kept this one beyond all reasonable limits, thus depriving your patients of all the benefits that they might have derived from your perusal of it in the mean time, but I propose to inflict on you now a summary of the impressions I have received from reading it. And first for facts : —

Given an organism, — more precisely, a living human organism, — if its continuous activity result in pleasure to itself and fellows, and pleasure of such a kind as is consistent with the perception of the greatest amount of pleasurable sensations and emotions for the greatest length of time, such an organism is in health. A state different from this is one of disease. The actual problem of the physician is so to act on an organism which is in the latter state, as to bring it into the former. This is but part of a more general problem, however : given an organism in any condition, to change it into any other specified. For this purpose, one desires to know the whole of the reciprocal action between the organism and the rest of nature, especially those relations that are controllable by us. What can be more sensible, then, than the proving of certain substances on presumably healthy individuals? Nor is there anything absurd (*i. e.* demonstrably false on *a priori* grounds, if there are any such, or inconsistent with what is known of the rest of nature from experience) in supposing that the system may be affected by an infinitesimally small amount of any substance whatsoever. The only question is whether such be the fact. It seems, too, to be made out that there is such a *consensus* between the several parts of the system, that any modification of one involves some corresponding change in others ; and hence, the necessity of studying the organism as a whole.

That certain substances may affect by preference certain parts of the system ; that they can be classified according to the parts they affect, and the way in which they affect them ; that when

one of these parts is diseased, a remedy may be sought among substances which are related to this part;—this seems to me about all that the "*similia similibus*" amounts to.

But that a complete *materia medica* can be formed from proving in the healthy; that a substance which affects a certain part of the organism in health, will necessarily affect the same part when in any other state; that we should prescribe that particular substance whose effects on the healthy person are similar to the phenomena that the disease actually manifests (if, indeed, there is any such correspondence at all); that this so-chosen substance should be administered in infinitesimal quantities;—though these propositions may all be true, they do not seem to me to be established. At all events, they are not established by anything said in this book, not even clearly stated, nor are they consecutively developed. The mystical, fanciful, medieval, Helmont-like character of his speculations; his laudation of such a logician as Fries; his assaults upon Liebig and Virchow; his unfavorable reference to Mill; asserting, as he seems to do, that these men can be ignorant of logic, of scientific method, and of the constitution of nature,—to whom the world owes great and original discoveries, recorded in clear and elegant language, and very generally adopted and even practically applied with the most beneficial results; this position is too absurd.

That he may be partly right, that these authors may have made untenable assertions, is no more than likely. Liebig and Virchow studying the physical aspects and the chemical constitution of the matters that are found in, or form parts of, the healthy and diseased man, examining at the same time the properties of the objects found in external nature, impatient of the ignorance of those things displayed by their associates, disgusted with their crude ministrations of "substances of which they know little to bodies of which they know less," when the slightest acquaintance with established laws would convict them of the folly of their procedure,—under these circumstances, I say, Liebig and Virchow may have overlooked or disregarded truths that the prevailing schools possess, but, of necessity, possess

only accidentally and empirically, without being able to assign any reason at all, or, at the best, only an insufficient one.

To know what phenomena there are, is one thing, and I do not doubt that many facts may be known to Grauvogl that have escaped the notice of Liebig. For example: to discover or detect experience in connection with any one of these phenomena, some other one of the same, either preceding it or following it, or coëxisting with it, may fall to the lot of a Grauvogl more often than to that of a Liebig; but to determine under what circumstances or condition, how generally, and subject to what limitations, such a coëxistence or sequence of phenomena occurs; even to know what processes and precaution and methods must be employed in order to establish (not to surmise or fancy) a law, — a connection of parts, — that I think lies out of the reach of Grauvogl's mind.

CONVULSIONS, WITH COLLAPSE. — Dr. J. Harmar Smith, in the *British Journal of Homœopathy*, relates two cases cured with *Arsenicum*.

*First.* An infant, in deep collapse following a series of convulsive attacks. Face pallid; skin cold; semi-comatose; hippocratic countenance; pulse scarcely perceptible; eyes fixed; apparently dying. *Arsen.*<sup>2</sup> or <sup>3</sup> was given in drop doses every quarter of an hour. Next day the pulse was better; more warmth; countenance improved. Continued better, and in little more than a week she was well.

*Second.* Babe, one month old. Symptoms like the first, — convulsions, collapse, sinking. *Arsen.* was diligently given with decided and rapid improvement. Better next day and well in six days.

Dr. Smith attempts to explain the curative action of these small doses of *Arsen.*, as in accordance with the observations of noted physiologists, as follows: "Metamorphosis being delayed [by the *Arsenicum*], and the destructive power of the atmospheric oxygen on the enfeebled and well nigh paralyzed organism retarded, there was time afforded for the restoration of the normal action of the debilitated nutritive functions; the remedy thus exerting the conservative influence of alcohol, without its narcotizing tendency.

## MATERIA MEDICA.

CONRAD WESSELHOEFT, M.D., EDITOR.

## OUR MATERIA MEDICA.\*

BY WM. E. PAYNE, M.D., BATH, ME.

THERE probably is no subject pertaining to medical science which demands the attention of the profession at the present time, of so much importance to the practising physician as that of the materia medica.

Whatever may be his theoretical opinions and speculations in relation to disease, its nature and operations, the physician must go to the materia medica for the information necessary to a correct choice of his remedies. Here, and nowhere else, is he to look for the instruments of the healing art; here he is to select, in accordance with the law of similars, from the many proved drugs, the one specially adapted to the case in hand. Upon the accuracy of his choice depends not only the welfare of his patients and the progress of homœopathy, but also his own individual interest. If, then, the advancement of the greatest interests are to be intimately connected with the successful use of the materia medica, its reliability becomes at once a question of the utmost importance.

That our materia medica has, mingled with the genuine symptoms, more or less of spurious symptoms which are not the effects of the drugs, is a fact obvious enough to all who have had much experience in its use. This is owing in part to functional derangements resulting from other influences during the provings; and in part to an imagination unduly active while watching the effect of the drug.

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\* We can hardly select a better paper for our department than the following, presented to the American Institute of Homœopathy, and published in the Transactions for 1869. As it has never been republished in any journal, it will be new to those of our readers who are not members of the Institute, and may be perused with profit by all. EDITOR.

Again, there is another source of error, doubtless equally fruitful. There is scarcely a person who does not experience, from time to time, and in very many cases almost continuously, more or less of aches and pains, and other morbid sensations incident to unsound health. Now the risk of incorporating such morbid sensations into the record of provers had to be taken, or the proving of drugs abandoned. Through these two channels have the principal errors crept into the *materia medica*; and until corrected, they must prove — as they always have proved — a hinderance to the physician, often delaying his progress, defeating his aim, and consequently retarding the advancement of homœopathy in public confidence.

How are these errors to be detected and remedied? Not by closet-work, as is abundantly evident in the failures that have marked all such attempts in this direction. No man, however acute may be his discriminative powers, can separate the genuine symptoms from the spurious, except by his own observations, or by reliable clinical records of others. A symptom confirmed at the bedside receives thereby an indorsement which makes it an integral part of a pure *materia medica*. But no reasoning can make it such until it has passed this ordeal. The great body of the profession are daily testing remedies at the bedside, and most valuable confirmation of symptoms is made; but who records them? Or, if recorded, how is the profession to be benefited by them while they remain locked up in case-books? It is evident that all these important confirmations must be lost, unless effective measures are taken to preserve them. The *materia medica*, consequently, must linger in its present defective condition, becoming slowly purified only through the earnest endeavors of a few hard and careful workers in the profession.

Proving societies, and organizations for the augmentation and improvement of the *materia medica*, have been in active operation for more than three-quarters of a century. And through their instrumentality, and the zeal of individual provers, our *materia medica* has grown to very large proportions, and the work is still going forward. But where are the complemental

organizations, — those whose business it should be to revise at the bedside this great work of the provers? for here, and nowhere else, can this revision properly take place. This part of the work of constructing a pure materia medica has never been systematically attempted. Of the thousands of clinical confirmations of symptoms, there remain no records save of the very few symptoms marked with an asterisk in Jahr's Manual. And no doubt there are thousands of spurious symptoms that still stand as originally recorded, and no intimation is seen of the fact that they have invariably disappointed us at the bedside. Consequently every practitioner, at the beginning of his career, is obliged to proceed, in the choice of his remedies, as if treading on unexplored ground.

Should not the attention of the profession, then, be directed to the subject of verifying the provings already made, rather than to be entirely occupied with adding new remedies to our largely accumulated store? Doubtless there are many, very many, valuable remedies, which, if well proved, would be a great acquisition to our therapeutic means. They will be added in due time. But while I would favor the enlargement of the materia medica by the addition of new provings, I would also insist upon the importance of confirming the symptoms already obtained, and placing them, with the evidence of their confirmation, within reach of the physician, that he may feel assured, when searching for his remedy, that he is dealing with nothing but the pure effects of drugs.

By what body could this work be more suitably inaugurated than by the Institute? What time more opportune than the present? Let the duties of either the Bureau of Materia Medica, or that of Clinical Medicine, be directed to this end; and let State societies have subordinate organizations whose duty it shall be to procure verified symptoms, and report the same annually to the central organization. Let the name of every physician who confirms a symptom be attached to it, so that he shall have the credit of it, and be held in some degree responsible for the accuracy of his observations. This will be in accordance with the practice pursued in relation to the provings. Here would be

found a stimulus to the work, if no other than an excusable ambition — common to most men — to have some step in the progress of knowledge marked with their name. And just here that ambition could be gratified in the performance of a most important and enduring work.

A little reflection will show that a work of this kind must prove eminently useful in several ways. It has for its end the purification of the materia medica; and in the prosecution of the work the physician becomes, necessarily, a more careful observer, and a more diligent student of the materia medica. His studies are immediately reduced to practice. Study and practice go hand in hand; he studies only as he practises, and practises only as he studies. Thus the materia medica becomes, as it should be, his daily and hourly companion.

At the last annual meeting of the Maine Homœopathic Medical Society, this subject was discussed; and it was unanimously recommended that the Committee on Clinical Medicine limit its official labors for the ensuing year to the collection of symptoms confirmed in practice. On accepting the recommendation as their rule of action, the Committee resolved to earnestly solicit the coöperation of every member of the Society in carrying forward the work. Accordingly, a special notice, embodying the wishes of the Committee, has been issued by the Recording Secretary, and forwarded to the several members of the Society; and favorable responses are confidently anticipated.

The suggestions are made with the view of directing the attention of the Institute to the practicability and importance of revising the materia medica at the bedside. This work can be done nowhere else, nor can it be in any other way so speedily accomplished as through well subordinated organizations, of which the Institute should be the centre. The following plan is proposed: —

#### *Explanation.*

In each paragraph is included the symptoms of a single case. The v. denotes that all the symptoms which precede are found in the recorded proving of the drug, and were *verified*, that is, removed by its administration. The dash (—) means that all



the symptoms which follow in the same paragraph were present in the case, and the *n.* indicates that these symptoms also *disappeared* under the use of the remedy. The italicized symptom or symptoms led to the examination of the remedy, and its final selection. The name at the end of the paragraph is the name of the verifier.

*Examples.*

*Anacardium*: Digging and throbbing pain in right side of head, above the temple, and along the border of the orbit; relieved entirely while eating, when lying down in bed, at night, and when about falling asleep; worse during motion and work, *v.* — Tough, sticky phlegm in the throat in the morning, any attempt to remove which ends in vomiting, *n.* The above symptoms, which had continued for five weeks, promptly disappeared under the use of *Anacardium*<sup>m</sup>. (W. E. Payne.)

*Anacardium*: Cramp in calf of leg when walking, or rising from a sitting or recumbent position; entirely relieved by lying down, *v.* *Anacardium*<sup>m</sup>, two doses. (W. E. Payne.)

*Mezereum*: No rest when alone, wants to be in company; ideas vanish while talking, unable to recollect; ideas confused; unable to repeat what has been learned by heart; looks through the window for hours, without being conscious of the objects around; knows not what she is about; forgets what she is about to utter; looks ill-humored, pale, wretched, fallen away; apprehensiveness at the pit of the stomach, as when expecting some very unpleasant intelligence, *v.* A feeling as if the eyes were drawn backwards into the head [*Bovista*]; strained, numb feeling in top of head; vertex "pithy" (?) a feeling as if the top of the head were gone; unable to sleep, *n.* After the use of several remedies, *Mez.*<sup>m</sup> relieved all the symptoms in a single night. (W. E. Payne.)

*Phosphorus*: Regurgitation of undigested food very soon after eating, *v.* Hahnemann says, in his indications for the use of *Phosphorus*, "The food rises back again into the mouth, after having been scarcely introduced into the stomach." This is a more precise representation of the case. It had been of

long continuance. *Phos.*<sup>30</sup>, repeated several times, cured. (W. E. Payne.)

If every physician would keep daily bedside records something like the above, and transmit them from time to time through subordinate organizations, or directly to the Bureau of *Materia Medica*, or the Bureau of Clinical Medicine, the character of our drug provings would soon have been thoroughly tested; and a *materia medica pura*, in fact as well as in name, would be the result.

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### NOTES ON LILIUM TIGRINUM.

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

*Read before the Central Homeopathic Medical Association of Maine.*

WHEN first introduced to the profession, by Dr. W. E. Payne, in 1867, and more fully in 1870, I believed *Lilium tigrinum* to be a great acquisition, — not because it would ever become a polychrest, but because of its well-marked and evidently characteristic symptoms of a new and striking character, — like, yet plainly unlike, other remedies affecting the same organs. I also expected much from it on account of the character of the provings and observations by which it was introduced. They were such as to bring out its general range of action, and exhibit also many confirmed symptoms, so that we had only to proceed and test it in the many cases in which it would be found applicable. For the final proving, as presented by Dr. Payne, I refer you to the Transactions of the American Institute of Homœopathy for 1870. On page 332, Dr. Payne makes this remark: "While the reproductive organs of the female seemed to be more powerfully affected by the drug than any others, the heart seemed to be the point of attack in the male organism.

Is there any significance in this worthy the attention of further provers?" I think there is, — of both provers and observers. Although it has not yet fallen to my lot to find a case of heart

trouble in the male to which *Lilium* seemed applicable, it has often occurred to me to cure troublesome functional heart derangements of males with *Pulsatilla*, a drug which so affects the female organs of generation. This fact would seem to confirm Dr. Payne's suggestion.

*Lilium* steps into a niche already prepared and waiting for it, and its immediate neighbors are *Sepia*, *Aloes*, *Tilia Europea*, *Platina*, *Palladium*, *Belladonna*. It promises to give us excellent help in combating the allopathic caustic-and-pessary treatment in diseases of the female generative organs, as it supplies a much-needed remedy. I would not lay too much stress on its actual production of anteflexion, which seems to be well proved, because we know that anteflexion is often physiological; or, at least, it appears to be so, as it is often found to exist without causing any symptoms; and this fact, by the way, is a strong proof of the Hahnemannian doctrine that the symptoms constitute the suffering to be removed. These being removed, the patient is well to all intents and purposes.

Every observing physician must have noticed, in cases of so-called uterine complaints, how little relation the symptoms often bear to actual organic conditions, as revealed by a thorough examination. Often when patients believe, from their feelings, that there are grave displacements, or other serious difficulties, we find nothing of the kind. And if we succeed in removing a displacement mechanically, we have usually accomplished little or nothing, as I know by actual experience. The physiological power of the uterine ligaments to restore the womb to its place, when duly excited to do so, was once most distinctly proved to me by the case of a very intelligent young lady who had entire prolapse of the uterus, but who assured me that a walk upon the street would restore it to its place. This was due to the stimulus thereby applied to the uterine supports. And if they can thus be made to act their part by mechanical stimulus they can doubtless be thus affected by appropriate remedies. Of these, *Lilium* is doubtless one. It has also produced retroflexion and prolapsus as well as anteflexion.

Dr. Payne has found its chief use in cases that did not re-

cover well after delivery. The uterus seemed to remain sensitive to jar or pressure, with much bearing down, and desire to press upon the vulva with the hands to keep something in, and an excoriating leucorrhœa; with these symptoms there was also much depression of mind and anxiety respecting the state of the generative organs.

I have more frequently given it in cases popularly known as "female weakness" without regard to previous child-bearing; as often in the single as the married. The following symptoms have been most clearly confirmed.

*Depression of spirits. Fearfulness and apprehension of having some incurable internal disease.*

*Abdomen tender to pressure.* Bloated feeling of the bowels and stomach. Uterus tender to pressure or jar; *can walk on level surface, but great aggravation from walking on uneven ground.* (This symptom is very characteristic.) Leucorrhœa, generally yellow, often excoriating. Cold, clammy hands and feet, more when excited or "nervous."

I do not think that *Lilium* is an antipsoric. In cases when it seemed clearly indicated, it has often seemed to do well for a time, but was unable to complete the cure, and had to be followed by some antipsoric, — most frequently *Sepia* or *Cauticum*. I have used mostly the twelfth potency of the tincture of the pollen, given me by Dr. Payne.

There is a singular apparent cure of a horizontal hypermetropic astigmatism in the case of one of the provers (Miss C. le B., M. D.). She states that her sight grew weaker [more hypermetropic?] while under the influence of the drug, but afterwards improved, "so that," says she, "whereas for one year I had a habit of turning my head toward the left when reading, trying thereby to look with the left eye out of the right glass of the spectacles, and this in order to be able to see the whole of a letter like p, b, d, etc., of which otherwise I could only see the straight part, but not the curve, — now I can see distinctly without turning the head sidewise."

The exact fact is, probably, that she saw the vertical part of the curve, but not its horizontal parts.

Whether we can really cure some cases of a deformity of this kind with *Lilium* is yet to be determined.

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AMERICAN INSTITUTE OF HOMŒOPATHY.

*Bureau of Materia Medica.*

CARROLL DUNHAM, M.D., N. Y.  
 C. WESSELHOEFT, M.D., BOSTON.  
 WM. E. PAYNE, M.D., BATH, ME.  
 J. P. DAKE, M.D., NASHVILLE.  
 C. C. CROPPER, M.D., OXFORD, O.

EDWIN M. HALE, M.D., CHICAGO.  
 CONSTANTINE HEHING, M.D., PHILA.  
 W. MCGEORGE, M.D., WOODBURY,  
 N. J.  
 O. P. BAER, M.D., RICHMOND, IND.

THE labors of this Bureau, during the current year, will be devoted, in the first place, to the accumulation and systematic recording of everything discovered or observed, during the year, relating to the materia medica, — to the end that its next report to the Institute may embody a complete record of progress in this department of science. In this work the Bureau earnestly asks the assistance of every member of the profession, and of the Secretary of every State and County Medical Society, and of every Provers' Association.

The Chairman of the Bureau will thankfully receive and acknowledge all communications containing information of provings in progress or completed during the year; symptoms, or groups of symptoms observed, whether by provers or *ex usu in morbis*; observations of poisonings; and verifications of former observations. He desires to make the Bureau of Materia Medica of the Institute the great depository of current observations and knowledge in this branch of science.

In addition to the above, the Bureau will continue its labors upon the subject of reconstructing the materia medica committed to it by the Institute at the last meeting, and in proving drugs. An especial effort will be made to obtain a thorough proving of the *EUCALYPTUS GLOBULUS*; and in this work the aid of the profession — both men and women — is earnestly solicited.

To physicians who have never seriously considered the duty which rests upon each one of us to take an active part in the work of drug proving, we beg to say: "You make your living by applying to the cure of the sick a knowledge of drugs which was obtained by the labors and sacrifices of drug-provers, who have freely given you what they, by suffering, gained. You

owe them a heavy debt, and you cannot pay it, except by similar benefactions to your associates and successors.”

The Chairman of the Bureau will furnish to all who may signify a desire to join in this work, preparations of EUCALYPTUS, and to such as may request it, directions for drug-proving; and he will gladly receive the records of all provers (men and women), giving them full credit in the report of the Bureau to the Institute.

*For the Bureau of Materia Medica,*

\*CARROLL DUNHAM, M.D., *Chairman,*  
21 WEST NINETEENTH ST., N. Y.

## OBSTETRICS AND THE DISEASES OF WOMEN.

J. H. WOODBURY, M.D., *EDITOR.*

### NON-LIGATION OF THE FUNIS.

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

AMONG the many medical innovations of the past decade, there has been perhaps no one more radical than that which stands at the head of this article. It boldly proposes to dispense with the “two ligatures three inches apart, equidistant between which the cord is to be cut,” and to substitute in their places — literally nothing. The principal advantage which is claimed for this procedure, is the hypothetical, and very doubtful one, that infants thus treated suffer less from colic than those treated in the ordinary way. On the other hand, the apprehension is entertained by many, that to leave the cord unligated in all cases is to expose many infants to the danger of serious, if not fatal, hæmorrhage. In view of all that was being said, pro and con, I determined, about one year since, to submit the new process to the test of actual trial in one hundred consecutive cases, as they might occur in my practice; and I herewith submit the results: —

\* On the departure of Dr. Dunham for Europe, he resigned the chairmanship of this Bureau, to which place Conrad Wesselhoef, M.D., 302 Columbus Avenue, Boston, was appointed. — EDITOR.

Of the whole number treated, ninety-one cases did perfectly well; the hæmorrhage was inconsiderable and soon ceased, doing no injury and causing no other inconvenience than requiring, in a few cases, for the sake of cleanliness, the re-dressing of the cord and the changing of the child's underclothing. In three cases the hæmorrhage was so copious, in spite of the "stripping" process, as to render necessary the use of the ligature to avert an apparently fatal result. In three other cases hæmorrhage occurred at intervals, varying from thirty minutes to two hours after birth. In one of these it did not commence until after I had left the house; and through the oversight of the nurse, it came near being fatal before it was discovered. In the other three cases there was a copious and persistent oozing, completely saturating the clothing of the child, and causing so much apprehension to the mother and attendants that the ligature was applied, and the further effusion of blood prevented.

In all cases the ligature was prepared as a precautionary measure, and the nurse instructed how and under what circumstances to apply it. This brief statement sufficiently sets forth the dangers and disadvantages of this method, to wit: the risk of fatal hæmorrhage in a small minority of cases, the discomfort and apprehension attendant upon the constant oozing in others, and the danger of a recurrence of the hæmorrhage when all probability of such an accident seemed at an end, and the watchfulness of the nurse had consequently relaxed. On the other hand, I fail to perceive any advantages arising from the disuse of the ligature. Colic was quite as frequent and severe among those cases left unligated as those treated in the usual manner, the slight blood-letting attendant upon this process proving no prophylactic against the errors in diet of the mother or child, or the thousand and one other causes of gastric disturbance and consequent colic, to which infants are subjected. And this colic is, in my opinion, much more readily and effectually removed by a proper and judicious diet, and appropriate therapeutic treatment, than by the loss of a few drops of blood from the funis umbilicalis at the time of birth.

## DYSMENORRHEA. — XANTHOXYLIN.

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

MRS. — sent a messenger for something to relieve the excruciating pains accompanying the monthly flow. The patient was represented as flowing freely, but suffering great pain in the loins and lower portion of the abdomen. I was informed that she had suffered, though sometimes but slightly, at the monthly period for fourteen years; but almost always she was in great agony for twenty-four hours. She had tried all known allopathic remedies without avail, and "suffered many things of many physicians." She now turns to homœopathy, hoping something may be done to relieve, if not cure. I, with many misgivings, prescribed the third dilution of *Xanthoxylin*, in pellets, with directions to take six globules once an hour until relieved; then to discontinue the medicine until the next monthly period.

About three months later, the lady herself came to get a further supply of the medicine. She stated that it was the first medicine that she had found, during fourteen years, to afford complete relief. She said that as soon as the menses made their appearance, she at once resorted to the pellets, which had always given her relief. Some weeks afterwards, her husband called to obtain a larger quantity of medicine, fearing some accident might occur, and she be cut off from the relief she was enjoying.

This case is not reported to show any new quality in the drug, but merely to corroborate what has been testified to by others. The suffering occurring during painful menstruation is frequently beyond description, and any remedy affording as prompt relief as the above, in the case just mentioned, should be proclaimed without hesitation.



## PROTRACTED GESTATION.

*Read before the Mass. Hom. Med. Society.*

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

AT a previous meeting of this Society, Dr. Woodbury presented a paper on this subject, which was afterwards published in the *New England Medical Gazette*. In this several authorities are quoted to show that human gestation is not limited to the term of 280 days. He cites two cases in which there could be very little doubt that the pregnancy had continued far beyond the usual time. I doubt not that such cases frequently occur. And yet there are some physicians of rare scientific attainments who emphatically say that the term of intra-uterine life is fixed, and cannot be extended. The subject has been recently brought to my attention, and the three following cases may add something to those already reported.

Mrs. E., a carefully-observant woman, of vigorous constitution, was recently confined with her sixth child. Three of her gestations — the first, third, and fourth — were of normal duration, and the children weighed, at birth, from eight and a half to ten pounds. The other three gestations form the cases of which I speak.

CASE I. The second confinement occurred, if we judge from data which were perfectly satisfactory to the mother, on the 294th day. There had been symptoms of approaching labor on the 280th day, but they subsided after one or two hours, and did not return till after two weeks.

CASE II. With the fifth child there were the most positive data. The mother had been absent from her husband for some weeks, and on their coming together, it being after the fourth day from the cessation of the menses, connection was had with the view to impregnation. This was followed by abstinence from further access. In two weeks she experienced her usual symptoms of morning sickness. In the sixteenth week motion was distinctly felt. On the 280th day pains came on regularly and continued for two hours. A profuse watery discharge took place. Notwithstanding this, the pains disappeared.

She increased in size, and an effort was made to induce labor by means of the colpeurynter, but without success. The motions of the child were strong. The placental *souffle*, and the heart sounds were clear and distinct. It was decided not to rupture the membranes or take any other measures to hasten labor, trusting rather to nature. She had a natural labor on the 311th day. The child weighed 12½ pounds.

CASE III. Her sixth and last labor occurred after an interval of six and one-half years. Without the conclusive data of the previous pregnancy, still the cessation of the period, — which had before been uniform, — the morning sickness at two weeks, the motion in the sixteenth week, all pointed with considerable exactness to the term of pregnancy. And on the 280th day there were as before the frequently-recurring pains and the profuse watery discharge; and again the pains ceased. After two weeks, on the 298th day, the patient being very large, the colpeurynter was again applied, and afterwards Barnes' dilator was inserted within the os uteri. Pains returned and continued for thirty-six hours with slight dilatation of the os uteri. Active labor-pains then set in, and in an hour the patient was delivered of a baby weighing 12½ pounds. How long this gestation might have continued, had it not been for interference, it is, of course, impossible to say; but these three cases, with the many other observations which I have made on this subject, are, with me, convincing evidence that gestation may be protracted ten, or twenty, or thirty, or even more days beyond the usual time.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

BOSTON, JANUARY, 1873.

If the old notion were true, that seven years are a cycle in which every portion of the human frame is renewed, — blood, muscles, bone, dentine, and all, — we might expect the same term to have equal significance in relation to objects outside the animal economy. The GAZETTE, then, on entering its second heptade, would have an entirely new life, and in fact, become a new creation. Such, indeed, it promises to be, — with new, earnest, and enterprising publishers, an editorial staff ready and willing to devote their best energies to it, and a large list of subscribers who say “on no account can we spare the Gazette.”

Let us hope, therefore, that with the new volume will come enhanced value; that the faults and short-comings of the past will give place to greater excellence, and that the GAZETTE will equal not only the wishes of its readers, but the intentions of its editors and publishers.

THE BOARD OF HEALTH, AND THE SMALL-POX IN BOSTON. — Like a rickety old hulk in a tornado the so-called Board of Health, which has long pretended to preside over the hygienic interests of Boston, proved itself when the fearful epidemic now raging reached this city. It went down, and doubtless will soon be forgotten; but it left a city scourged with fire and pestilence. The natural location of Boston should render it one of the most healthy cities in the world; but the negligence of man has done much to plant here the seeds of a pestilence almost unequalled. Few places have a better official than the City Physician of Boston. A man of great ability, thorough education, executive talent, energy and conscientiousness, his official powers are still limited to the narrowest space. The Board of Health, on the contrary, with almost unlimited powers have been politicians — the Aldermen of the city — whose principal duties as a board of health seemed to be to look out for re-election and to interfere as little as possible with any man's convenience. Thus, while the small-pox was raging in other cities, it was seen how utterly unprepared we were for it. The City Physician told of this, time and again, but the Board of

Health could not, or would not see it. The small-pox hospital was shown to be badly located; but nothing was done about it until the matter was thoroughly ventilated in the newspapers, the whole city excited, the Board of Health frightened at their own unpopularity, and then, to appease the excitement, they demolished the hospital, leaving the city in a worse condition than before.

From this moment the pestilence increased, and a general revaccination, the only known preventive, was demanded. But instead of arranging a system which should include every resident of the city, the aforementioned Aldermen appointed various physicians to go about the town to vaccinate whoever needed it. Still the disease marched on, and to-day we learn from the City Hall that there are upwards of 1,500 cases in the city, with a mortality of forty to fifty and even more every week, and a steady increase at that. If there is any one thing which we may thank this pestilence for, it is that it has put an end to such an insufficient Board! The Aldermen have reluctantly parted with their unused or misused powers. At last we are to have a Board of Health, in fact as well as name, consisting of three men with a salary of \$4,000 each, who are to devote their whole time to their work. These should be thoroughly trained, active, energetic men; and since there is a city physician and board of consulting physicians, it is perhaps quite as well that this executive board should be composed of business men, rather than doctors. The small-pox is the first dragon they will have to meet, and we all know what weapons are required, and what means have been successful in other cities, — *isolation* and *revaccination*, thorough and impartial. This will be but the commencement of their Herculean tasks. The elements of disease are in our streets, our sewers, and our back-yards. Our manufacturers are sending forth pestilential vapors, and our stables and vaults are too often a reeking mass of death-producing filth. The public have now a disposition to sustain these men in any thorough and judicious measures. No doubt individual interests will have sometimes to give way to the public welfare; but what right has my neighbor to fill his pocket-book with dollars by acts which cost me and my family their lives? We must not expect impossibilities of this new Board, but if they will do what is practicable — not to say possible — Boston will in five years present a health-record second to no other city.

THE MASSACHUSETTS MEDICAL SOCIETY VS. HOMŒOPATHISTS. — On Saturday, November 30, 1872, this case, involving the power and right of the society to expel its homœopathic members for a difference of

opinion, was argued in the Supreme Court before the full bench. Hon. E. R. Hoar appeared for the Society, and Hon. Richard H. Dana, Jr., for the members whom it was proposed to expel. Mr. Hoar's argument did not touch the intrinsic merits of the case, but dwelt on certain legal points; while Mr. Dana, though taking a broader view, exhibited an amount of research and legal acumen which elicited praise, even from his opponent. The case will be determined upon purely legal points, and we await with patience the decision of this court as to our rights in this particular Society. The arguments will be found in Vol. VII. of the GAZETTE, and the decision, when rendered will be published in this journal.

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## CORRESPONDENCE.

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### SHALL WE HAVE A NEW ENGLAND COLLEGE?

[LETTER FROM ELIZABETH STUART PHELPS.]

EDITORS OF THE GAZETTE. — The continued want in this city of a Homœopathic Medical School, — hardly second to, and walking hand in hand with that of a hospital, — begins to wear, it seems to me, a serious aspect.

What is the trouble with Boston homœopathists? Do they lack a certain energy? or a certain ability for seizing the edge of an occasion? or is it rather a certain niceness of perception of where there is an occasion to be seized? Are they poor? Are they lazy? Are they dull? Are they indifferent? Are they inefficient? Are they absorbed in their private interests? Contented with their private successes? Crippled by their private dissensions? Deluded into inaction by their growing strength, and the pleasantness of an ever-increasing popularity, and continually widening usefulness? What is the matter?

That there is matter enough at fault somewhere, seems to the non-professional and non-resident mind, clear enough. Impediments? What are they? Discouragement? What has homœopathy to do with discouragement? Time? Boston has had time enough!

Every season adds to the reputation for inertness, which, if we are not upon our guard, will become fixed as the peculiar property of the new school in New England.

Every month is costly time; every week counts. The success of the Great Fair only adds to the responsibility upon which "great expectations" may be justly formed of us. That it is nearly a year since that enterprise was started, and that the ground is not yet broken for the hospital, may be owing to a peculiar combination of circumstances; but is nevertheless unfortunate.

To New York, to Philadelphia, to Chicago, to Cleveland, to St. Louis, to Cincinnati, to Detroit, — anywhere but to Boston, New Eng-

land medical students can go for new-school education, — must go to get it, or will be sucked away into allopathic colleges by the whirlpool which sends the majority of young men and women rotating about their homes, or means of support, during the struggle to compass a three years' course of study.

The Hahnemann College, in Philadelphia, is twenty-three years old. The one at Cleveland is twenty years old; the New York Homœopathic College numbers thirteen years. Even the allopathic Woman's College in this town bears the gravity and composure of a quarter of a century's existence upon its very respectable head. Boston homœopathy has had time enough!

Boston must open a homœopathic medical school, in which the most accurate and scientific standards of study shall express themselves in the most practical and most liberal curriculum — and Boston must do this before long. Upon the *immediate* establishment of such a school may depend, in the somewhat chaotic transition state of medical instruction now prevailing in America, more of the character of New England homœopathy for the coming decade, than we may be fully aware of; or, at least, attentive to. Next year is as suitable for the commencement of such an undertaking as next century. It can require but two conditions to the opening of a course of lectures in this town another autumn, — means and wits.

In the former we are not wont to suppose the homœopathic laity of this vicinity to be deficient, — perhaps, indeed, it is more generally a laity of wealth and culture than is really well for the broader interests of the system (a medical, no less than a religious creed is never secure of its footing till “the common people hear it gladly”).

As to the latter, my acquaintance with the local profession is limited, and I prefer to found my hopes or fears upon an assumption or an inference. From an opinion I pray thee have me excused!

In one preëminent particular, it will be found that a medical college of the new school, dating its inception from times like these, will possess a signal advantage over any other institution of its kind in the country. I refer to the ease with which it can *start* right upon the subject of educating women. The “woman question” has long ago settled itself in its relations to the medical profession, by the simplest of all arguments — nature's own. For men to attend women in the majority of cases in which a woman requires medical assistance, is against nature; and that is the conclusion of the whole matter. That women can and *will* be treated by their own sex is proved, if the question needed proof, by the women physicians — now numbered by hundreds — in any civilized country of the globe, who have struggled to the surface of their calling against the swift, strong, stifling stream of an opposition which has until recently rendered their success in this most sensitive (I erase a less courteous word) of professions the task of an Ixion.

Are they in earnest? Let those three hundred women who applied for seventy vacancies in the University at St. Petersburg testify! Will they make anything more than tolerable midwives? Let the practice and the income of such women as Dr. Zakrzewska, Dr. Fowler, Dr.

Martha Flanders, the Drs. Blackwell answer. Are they capable of hitting a high scientific target of attainment? Consider Dr. Mary Putnam, Dr. Lucy Sewall, Dr. Dimmock, and the young lady, for instance, who obtained the competitive position in the Birmingham hospital the other day, against,—I think it was, five masculine rivals. Can they unite with close adherence to such a standard, the nerve of a consummate surgeon? Look at our own Dr. Mary J. Safford, who has just entered the homœopathic profession in this city, after more than six years of devotion to her preparatory studies, most of it in the hospitals and colleges of the continent, and after an unusually brilliant private practice in Chicago. Perhaps the successful management of a case of ovariectomy may have been considered a masculine prerogative; but it can never be again, since this little woman (scarcely up to my shoulder!) brought her “feminine nerve” and “feminine intellect” to bear upon the operation.

That women might, could, would, and should share in the study and practice of medicine, the world found out some time since. It is too late for the most incredulous or reluctant to question this. Contesting interest now clash about the *fact*. Rival systems have begun to prove themselves ingenious in their methods of meeting it. That school which most thoroughly and heartily educates its women, hangs out the banner of its ultimate triumphs as surely as “God created them male and female,” with the instincts upon which social purities and securities rest alike.

It remains for the New England New School to found an institution on this new plank in the platform of medical progress. The more obvious advantages of this opportunity, by which the instructive, receptive, and pecuniary force of the college will be quite or nearly doubled, — as well as the public interest upon which it relies for patronage, — are the least of its claims to respect. The courage to build a new enterprise upon the corner-stone of a yet struggling truth; the freedom from petty professional and masculine jealousies which alone can uphold it; the reputation for a spirit of advanced liberality and accessibility to those beckoning moral forces by which the higher science must ultimately be illuminated, — these will form an endowment as solid as the college walls, and as available as a draft at sight.

I know of but three homœopathic colleges now open in this country to women. The woman's school, in New York, headed by Dr. Leozier and Dr. Lilienthal, the school at Chicago, and the Cleveland school — in which the men and women students have married their two institutions with unquestioned and unquestionable success I can recall, without reflection, at least ten allopathic institutions, many, or most, of them open to both sexes, in which women can receive the medical degree. These data will bear consideration.

I cannot leave the subject without suggesting what must have occurred at least to the self-interest of the homœopathic profession, — that to place woman on the staff in our hospitals, and women in the faculty and board of overseers of our colleges, has become a clamorous necessity, as well as a tardy act of justice. Fortunately, Boston and the new school are gifted above their deserts, with a few women who

will honor any position to which Boston or the new school could invite them.

How much longer, gentlemen, shall homœopathic patients be compelled to go — and homœopathic physicians be compelled to send them — to the women's hospital at the Highlands, there to submit to a drug treatment which they abhor, and which may sooner or later render the last state of the poor sufferer worse than the first, because they *will not* be treated by men?

"I believe the Bible," said one of the leading physicians in our school to me. "The Bible is true. It is as true as homœopathy!" Perhaps the doctor put the cart before the horse (though indeed I somewhat doubt if a stricter creed could stand a more practical test of its sincerity), but however that may be, a little more rigid exhibition of our faith that homœopathy is as true as the Bible, would well become us as a school. Are we not in danger of succumbing in part, to the necessity for *conciliating* the public, under which any struggling system labors? Do we always insist upon such of our rights as the public is bound to respect, when insistence would become not only a virtue, but a power? Do we always appreciate the emergency in which it is not only proper, but imperative, to *force* our higher claims?

Take, for instance, the accommodations making in this city for small-pox patients this winter. A word in regard to them in closing, Messrs. Editors, and only one. What is a homœopathist to do? He is in a boarding-house perhaps, with no claim upon the attention of his landlord beyond the pecuniary tie which snaps like glass, as he may discover, at the first symptom of the back-ache; or he is even in his own home, upon the avenue, and is from either place (as was the case in Chicago last winter) huddled away by law to the small-pox hospital. How is he to procure his own system of treatment at Pine Island? Laws controlled by an allopathic Board of Health forbade it him at Philadelphia last year. Laws controlled by an allopathic Board of Health will forbid it him in Boston this. Here is a conjunction of circumstances for which we have never prepared ourselves, and the pestilence is upon us, tooth and nail. Where shall a homœopathist, to whom the treatment at Pine Island would be far more a subject of terror than the disease it seeks to cure, look for redress from such a wrong? And how shall he have it, unless it be *demanded* by the homœopathic public? And how shall they be saved unless they have preachers? And how shall they preach except they be sent?

Hoping that I have not forgotten the courtesy of a guest in the expression of my sense of Boston short-comings; and sure at least of receiving from you the tolerance of a host, I am, Messrs. Editors,

Truly yours,

ELIZABETH STUART PHELPS.

BOSTON HIGHLANDS, December 12th, 1872.



## A NEW LOCAL SOCIETY.

St. Louis, November 25, 1872.

EDITOR NEW ENGLAND MEDICAL GAZETTE: I am happy to inform you of the birth of "The St. Louis Academy of Homœopathy," which, though of tender age, and "all unknown to fame," is destined to yet become a power in this "future great city." The delivery was happily accomplished on the twenty-fifth of October last.

R. A. Phelan, M.D., was chosen President; C. H. Niebelung, M.D., Vice President; F. R. Moore, M.D., Treasurer; and J. M. Kershaw, M.D., Secretary. The monthly meetings of this society are held in the dispensary rooms of "The Homœopathic Medical College of Missouri." Here, the diseases of the day, and all other matters of interest to the profession, are ably and scientifically discussed by some of our best men, and most thoroughly educated specialists; and all in that earnest, truthful, harmonious spirit, which surely tends to the advancement of its members, the cause, and the general good of mankind. This society extends a cordial welcome to all visiting members of the profession who may honor us with their presence.

Respectfully,

J. M. KERSHAW, *Secretary*.

## THE BROOKLYN LYING-IN ASYLUM.

BROOKLYN, Dec. 9, 1872.

DEAR GAZETTE: Having noticed a paragraph in some of our journals, stating that Dr. J. L. Monmonier had been removed from the position of resident physician of the Brooklyn Hom. Lying-in-Asylum on the ground that he was a Roman Catholic, my colleagues, upon the present staff of that institution, have instructed me to deny that report, and to state that he was removed on other and far different grounds. A full history of this matter, containing the statements of both sides to this controversy, will be published in the next volume of the Transactions of the N Y. State Homœopathic Medical Society. We therefore ask the profession and the public to suspend judgment in this case for the present.

In the mean time it may be said that the resident physician recently elected is a Roman Catholic.

Yours truly,

W. S. SEARLE, M.D.

We are glad to have this slander, which has gone the rounds of the papers, authoritatively denied. We should indeed be sorry to see religious belief made the test of professional ability in our school.

EDITOR.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by E. U. Jones, M.D., Secretary.*

By order of the President, a special meeting of the Society was held in the parlors of the Revere House, Boston, to take action concerning the death of its honored associate and first President, SAMUEL GREGG, M.D., of Boston.

Forty-eight members were present. The meeting was called to order by Vice-President J. H. Woodbury, M.D., who spoke as follows:—

GENTLEMEN:— It becomes my sad duty officially to announce to you the decease of our esteemed associate and friend, DR. SAMUEL GREGG. His death has to us all a peculiar significance. We have been accustomed through so many years to look up to him as our medical father, that his death now becomes a personal bereavement to each one of us. It was his privilege to be the pioneer of homœopathy in New England; to be the first to announce his faith in the new system of medicine. And how well, through all the remaining years of his life, did he illustrate his faith by his works! In all his practice, it can be truly said, he kept his eye steadily upon the great central truth which he believed to underlie all sound medication,— the homœopathic law of cure. He has lived to see the cause, in which he commenced alone to labor as a matter of conscience, strike deep root into the heart of the community, and to see himself surrounded by a numerous company of earnest and devoted fellow-laborers. Corporeally, he is dead; but how little of such a man can die! He lives to-day, and will live for years to come, in the influence which he exerted upon the minds of his medical associates, in favor of a sound, honest, and conscientious application of the law of cure in the treatment of disease. He had the rare faculty of possessing decided convictions without degenerating into dogmatism, or offending those who held dissimilar views. His counsel, his friendship, and his assistance were always at the service of the young and inexperienced physician, and for these many of us owe him debts of gratitude which we can never repay, but which will serve forever to keep his memory green in our hearts.

He was, indeed, "the beloved physician,"— beloved by the throng of patients who looked to him in their hours of sorest need, and equally beloved by his associates in the medical profession. He has passed away from earth leaving only friends behind; and his pathway is luminous with good deeds.

May we ever strive to emulate his example, and to carry into our professional life the same spirit of honest self-sacrifice and self-devotion.

Gentlemen, I will not detain you longer by any remarks of my own, for there are those present who have enjoyed the rare privilege of being members of his own immediate medical household, and others still, who were co-workers with him in the infancy of our cause in this city, and who are able more fully to bear testimony to his many virtues than myself.

The Vice-President was followed by Dr. H. L. Chase, who said : —

The occasion which calls us together to-day is one of sorrow and sadness. The first President of this Society has been gathered to his fathers, and we are called to mourn his loss. To every member of this Society he was a friend; to some of us more than a friend, — a dear father. I can never forget the interest he manifested in me, when, more than twenty-five years ago, learning that I was inquiring into homœopathy, he sought me, extending to me an invitation to visit patients with him and witness the effects of homœopathic medication; nor, the time when I was a member of his family, studying and working with him; nor, these long years of unremitting kindness which have supervened. During all this time there has never occurred anything which has marred in the least the friendship which he first evinced; on the contrary, his many acts of kindness have filled me with respect, esteem, and love for all that was beautiful in his character. My desire for information, and my calls upon him for professional assistance, were always met in the kindest manner, and with the utmost promptitude.—his after inquiries showing the interest he felt in the patients, whatever their pecuniary circumstances or condition in life might have been. This same kindness and courtesy was invariably extended to all his professional brethren. He was ever ready to extend the helping hand, to share the responsibility of a difficult case, to give his advice and the results of his long experience without reserve. More than all, he never sought his own aggrandizement, but covered the faults and foibles of others with the broad mantle of brotherly love and charity.

To him, more than to any other, homœopathy is indebted for its rise, progress, and the position it occupies in this community to-day. He it was who stood up, literally alone, battling for the truth, and he has lived to see the single one grown to a multitude, and become a power in the world.

We all delighted to honor him, for we all loved him: and those honors he bore with the meekness and humility which belonged to a great mind. And now, as we come to pay the last sad tokens of respect, it is fitting that we give a slight expression of the esteem in which we held him. I will therefore offer for your consideration the following resolutions: —

WHEREAS, Our beloved brother, our revered associate, our kind friend, he to whom we looked for counsel and advice, whose sympathizing heart was always open, whose hand was ever ready to assist, —

SAMUEL GREGG, M.D., has by our Heavenly Father been called from his earthly labors; therefore,

RESOLVED, That although we can never more have the joy of his earthly presence, yet his many kind deeds, his willingness to aid all who sought his counsel, his words of cheer when those around were desponding, his unselfish interest in the success of the young physician, his earnest desire to alleviate human suffering, his watchfulness and anxiety over those who entrusted themselves to his care, remain enshrined in our memories, never to be effaced;

RESOLVED, That in his death homœopathy has lost one of its earliest, most ardent, and devoted supporters, this Society one of its most honored members and brightest ornaments, his patients a near and dear friend as well as a skilful physician;

RESOLVED, That we, as a Society and as individuals, extend our sympathy to the family of our late associate and friend, in this their sad bereavement, expressing the hope that they may be supported and sustained in this great affliction;

RESOLVED, That these resolutions be spread on our records, and a copy transmitted to the family of the deceased.

Dr. B. H. West said:—

It is to me a pleasure, though still a most melancholy duty, to arise here and express the sentiments which we all feel upon this occasion. In the departure of Dr. Gregg we suffer a great loss, inasmuch as we have lost a mind full of remarkable characteristics, a heart on which we could all depend, one on whom we could rely, who was always ready, at all times, to give us his aid and advice. To me Dr. Gregg was truly a friend, giving me the aid which was at times so much needed. He was a very remarkable man. He did not accept an opinion on mere authority, and never simply because any one, however great, had advanced it. He was a man of exceedingly peculiar elements. He seemed to carry a mental square, by which he tried all things presented to him, and this faculty he employed in all the relations of life. He applied it closely in his study of the homœopathic law, and especially when he investigated the old laws of medicine, and found them to fail to reach his standard. He was not content to receive homœopathy upon the word even of its master, but gave it a most thorough examination. He studied it for himself, but could not receive all that was claimed to belong to it; for, firstly, he considered that Hahnemann was not right in all of his theories; and, secondly, he believed that we should yet find therapeutic principles not as yet reduced to axiomatic form. Such a man has no ordinary mind; and when to these intellectual qualities you add his fearlessness,—his purpose to follow the right, be the result what it may, you have no ordinary man. Dr. Gregg has been in failing health a number of years; he has told me of difficulties, betokening a wearing out of his whole system; and while he was perfectly aware of what the result must be, he chose rather to wear out than to rust out. He deliberately preferred to work while he could. He knew the danger of his position, but he determined to sacrifice himself for the world's good. It is not necessary to do otherwise than to allude to these points, for you all know them.

Dr. Gregg was rich. I do not know how many dollars and cents he had, but he was rich in those things which are the results of good, sound common sense, in that knowledge which he used for the benefit of mankind, in those motives which ever actuated his conduct. Possessing such a character, animated by such impulses, and upheld by such a history, he could afford to smile at the attacks which were made upon him, whether they were prompted by ignorance, prejudice or malice. I hope that his memory will never be lost. It will not fade here, in the place where, with the father of the gentleman (Dr. Wesselhoeft) on your right, Mr. President, he so firmly established homœopathy.

Dr. David Thayer spoke as follows : —

I have the honor to have known Dr. Gregg many years. He was a member of this Society when I joined it, more than a quarter of a century ago, and at its meetings he was never absent.

What Dr. West has said of him has been well and truly spoken. Dr. Gregg was a man of strong, good sense, strong in his opinions, and strong in his prejudices. His mental organization was peculiar. There were some views of homœopaths which he never adopted. High potencies were unintelligible to him.

In nearly the last conversation I ever had with him, he said : “ My mental organization is such that I cannot understand high potencies, any more than I can comprehend the immortality of the soul.” Both these propositions he regarded as fallacies. That he was *honest* in these opinions, no one who knew him could for one moment doubt.

As a practitioner of the healing art he did much good. He was earnestly devoted to his profession, and renowned in his labors. Among the living I know no one who, for his untiring zeal in the discharge of the daily duties of his vocation, more truly deserves the appellation of the *good physician*, than Dr. Samuel Gregg.

While we

“ No farther seek his merits to disclose  
Or draw his frailties from their drear abode,”

let us, so far as it may be in our power, emulate his virtues and imitate all that was excellent in his character.

However we may have differed in our opinions and beliefs, let us be cheered by the hope that somewhere in the future, down the long procession of the centuries, in some changing cycle of the revolving heavens, we may again meet and recognize our departed colleague.

Dr. J. C. Neilson said : —

I have been acquainted with Dr. Gregg for nearly thirty years, and can fully indorse all that has been said by the gentlemen who have preceded me. But, while much has been said of his veneration for, and his adherence to, the principles of homœopathy, the reasons that first led him to investigate them should not be passed by.

Dr. Gregg first settled in Medford, Mass., and at that time was young and very poor. He was introduced to a friend of mine, the late Thatcher Magoun, Esq., who went with him to see Ex-Governor Brooks, then a practising physician in Medford. Dr. Gregg — never a fashionable man — was not at that time particularly well dressed,

and Dr. Brooks, after listening to him and eyeing him all over, coldly said: "Young man, I would not advise you to settle here; there are physicians enough in this place." Dr. Gregg looked at the Ex-Governor as coolly as he had been looked at, and stamping his foot, answered: "You do not!—well, then, I *will* stay here;" and stay he did.

For some years he struggled bravely, experiencing all the hardships of a country physician who is poor. At length his eldest daughter was affected with a pulmonary complaint which threatened to be fatal, when, by the advice of Thatcher Magoun, Jr., who generously advanced the necessary funds, he visited New York to seek the counsel of Dr. Vanderburg, who was introducing the then unknown system of homœopathy to the good citizens of that city, and had met with deservedly great success. Under his care the girl improved, and after Dr. Gregg's return to Medford, he continued the treatment of Dr. Vanderburg, watching the progress of the case with intense interest, and, it may be imagined, with no little anxiety. The patient died of phthisis pulmonalis, but she had been so much relieved by homœopathic medication that its power seemed a wonderful revelation to him, and he determined to examine and test the new system. Mr. Magoun aided him by loaning and procuring books for him, and in other ways encouraged him. For some time he felt his way cautiously, until convinced of the truth of the new system, he boldly declared himself a convert to its doctrines, and became the pioneer of homœopathy in New England. Soon after, he removed to Boston, where his success drew down upon his devoted head a storm of ridicule and abuse that none but the most determined could resist. But with the same indomitable spirit that made him say to the Ex-Governor "*I will stay*," he met the sneers, jests, and squibs launched against him and the system; met the coldness of his brother members of the Massachusetts Medical Society, met their not concealed pity and contempt,—met, and quietly pursuing his way, conquered!

Of his standing amongst us I need not speak; he was always ready to assist the needy and the inquirer by counsel and purse, and was in truth for years the Mentor of our cause. In conclusion, I would suggest to the Society the propriety of erecting a memorial stone as a testimony of their appreciation of the great and good work he has done for homœopathy in New England.

Dr. H. C. Clapp spoke of the kindness of Dr. Gregg in his family, and of his pleasantness in all his social and professional relations.

The resolutions, as offered by Dr. Chase, were adopted by a unanimous rising vote, after which the meeting adjourned. The members then proceeded to the residence of the deceased, in Howard street, to join in the funeral rites. The services were conducted by Rev. A. P. Baker, D.D., of Dorchester, formerly of Medford and then Dr. Gregg's pastor, and the Rev. Rufus Ellis, D.D., of Boston. At the conclusion of the services the Society followed the remains in procession for a short distance, and then sadly separated. The bearers were Drs. Russell, Fuller, Holt, Neilson, Gale, Chase, Farnsworth, and West.

## BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

*Reported by H. C. Clapp, M.D., Secretary.*

A regular meeting was held Oct. 28, 1872, Dr. Krebs in the chair. Dr. Clapp read an account of the last sickness of Dr. Samuel Gregg, as follows:—

Dr. Gregg was favored with a strong constitution, which enabled him to do a very unusual amount of hard work throughout his life. In spite of the wear and tear of an extensive practice of nearly fifty years, and the consequent exposure to all kinds of inclement weather, he had not been confined to his room for more than a week at any time.

When sixteen or seventeen years old, he met with a fracture of the ankle. It was badly treated by a country surgeon, and resulted in his being obliged to bear an undue amount of weight on the ball of the great toe, which occasioned a constant callosity, preventing him from being a good pedestrian. Some thirty years ago, a polypoid growth came away from the nose, after having occasioned considerable annoyance. For a great while he continued to be troubled with a slight affection of the nasal and pharyngeal mucous membrane. He had a sensation in the throat as if something was there which he could neither get up or down. Within the last few years he has had an occasional cough, for which, in the spring of 1869, he took a trip to Georgia. Last winter it troubled him for a few months and then disappeared. During the last two years of his life, an enlargement of the prostate gland compelled the use of the catheter several times daily, and also in the night.

His last sickness commenced in April (at the time of the great fair for the Massachusetts Homœopathic Hospital), with an intense headache, which seemed to be localized at the base of the brain on the left side, on a level with, and in front of the mastoid process. The pain was never entirely confined to this place, however, but from it would dart in almost every direction, and after three or four months, indeed, seemed almost to have its principal seat in the upper part of the brain. Before that time he had never known what headache was, and he was scarcely ever free from it afterwards. The next symptom appeared in May, in the form of a partial paralysis of the tongue. Perhaps three or four times in the day, suddenly, his speech would thicken like that of a drunken man, and after a minute or so would become clear again. Now and then, for a few seconds, articulation would even be impossible. There was also, at times, a slight difficulty in deglutition, and some deviation from the middle line in protruding the tongue. After a few weeks there seemed to be an improvement in the paralysis of the tongue, although the symptoms were never afterwards entirely absent.

The next prominent symptom, double vision, occurred on the 26th of July. Up to this time he had attended to his business, and even for three days after this he rode about, though obliged to take his man with him to drive. A little over two weeks before his death his double vision disappeared. About the first of September he began to com-

plain of a peculiar numbness of the left side of his face and scalp. The power of motion in the muscles was only slightly impaired. There was considerable tenderness on pressure. His appetite, which hitherto had been fair, now began to diminish, and his strength seemed to be rapidly failing. On the 9th of September he went to Amherst. His strength continued to fail, and he had two attacks of general nervous prostration, so severe that it was not expected that he could survive them. Still, the pain was somewhat relieved by the use of electricity and friction. For a week or two preceding the last one of his life, there were decided signs of improvement. His vision, as before stated, became single and clear; his pain, from which he had suffered intolerably, became comparatively slight; and his nights, almost sleepless before, were blessed with eight or nine hours of refreshing sleep. His appetite and strength also improved. But a sudden change at length appeared. He was seized with a violent chill, lasting twenty minutes in spite of every means to secure him warmth. Another succeeded, and another. His appetite gave out, and it became necessary to inject beef tea into his stomach. His prostration increased and he gradually sank away. For the last two days he was unable to speak, but was perfectly conscious of everything about him. He died Friday morning, October 25th, at 3½ o'clock.

Dr. A. T. Squier read the following account of the autopsy, performed thirty-three hours after death, by himself, assisted by Drs. Talbot, Woodbury, Clapp, and Hedenberg.

The body was very much emaciated. The occipito frontal measurement of the skull, denuded of the scalp, was twenty-two and one-fifth inches, and the vertico-mental twenty-six and three-eighths inches. Weight of brain forty-seven ounces. The dura mater was remarkably thick and hard; the arachnoid and pia mater were slightly of opaque spots, and there were three or four ounces of fluid in the arachnoid space. The convolutions of the brain were remarkably prominent, the sulci very deep, and the proportion of gray matter very large: The cerebrum, cerebellum, and medulla were healthy. In the middle fossa, a little posterior to the foramen rotundum, was found a growth about the size of a pecan nut, of a fibro-cellular character, which seemed to arise from the dura mater, and surrounded the superior maxillary division of the fifth pair of nerves, near its exit through the foramen rotundum. After the removal of the pituitary gland, it was found that the floor of the sella turcica had been absorbed, and the aperture was filled by a growth, probably polypoid in character, having its origin in one of the sphenoidal cells immediately underneath. The posterior clinoid processes were separated from the sella turcica, and were carious at the line of separation, and were dark-colored, as if necrosed. The pituitary body was very dark gray, almost black in color, very soft and friable, and seemed to have undergone more or less degeneration. The lungs and heart were healthy; abdomen not examined.

The following resolutions were passed unanimously, by a rising vote:—



*Whereas*, We are called upon to mourn the death of our revered leader, associate, and friend, Samuel Gregg, M.D.,—

*Resolved*, That while bowing with resignation to the inevitable decree, we feel as brothers most acutely the grief inseparable from the thought that we shall see him no more.

*Resolved*, That as physicians we most earnestly bear testimony to his professional ability, originality of thought, and conscientious performance of duty; as friends, to his genial kindness and generosity; and, as men, to that greatness of heart and mind which made him love all men as brothers, forgive all his enemies, and do unto others as he would that they should do unto him,—a combination of virtues rare indeed, and which inspired in all who knew him the love and reverence due the *good man*.

*Resolved*, That we acknowledge with grateful remembrance the help and countenance he has afforded us in our deliberations as a scientific body by his constant attendance and wise counsel.

*Resolved*, That we extend to his bereaved family our most heartfelt assurances of sympathy, and that a copy of these resolutions be presented to them.

The Academy then adjourned.

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## REVIEWS AND NOTICES OF BOOKS.

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**SCROFULOUS AFFECTIONS: Their Treatment According to Homœopathy Demonstrated by Cures.** By Dr. H. Goullon, of Weimar. Translated by Emil Tietze, M.D. New York: Boericke & Tafel. Pp. 255, 8vo.

If a man knew, before he opened this book, what scrofula is (hardly a supposable case), he certainly would not know it after finishing it. Whether it be a disease, or the mother of diseases; whence it comes and what it does; whether there be any chronic disease which it does not cause, or whether there be any article of the *materia medica* that will not cure it, becomes more doubtful as we peruse this book. In his views of the general pathology of this dyscrasia, cachexy, or disease, the author adopts, in the main, the views of Wunderlich and Jousset. He next examines the allied affections, tuberculosis, syphilis, sycosis, and rachitis, and then describes the special forms of scrofula. These he arranges as manifested in the cutaneous system, the muco-membraneous system, the glandular system, and the bones and joints. Then follow one hundred and thirty-three cases, arranged mostly in the order of the very numerous curative remedies. Sixteen of these cases are of croup. Of the

therapeia of croup he says: "There cannot be the slightest doubt but that the prognosis of croup is not as hopeless under homœopathic as under allopathic treatment. Indeed, we need but take up allopathic text-books of a recent date and more enlightened, to perceive that the aids, formerly considered indispensable, such as venesection, counter-irritants, cauterizations, and others, are condemned; at the same time, however, so great a helplessness becomes apparent that things of the most contradictory nature are recommended. Then a Wunderlich, even, does not scorn the idea of appealing 'without hesitation,' now to mercurial salve, now to inhalations of chloroform, now to moschus, now to opium 'in large doses,' now to assafœtida, now to tracheotomy. Indeed, in order to make the irony complete, he mentions *Hep. sulph.*, even, in doses from one to six grains. In the latter recommendation we see the obtuse presentiment of the possibility of a better therapeia of croup than the present one. Yet there is no mention made of remedies, such as *Spong.*, *Iod.*, *Brom.*, *Phosph.*, and *Kali bichrom.*, so important in the most severe cases of genuine croup. Nowhere is the recommendation of medicines connected with so great a responsibility as in croup. For the most tortuous [*sic*] death would be the consequence of an erroneous treatment."

The work is one of the most suggestive that has lately appeared, but many will receive it rather as a stimulus to inquiry than as a guide. It relates to a vast variety of the *opprobria medicine*,—complaints which medicine ought to remedy oftener than it does; and if it leads the inquirer to a master-key to any one of them, it is well worth its cost.

It is a pity that a work written in German should retain so much its idiomatic characteristics. The tenacity of the English language is taxed to the utmost to keep some of those long Teutonic sentences from *pulling in two*. The time has gone by when the demand for homœopathic instruction was so great that physicians were thankful for any little hint, even couched in the poorest of English. The ground has been ploughed, and the harrow and the rake are the implements most needed. Careful, scientific cultivation is demanded; and the works henceforth published on homœopathy must be not only scientific in their character, but must be expressed in language which indicates a thorough education. We ought, undoubtedly, to give warm thanks to Dr. Tietze for the translation; but, for his own reputation, as well as for the good of our cause, the book should never have been published until it had been carefully revised by a thorough English scholar.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE, 1872. Edited by C. G. Raue, M.D. New York and Philadelphia: Boericke & Tafel. Pp. 338, 8vo.

WHAT to read? and where to find it? are two very important questions. In a cursory glance at thirteen homœopathic journals from month to month, in German and English, and four volumes of Transactions, many things will pass under the eye, making a faint impres-

sion on the mind. When we need the facts thus presented, and know not where we saw them, we go to the RECORD. There are subjects or cases that we must study; we need to know what has been written on them since our books were published; so we go to the RECORD. In an hour of leisure we seek for reading that shall be profitable, and yet interesting, and suited to our present mood and inclination: to find it we go to the RECORD. When we wish to examine carefully whether any important article has escaped our notice, or our memory, we take the RECORD and begin at "Materia Medica," and persevere from time to time till we have finished "Chemistry." This work is an instance of what all-conquering labor — *labor improbus* — can do. Dr. Raue has endeavored to give us the gist of every homœopathic article and book that has appeared in a twelvemonth in the two languages that are richest in homœopathic lore. Had his field of observation extended to France, Spain, Italy, India, Mexico, and Colombia, very little would have been added to the value of his work. No pains has been spared to perfect the arrangement of this immense mass of facts. *Materia Medica* occupies 46 pages; *Practice*, 213; *Surgery*, 33; *Theory*, 7; *Hygiene*, 6; *Posology*, 2; *Climatology*, 1; *Physiology*, 7; and *Chemistry*, 1. A copious index, of 22 pages, closes the volume. For his thorough classification in *Materia Medica*, Dr. Raue gives us the following reason, in language unmistakably his own: —

"It has been the longer the more proved that all the nearly related drugs correspond to nearly related affections, and families to families; in treating the sick, the nearer drugs are related, the more ought we to avoid giving them one upon the other to the same person. They do not follow well after each other, neither act complementary, nor best as antidotes, unless the direction of the symptoms is opposite."

In so vast a labor, in which Dr. Raue has called to his aid fourteen learned collaborators, we will not quarrel with a few errors, mostly typographical.

In this work cases are stripped of extraneous matter and reduced to the fewest words, paragraphs condensed into single lines, and pages into paragraphs. In a vast number of cases the abbreviated statement is adequate to our wants, and we need not be at the trouble to hunt up the original article. But the RECORD does not sit in judgment upon the authors of the statements that it collects and arranges. It indorses nothing, it refutes nothing. It is a *record*, not a *verdict*.

We notice a predominance of cases cured by high attenuations. Is this because the majority of cases are cured in this manner? Or, is it because, being a greater marvel, they are reported to the press with greater avidity?

**THE HOMŒOPATHIC PHYSICIAN'S VISITING-LIST.** By Robert Faulkner, M.D. With a Repertory by W. James Blakely, M.D. New York and Philadelphia: Boericke & Tafel.

This welcome pocket-companion was fully described in the Gazette for Dec. 1871, page 567. We have used it since it was first issued, and our experience of its value more than justifies all that we then said of it. But, to render it, if possible, absolutely indispensable to

every homœopathic practitioner in the land, the publishers have made some changes which we consider valuable improvements. Chief of these is a re-arrangement of the right-hand page for a prescription record. Thus a weekly record of each patient runs across two pages, with seven places on each. A little effort at condensation can make this record of invaluable service. In conformity with our suggestion made a year ago, an ingenious contrivance has been adopted by which neat folios of a dozen pages are securely held in — but readily removable — at the end of the book. A succession of these, filled with clinical notes, would be a priceless *record of a well-spent life*. Such a blank record is a stimulus; well filled, it is a reward. The work is therefore a double means of professional success. Let the enterprise of the publishers meet with success.

INSTRUCTIONS for the Use of Dr. N. F. Cooke's Family Medicines  
(Homœopathic).

WE always thought Chicago a unique and wonderful city, and our friend, Dr. Cooke, a man not accustomed to follow exactly in other people's tracks. This he has proved by sending to us from that city a book which, when opened, is exactly two inches and a half *long*, and ten and three-quarters *wide*; when shut, while its length remains the same, it has a diameter of five-eighths of an inch. Thus one might put it in his button-hole, or his watch-fob, though it would hardly be possible to have it "all in your eye." Yet this little book contains some eighty-four good-sized, though queerly-shaped, pages, and is filled with familiar instructions upon all the diseases likely to require domestic treatment, and much of information which would be very desirable to a family. We have, however, looked through the book in vain for a cure for "Satan in Society." This *brochure*, with its accompanying box of twelve medicines, will undoubtedly have a large sale.

GUIDE TO FLORIDA. New York: Cushing, Bardua & Co. Pp. 88, 12mo. Price postpaid, 50 cents.

VERY opportunely for the thousands who, at this season of the year, are seeking a warmer climate, comes this convenient guide. It contains much information which every physician should have at hand, and which every invalid, immigrant, or tourist journeying there requires. It gives the history of the country, its geography, climate, productions, social and political condition. We have the various methods of reaching the State, and the leading places on the various routes, with a careful and reliable account of nearly one hundred places in Florida, with the hotels, boarding houses, rates of board and general expenses in each, together with a handsome map of the State. This book may be obtained of Otis Clapp & Son, Boston.

*The Medical Union* is the name of a new monthly journal which C. T. Hurlburt, of New York, proposes to publish the ensuing year, of which Drs. E. Guernsey, C. E. Blumenthal, J. C. Minor, and A. E.

Sumner, are to be the editors. It proposes to be a medical newspaper, independent in character, upholding the claims of homœopathy, advocating a broad and liberal spirit in the profession, and "opposed to such sectarian denominations as allopathists, homœopathists, eclectics. etc." "Such is our position; and in the columns of the Medical Union we shall give evidence of our ability to maintain it." We cannot doubt the ability of these editors, and we shall wait with patience for the commencement of the eighth volume, like our own.

WE hear, also, through private sources, of another contemplated monthly journal in Gotham, the name of which has not yet transpired. Our school in New York has brains enough and money enough to produce a half-dozen monthly journals.

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## ITEMS AND EXTRACTS.

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**EPIZOÏTIC.**—This malady, which affected nearly every horse in Boston, has entirely disappeared. There were comparatively few deaths.

**VON GRAEFE.**—A monument is to be erected at Berlin to the memory of the famous oculist, Dr. Graefe. The committee has published its first invitation for contributions. It consists of eminent medical men of all nations.

**COAL** of an excellent quality has been discovered at the Cape of Good Hope.

**CONSCIENCE MONEY.**—Mr. Holloway, proprietor of the world-renowned Holloway's Ointment, is going to build, at his own expense, an asylum in England to cost \$500,000, and capable of accommodating two hundred patients. For the first twelve months he will bear all expenses of the institution, after which it is expected to become self-supporting, when it will be handed over to the management of trustees.

**HOMŒOPATHIC HOSPITAL AT MONACO.**—Even the smallest nation of Europe has its homœopathic hospital. In 1871, it received 135 patients and had 8 deaths. The average residence of patients was  $22\frac{1}{4}$  days. The charity received the visits and the contributions of the Queen Mother and other royal personages.

**GERMAN PRESCRIPTIONS**—By a new regulation of the empire, each apothecary's clerk that compounds a prescription must put his name to it. Well enough for those who handle dangerous weapons.

**DEEP CHEMISTRY.**—Mons. Legouest, when he wishes to prove that the foreign body in a wound is a leaden bullet, probes with a common pipe-stem. With the discolored end that has touched the ball he draws

a mark on paper. This he dampens with vinegar, and then a touch of iodide of potassium brings out the yellow iodide of lead.

Dr. Nélaton, on the same principle, prepared probes with porcelain points.

**ABSORPTION OF A PLACENTA.** — Dr. Robinson, of Island Pond, Vt., records in the *Boston Medical and Surgical Journal*, Dec. 1, 1872, the apparent absorption of the placenta of a four-months fœtus, with a return of good health.

**TATTOOING THE CORNEA.** — This is practised in leucoma, not only to improve the appearance of the eye, but also to improve the vision. Levis, in the *Philadelphia Medical Times*, Oct. 5, 1872, recommends its trial on the eyes of albinos.

**PERCHLORIDE OF IRON FOR CORNS.** — The *Lyons Journal Médicale* states that a corn can be entirely removed by the application of a single drop of perchloride of iron from time to time, — “morning and evening,” “every other day,” — and allowing it to dry on the corn. The use is not to be entirely discontinued on the apparent destruction of the corn.

**LILIPUTIAN.** — Two wonderful little specimens of the human species have made their appearance in Boston in the shape of two little girls, three and ten years old, smaller than any yet on record. They are good-natured, merry little elves, and will undoubtedly make a stir in the world.

**EXPOSED PULP OF TEETH.** — When this is healthy, Dr. G. W. Klump, D D.S., recommends that all decay be removed from the cavity, that it be then moistened with carbolic acid, and again with glycerole of thymol. The whole should then be coated with collodion, and capped with oxychloride of zinc, over which, if no pain follow for two weeks, ordinary filling may be used. — *Dental Cosmos*, Dec. 1872.

**RE-VACCINATION.** — On the last day of 1870, there were 39 re-vaccinations at Deer Island, with lymph from a babe's arm, inserted yet warm. On the ninth day, five of the cases presented the normal appearance of primary vaccination, and nine others were more or less affected. These fourteen cases were about 35 per cent of the whole number.

**HORACE GREELEY** — Dr. Edward Bayard, formerly Mr. Greeley's family physician, and who travelled with him just before the late election, states that he treated him for symptoms very similar to those of his last sickness, which were induced by the Union defeat at Bull Run. About ten days of careful homœopathic treatment then restored him fully. Though much excited and depressed then, he did not consider him insane, nor does he suppose he was this last time, unless he were made crazy by being sent from a friend's house to a private mad house. Up to Mr. Greeley's last illness, Dr. Bayard had always attended him, and thinks he would have been again called “but for the influence of men who were unquestionably his friends, but not wise advisers in medicine.”

LETTER FROM THE SURGEON-GENERAL OF MASSACHUSETTS. — The following *billet-doux* from Dr. Dale was published in the *Boston Medical and Surgical Journal*, and the editor says it “will commend itself to the attention of every *right-minded* member of the profession,” in which, we suppose, he addresses only his own school. We therefore commend it to the attention of every right-minded homœopath, and, especially, to every right-minded member of the legislature, who believes that others have rights as well as allopaths.

BOSTON, Nov. 4th, 1872.

MESSRS. EDITORS. — The daily papers make mention of the appointment of Dr. Ira B. Cushing, of Taunton, as Assistant Surgeon, 3d Regt. Mass. Vols.

As a subordinate of the Commander-in-Chief, it would be a breach of military etiquette for me to make any comments upon this appointment.

Precedent has always given the Surgeon of a command the right to nominate his assistant.

His Excellency, the Commander-in-Chief, in consideration of this precedent, directed that a commission should be issued to the above gentleman.

So far as any responsibility is placed upon me, I shall hereafter, as I have heretofore, steadily set my face against heretical medical opinions.

I have the honor to remain very respectfully yours,

WM. J. DALE,

*Surgeon-General.*

HOMŒOPATHY IN SWITZERLAND. — In 1863, a priest named Giacomo Re, went from Italy to take charge of a parish in Ticino, the south-eastern canton of Switzerland, north of Lago Maggiore. Having some knowledge of homœopathy, he used it as he found opportunity, till some remarkable cures aroused the attention of the doctors. At length — 20 Oct. 1870 — he received a letter from the Director of Public Health, asking him to call on him about “a matter concerning yourself,” — not a word more. A four-hours’ journey brought him face to face with the official; and in short terms he was told that he must leave the canton in seven days. A year after he had recrossed the frontier, his exile was cheered by a letter from Dr. G. Zucconi, a regular physician of Locarno, whose wife he had treated for an abscess of the liver of long standing, after her case had been abandoned as incurable by the faculty, and death was imminent. He added that he also had been experimenting with the new science, and found that a week’s use of *Hydrocotyle asiatica*<sup>2</sup> had cured a hopeless case of uterine cancer. Dr. Zucconi had another patient who had, as he supposes, hypertrophy of the right ovary, and who, for eighteen months, had resorted to mercury, iodine, baths, ointments and 180 leeches. He treated her with *Lachesis*, *Platina*, and *Sepia*<sup>5</sup>, and the tumor disappeared. The good priest opines that it is easier to banish homœopaths than to rid the canton of homœopathy.

## HAHNEMANN NOT THE DISCOVERER.

MR. EDITOR:—The following verses, though published some time since in a volume entitled "Mother Goose for Grown Folks," have doubtless never been seen by a majority of your readers; and thinking them too good to be lost, I send them to you for publication in your journal.

W. C. D.

## "SIMILIA SIMILIBUS."

"There was a man in our town,  
And he was wondrous wise;  
He jumped into a bramble bush,  
And scratched out both his eyes.  
But when he saw his eyes were out,  
With all his might and main  
He jumped into another bush,  
And scratched them in again!"

Old Dr. Hahnemann read this tale  
(And he was wondrous wise)  
Of the man who, in the bramble-bush,  
Had scratched out both his eyes;  
And the fancy tickled mightily  
His misty German brain,  
That, by jumping in another bush,  
He got them back again;

So he called it "*Homo-hop-athy*,"  
And soon it came about  
That a curious crowd among the thorns  
Was hopping in and out;  
Yet, disguise it by the longest name  
They may, it is no use,  
For the world knows the discovery  
Was made by "Mother Goose!"

**ANIMAL TEMPERATURE.**—After many fruitless attempts on the part of various physiologists, to account for the difference of temperature in the right and left ventricles of the heart, Körner has determined that the higher temperature in the left ventricle is owing to the reception of warmth from the subjacent abdominal viscera; while the right side of the heart, from its proximity to the lungs, is continually yielding its caloric to them.

Concerning the temperature of the blood in the heart, it is important to be aware of the fact that tracheotomy produces a marked and prolonged depression of it, resembling closely the effects of poisoning by woorari, or curare. The interesting, and practically important experiments of Horvath (*Central blätter, f. d. med. Wissenschaften*, 1871, p. 531) have elicited the fact, that animals, the temperature of whose bodies has been reduced to 43°, and even to 40.6°, as measured in the rectum, were restored by application of external warmth. Further experiments, with the same object, on cats and rabbits, which, at a temperature in the rectum of 43° and 49°, showed entire cessa-



tion of heart action, as well as of perspiration, — even on application of powerful electrical irritants, — proved, that after warm water has been poured freely over the lifeless bodies, spontaneous contractions of the heart were re-established, and the muscles again reacted upon application of direct electrical irritants.

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## OBITUARY.

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**SAMUEL GREGG, M.D.** — The death of Dr. Gregg is a marked event in the history of homœopathy in New England. The first physician to adopt this practice in this section, he possessed a strength of intellect and force of character which attracted alike the attention of physicians and patients, and gave vigor and growth to the new school, even under the conservative and dampening shadows of Harvard University; so that, in spite of the destructive arts brought against it, homœopathy has become a power here.

Dr. Gregg was born in New Boston, N. H., in 1799. Though he never had the advantage of a collegiate education, yet, by studious habits in his early life, he acquired a good education, and was a school-teacher at the age of eighteen. He graduated from the Medical Department of Dartmouth College in 1825, practised medicine for a short time with Dr. John Stevens in Charlestown, and then settled in the town of Medford, where, for sixteen years, he held a thriving and leading practice. In the spring of 1838, accident directed his attention to the subject of homœopathy, then little known in this country. A careful investigation convinced him of its truth; and in adopting it, he incurred the ridicule, sneers, and obloquy of his professional brethren. But greater success soon turned fidelity to convictions to his advantage, and a demand for his services in Boston soon compelled him to remove thither. Here he acquired a very extensive and valuable practice, which he maintained to the close of his life. He died at Amherst, Mass., October 25, 1872.

Dr. Gregg was twice married. His first wife, who was the mother of all his children, was Miss Ruthey Richards, of his native town, — a woman of uncommon sweetness of disposition and strength of character. She died in 1853. His second wife was Mrs. Sophronia Hills, who survives him. His only son who lived to manhood became a pioneer in California life. He died there in 1850. Dr. Gregg leaves five daughters, — all of them married.

We can hardly trust ourselves to speak of our social relations with Dr. Gregg, nor to tell of his uprightness his truthfulness, and his integrity; of his warm-heartedness and friendship; of his many virtues, which an acquaintance of a third of a century only brightened. Few there are who live so well, or leave so worthy a remembrance.

## PERSONAL.

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**CARROLL DUNHAM, M.D.** — It is with sadness that we are compelled to announce the illness of one who deservedly stands so high in the profession. His health, never very strong, has of late years much improved, but the amount of work which gradually devolved upon him was enough to break down the strongest. With great reluctance he was compelled to relinquish his practice entirely, and on October 24th, he sailed for Europe, with his family, to be absent one or more years. Sad at parting from him, we wait his return with hope; and wherever he may be, he will carry with him the warmest regards and best wishes of his professional associates.

**C. J. HEMPEL, M.D.** — This veteran in our ranks has returned from Europe, but the paralysis from which he was suffering still remains.

**MARY J. SAFFORD, M.D.** — With pleasure we announce that Dr. Safford, who has been familiar to our readers, both from her correspondence from abroad, and her professional reputation, has permanently located in Boston, and will devote herself to the medical and surgical diseases of women. She is perhaps the only woman living who has performed the operation of ovariectomy, and who would shrink from no task in the profession, however difficult. Her office is at 8 Boylston Place, daily except Tuesdays, from 11 to 2 o'clock. She will be one of the associate editors of the Gazette.

**REMOVALS.** — **HOLLIS K. BENNETT, M.D.**, from Whitehall, N. Y., to Fitchburg, Mass.

**G. OEHME, M.D.**, from Plymouth, Mass., to Staten Island, N. Y.

**T. DWIGHT STOW, M.D.**, from Fulton, N. Y., to Fall River, Mass.

**GEORGE T. FLANDERS, M.D.**, from Tunbridge, Vt., to Minneapolis, Min.

**C. H. PHILLIPS, M.D.**, from Cape May, to Patterson, N. J.

**C. W. BREYFOGLE, M.D.**, from Louisville, to San José, Cala., on account of his health.

**C. H. VON TAGEN, M.D.**, from Harrisburg, Pa., to Cleveland, Ohio. Blessings, sometimes, come not singly. Miss Hattie E. Fouts goes with him as his bride, and the Cleveland College welcomes him as a professor.

**F. G. VALENTINE, M.D.**, from Henderson, Ky., to St. Louis, where he has been appointed professor of surgery in the Hom. Medical College of Mo.

**T. P. WILSON, M.D.**, from Cleveland, to Cincinnati, where he has a professorship in the Pulte Medical College.

**MARRIED.** — **O. B. BIRD, M.D.**, at Menominee, Mich., on July 18, 1872, to Miss Olive A. Chandler, of that place.

**C. HORACE EVANS, M.D.**, of Beloit, Wis., to Miss Flora F. Winslow, of Kenosha, Wis., on Sept. 19, 1872.

**DIED.** — **C. M. DAKE, M.D.**, of Rochester, at Springwater, N. Y., 15 July '72.

**M. CARPENTER, M.D.**, at Kankakee, Ill., 9 Sept. 1872.

**GEORGE BLAIR COCHRAN, M.D.**, at Weston-super-Mare, Eng., 16 Nov. 1872, aet. 61.

**O. K. PARKER, M.D.**, at Clarence, N. Y., 16 Nov. 1872, aet. 47.

**F. A. LORD, M.D.**, at Chicago, 18 Sept. 1872, aet. 57.

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[Vol. VIII.

CLINICAL MEDICINE.

W. P. WESSELHOEFT, M.D., EDITOR.

CLINICAL REPORT.

BY W. P. WESSELHOEFT, M.D., BOSTON.

**CALCAREA CARBONICA.** — J. E., Dedham, æt. 60, a dark-haired farmer, muscular, thin and tall, has a large polypus protruding from each nostril. He has been suffering from a stuffed nose for nearly two years, *with fetid discharge from both nostrils*, and into the throat. The growths have protruded from the nostrils two or three months. They appeared *first in left nostril, and afterwards in right*. The cartilage of the nose is partly absorbed, and the alæ are much distended by the polypi. He is otherwise perfectly well. He has been advised by several physicians to have the growths removed.

July 15, 1871. — Prescribed *Teucrium*<sup>200</sup>, to be taken in water, morning and evening, for four days.

July 31. — He reported no improvement; prescribed two doses of *Calc. carb.*<sup>200</sup>, each to be dissolved in four tablespoonfuls of water, a tablespoonful taken morning and evening till the solution was used up; also sugar of milk to last a month. At the beginning of September he reported himself well. He at first experienced a decrease of the secretion, and afterwards a steady diminution of the polypi. *The right nostril became*

*free first, and then the left.* He has been perfectly well ever since.

The action of *Calc.* is especially from left to right, and according to Dr. Hering's observations, the disease must have the opposite direction from the remedy; therefore if this case had suited for *Calc.*, the disease should first have appeared on the right side and gone to the left. We find, however, under symptoms of *Calc.*, that three times they appear *in the nose* on the right, and only once on the left side; consequently, in this instance, the action of the remedy was contrary to the disease *in direction.* As the disease disappeared, the last symptoms were first removed, i. e. *the recovery* was from right to left.

GRAPHITES. — F. S. C., æt. 19, of fair complexion, has, April 18, 1866, wens in the lower lids of both eyes. Two have been removed by operation, but more have appeared, so that he has, at date, two in one lid and three in the other.

*Thuja*, *Staph.*, and *Calc.* were given without producing any change. He had at times great hunger, with distention of the abdomen after eating even small quantities, for which *Graphites*<sup>100</sup> was given. He soon began to improve, and the wens decreased in size. *Graphites*<sup>200</sup> and <sup>300</sup>, one dose of each, two months between the doses, cured the wens.

*Graphites* has several times since been of service to me in wens of the eyelids.

In this connection, the following case may have some interest, although the patient is still under treatment.

C. E. F., æt. 34, of light complexion and full habit, had, April 17, 1872, a crusty eruption under the left nostril, extending into the lip, with a deep crack above the scab, which is quite sensitive. From childhood he has had much trouble from soreness of the mucous membrane of the nose, but the scab formed about four years ago, and has annoyed him ever since. I prescribed, at intervals of a month, *Baryta*, *Calc.*, and *Lycop.*, with very little benefit. After this he went to Europe and was under care of Dr. Buchner, of Munich, who prescribed *Aurum* and *Kali bichr.*, in low triturations. He returned no better; and after I had given *Sarsaparilla* and *Sulphur*, he told me

that, about *four years ago*, an encysted tumor had been removed from *one of the nates*. The first week of December, I gave him *Graphiles*<sup>200</sup>, one dose, since which time he has wonderfully improved, — there being at present only a slight roughness in place of the scab, while the fissure is entirely healed.

SARSAPARILLA. — Dr. B. W. has noticed during the past three or four months, small warts on the middle joints of the fingers of both hands. He has some acne on the face, but is well in other respects.

May 14, 1868, he took one powder of *Sars.*<sup>200</sup>. In three weeks the warts disappeared. Small warts about the joints of the fingers may become an important indication for this remedy. I have no other observations in regard to the action of *Sars.* on warts.

CALC. CARB. — J. F., æt. 35, of dark complexion, inclined to obesity, has a wen as large as a pigeon's egg, over the head of the fibula. It is compressible but not movable; has gradually increased for a year, and causes considerable stiffness of the knee; otherwise he has perfect health. He has been growing stout the last few years.

Nov. 8, 1872. — He received eight powders of *Calc.*, 4th trituration, a powder to be taken every third day.

The wen is reduced to a minimum, and there is free motion of the knee-joint.

PSORINUM. — J. C. W., æt. 37, of light complexion, small and thin, leads a sedentary life.

June 23, 1871. — He complains of regurgitation of warm fluid, with slight nausea before it is raised. It is worse about three or four P.M., although he has it at other times of the day. He has *craving for food, without appetite*. Frequently he *cannot appease his hunger*. There is slight oppression in region of stomach after eating. The bowels are constipated; a stool every three or four days. He is *depressed in spirits and hopeless*. Restless at night, with little sleep. There is *aggravation from sudden changes of the weather*. He had scald head when an infant; and, eighteen years ago, eczema on both legs. He took one dose of *Psorinum*<sup>200</sup>.

July 1. — He reports great improvement. He continued to improve, so that July 15, he called himself well. I saw nothing of him till the last of October, when he told me that he had been quite free from dyspepsia until recently, when some of the old symptoms reappeared. On close examination, however, I found he had been drinking considerable beer, and had symptoms quite different from those formerly reported. *Sepia* soon relieved him.

The italicized symptoms, when occurring together, give a strong picture for *Psorinum*, among which *aggravation from sudden changes of the weather* is a very important one, according to my observations.

Mrs. H. C., æt. 23, has a very pale face, blue eyes, and light hair. She was married eighteen months ago. She complained of "dyspepsia" for two years, which came on with *great hunger*, and much oppression after eating. Her physicians almost starved her, and gave her premanganate of potash and senna.

July 24, 1871. — She is now very constipated, and senna has lost its effect. She is *entirely hopeless*, and never expects to get well; she is in dread that the constipation will kill her. She can employ herself with nothing on account of an indescribable anxiety about her condition, and especially the constipation. She has had no catamenia for eighteen months, since her marriage. At first she thought herself pregnant. She has been losing flesh constantly for two years; she now weighs but 87 pounds, although quite tall. She has been under homœopathic treatment for a few months, with no benefit. I gave her *Psor.*<sup>200</sup> (Dunham), one dose, with instructions to use no medicine for her bowels, not even an enema. Improvement commenced in about a week and progressed steadily. She had a natural passage from her bowels once in five to seven days, and gained strength and flesh.

November, 1871. — Her catamenia have appeared, and she has menstruated regularly for three months.

July, 1872. — She visited me, looking the picture of health, with the good news that she expected soon to be confined.

These cases cured by *Psorinum*, with one reported by me

in A. J. H. M. M., Vol. 3, p. 113, show that inordinate hunger is a chief indication for this remedy.

Also, headaches *with* hunger, or great hunger *before* the headaches; both these conditions are not unfrequently met with in practice, and are indications for this remedy.

**PULSATILLA.** — J. F. R., æt. 40, slim, with light hair and blue eyes, contracted intermittent fever one year ago in Indiana. He took large quantities of quinine, from which he thinks he has derived more harm than benefit. During the year he has had frequent recurrence of the attacks. At present they are tertian, the chill commencing at 9 A. M., with *thirst*, followed by heat at 11 A. M., lasting until 5 P. M., with less thirst, and then there is slight perspiration. He has pain in the left side of the head and the left eye. There is vomiting between the chill and the heat. Constipated, white-coated tongue, no appetite.

Sept. 2, 1871. — *Bryonia*<sup>300</sup> (Dunham), two doses to be taken in the twelve hours interval between one attack and the next.

Sept. 7. — No change except less thirst. While relating his symptoms *he could not repress the tears*. I prescribed *Pulsatilla*<sup>300</sup> (Dunham), to be taken at the same time at which the *Bryonia* had been used.

Sept. 11. — He has had no chilly stage; the heat at noon lasting but one hour. His appetite is restored, the tongue nearly clean.

Sept. 15. — He took another dose of *Puls.*<sup>300</sup> for a gastric derangement, and on the 27th reported himself well. I saw him last in March, 1872. He had had no return of the fever.

In this case the characteristic symptom seemed to be *thirst during chill*, which symptom is especially given under *Bryonia*, *Cham.*, *Nat. mur.*, and *Nux vom.* The mental symptoms and complexion, however, indicated *Pulsatilla*.

**SILICEA.** — H. M., æt. 23, light complexion, Has seminal emissions twice a week, occurring between 3 and 5 A. M. He has aching pain in the sacrum, perspiration of the scrotum, burning heat in head, burning of the feet, with sweat. These symptoms are always *relieved after emission*. He is in general much better for twenty-four hours after an emission. He has a

sensation of heaviness and weakness of the arms. He is tired on awaking in the morning. He has great depression of spirits. He practiced masturbation from his 18th year to the 21st. From April to November, 1870, he took, with very little benefit, *Nux vom.*, *Thuya*, *Phosph. acid.*, *Kali carb.*, and *Calc. carb.*

Nov. 2, 1870. — I prescribed *Silicea*<sup>300</sup> (Dunham), one dose. It was followed by great improvement, although the emissions were not less frequent until a month later. The first improvement was marked by *want of the usual aggravation before the emission*. I remember no such symptom in the materia medica as "better after emission." I have seen the young man frequently, and he remains well, having an emission every ten to fourteen days.

AMBRA GRISEA. — B. W., æt. 58, is stout, of florid complexion, and bald. Five years ago he fell in a fit, and was paralyzed on the right side. He walks with great difficulty, dragging the right foot. He has vertigo, with a *feeling of great weight on the vertex, pressing downwards*, worse after sleeping. He has no sleep after 1 A. M. He complains of loss of memory, and of the sense of smell. He has a *sensation of numbness* in the entire right half of the body, particularly in the leg and foot. He has cold, clammy perspiration on hands and feet. The right foot is colder than the left. He raises the right arm with difficulty to his head. Nausea is felt in the abdomen. He has had much grief, having lost three children in the year previous to his attack. *Ignatia*, *Cocculus*, and *Veratrum* gave but little relief.

Sept. 30, 1869. — I prescribed *Ambra*<sup>300</sup> (Lehrman), two doses, one to be taken on retiring, the other on the following morning.

October 26. — He called to thank me for having taken off the dreadful weight he had felt on his head for five years. There is also considerable improvement in his gait; the vertigo and nausea are gone, and his hand is moved to the head with much greater ease. He sleeps until 3 A. M.

During the last two years I have repeated *Ambra* in his case twice for a slight return of this head symptom, and both times with speedy relief.



GLONOINE. — Miss K., æt. 38, stout and fair, was violently jarred by being thrown from a carriage seven years ago. Some months after the accident a sensitiveness of the upper part of back and neck came on, painful to touch, or from lying upon it, with swelling, heat; sharp, cutting pains into the occiput, and from across the shoulder blades to the anterior part of chest. When lying down she had frequent attacks of constriction around the neck, as if it were gripped by a hand. Wine aggravates the symptoms very much. A great many remedies had been given with very little benefit. Douches to the back, of alternately hot and cold water, relieved her somewhat for a short time. While studying *Glonoine*, I came upon symptom 781: "*Pains or other sensations in previously injured or jarred parts.*"

January, 1871. — I gave her *Glonoine*<sup>6</sup>, a drop in half a tumblerful of water, a spoonful every four to twelve hours, according to the severity of the pain. The relief was very prompt, so that in a few days she took the medicine only once a day.

She now goes months without using it, and always finds the same relief from a few doses. This symptom is, therefore, very important, as the rest of the case presented no marked indications for *Glonoine*.

URTICA URENS has been of benefit in a case of pruritus vulvæ, after many other remedies had failed, occurring in a young lady who was otherwise quite well. It has also served in the case of a gentleman, æt. 52, who was afflicted with itching of the scrotum, keeping him awake nights, and tormenting him nearly all day. The scrotum was swollen, with stinging and itching, but no moisture. *Rhus* gave no relief; *Urtica urens* relieved him in twelve hours. I have used only Jenichen's 200th potency.

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#### CASE OF DIARRHŒA.

BY OLIN M. DRAKE, M. D., ELLSWORTH, MAINE.\*

"A little girl, two years old, living twenty-two miles from Ellsworth, had been ill four months. She had been treated

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\* Extract from a letter to J. B. B.

allopathically; the last prescription was oleum terebinthinæ,— four drops in molasses, three or four times a day, — with morphine at night. She was of a light complexion, and *very thin in flesh*.

“Stools watery, yellow, containing undigested food. Before stool there was crying and fretting. She was worse in the evening. There was vomiting of food; no appetite. The urine colored the cloth yellow. No good sleep. *Sweating of the head*, and continual moaning.

“Oct. 18. — Gave *Calc. carb.*<sup>300</sup>, one powder dry, and one in water, every two to three hours.

“Oct. 26. — Found the child walking around the room with a turkey bone in her hand, whereupon she was discharged cured.”

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### THE HAWAIIAN ISLANDS.

BY C. FESSENDEN NICHOLS, M.D., BOSTON.

CLIMATE. — Having spent eighteen months of professional life at the Hawaiian (or Sandwich) Islands, while also in pursuit of health, your correspondent offers a few observations upon a climate, concerning which there has lately been some inquiry, and which has, in many cases, been recklessly recommended, as doctors are wont to do when they advise a change of climate, to get rid of a patient — not without hope. The climate of the Islands is beneficial to invalids who are *not debilitated* by warm weather, but who suffer continually when the weather is cold. The present facilities for comfortable travel have rendered their distance no formidable objection to those in quest of health. These beautiful islands lie within the tropics, but are daily cooled in summer by the northeast trade winds, while through the winter months the winds are quiet, or prevail from the south. Under these influences, the temperature remains nearly equal through the year; at Honolulu, rarely exceeding 90°, or falling below 60°. Many persons who are elsewhere perpetually cold, the deficient vitality accompanying other affections, especially diseases of the heart or lungs, here become healthy. With this characteristic lack of warmth, there have occurred recoveries in

cases of pulmonary disease far advanced, among which that of a physician, Dr. Hillebrand, of Honolulu, is a notable instance. Some fifteen years ago, Dr. H. was carried ashore with lungs so diseased as to warrant little hope of recovery; his condition has gradually improved to such a degree, that he returned last season to Germany for a year's visit.

Theoretically, these islands give to the invalid every climate he can desire; for as he gradually ascends the immense volcanic slope from the sea to the central crater, the air becomes cooler with the increased elevation. The cooler temperature is often as equable as the warmer at the base of the mountain island. Crossing by schooner, or on a little steamer which plies among the islands, the visitor may land at Maui, one of the smaller islands of the group, where at an elevation of four thousand feet, an American gentleman has established a large plantation with its varied industries, and, for his family and guests, a pleasant home. In this place the climate is the most agreeable possible, clearer and cooler than below by reason of its elevation, while no frost or chilling wind is ever known. In grounds admirably irrigated, are multitudes of violets and a profusion of the flowers and fruits of New England, familiarly growing in the shade of palms; perhaps nowhere else in the world does so varied a collection thrive out-of-doors the year through.

A few hours' ride from the hot beach at Kawaihae, on Hawaii, brings the traveller well up to the volcano of Kilauea, in a region well adapted to the quickening of muscular strength. The air is here quite sharp, though uniform. Over the mountain side roam immense herds of cattle and wild horses, and the pursuit of them is the chief occupation of natives and white men, whose noble muscular development and great strength are apparently the effects of a lawful "tonic" in their mode of life.

It is to be observed that the warmer climates at the Islands are grateful to many invalids, by reason of the abundant *moisture and salt* with which the atmosphere is charged,—the condition artificially attained in Europe at some of the baths in Salz-

burg \* ; while numerous localities at higher elevations possess a cool air, almost free from moisture.

Two things, then, appear possible ;— to select a climate, and to change it as often and to such degree as may be desirable. The rotation of the seasons in temperate climates might be imitated, with the advantage of avoiding those sudden lapses in temperature as the seasons advance, which are so shocking to the sensitive. Moreover, the several qualities of the various climates may show themselves to be especially beneficial in special stages or forms of disease.

At present, however, having informed ourselves of the natural advantages of these island-climates, we are compelled to return to our first statement, namely, only the practical advantages of island-life to invalids sensitive to cold ; for, to say nothing of the discomforts experienced in reaching the remoter islands, nowhere but at Honolulu, where the climate is of the warmer and moister type, can be hired board and dwellings of a suitable sort ; while at Honolulu also exists the indispensable condition, that the invalid can find amusement in the agreeable society of the place. Horseback riding — a universal custom at the islands — is an exercise borne by nearly all, and is conducive to health.

By prolonging a stay in the influence of unchanging warmth, the body is rendered susceptible to slight changes in temperature. For this reason, it is not usually best for the invalid to remain at the islands longer than a year, unless he finds it convenient to make them a permanent place of residence.

**PHYSICAL CONSTITUTION.** — The temperament of the native Hawaiian is feeble ; if he is exposed to infection, disease is readily taken, and death occurs where the sickness appears to have been of a mild nature. This impressibility responds quickly to

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\* At Reichenhalle, where the government salt-works are situated, streams of water charged with salt are conducted in flumes from the mountain above the town, and poured over an immense pile of twigs and branches, upon which the salt collects and crystalizes. As the wind, warmed by the summer sun, blows through this structure and becomes laden with particles of salt, the invalids who frequent the place locate themselves on the leeward side and inhale the air, in many cases receiving benefit.

drugs — good or bad. When journeying in districts remote from Honolulu, one frequently comes upon collections of a hundred — two, three, or four hundred — tottering adobe walls, about which are strewn straw, wood, cooking utensils, etc., in a state of preservation which shows the ruins to have been occupied as dwellings within a few years. When Cook visited the islands in 1779, he estimated the native population at 400,000; in 1860, it was 70,000, is now about 60,000. The smaller settlements are constantly being abandoned, their remaining inhabitants moving to the neighborhood of Honolulu. The Chinese — an indestructible race — fill the places of natives on the plantations.

A native is not only so sensitive to pain, but so ill-judging and thoughtless that he takes the first means offered him for relief: for instance, during the prevalence of small-pox in 1853, the sick were accustomed to throw themselves into the sea *to cool the fever*, and it is related that many died in the water. On becoming chilled, allopathic treatment was parodied by the administration of the warm bath, with no better reaction.

It is interesting to study the action of the mind upon the health and life of the natives, since it is observed that the destruction of the weaker races is hastened to an astounding degree by the dread of death, and the expectation of it which seizes upon the people when ill. This is illustrated by the native heathen practice of "*praying*" *an adversary to death*.

When a native is offended at another, he places himself in the presence of his enemy and prays to certain Hawaiian deities that he may die. The subject of this effort sits quietly before his antagonist, takes no food and but little drink, and dies in a few days. An example will illustrate this: Oo has long been cook for Mrs. D., an American lady at Honolulu. He is now a handsome, healthy old man. When a young man, his good looks nearly cost him his life. One morning Mrs. D. found no cook to prepare breakfast, — an irregularity so possible among the natives that his absence the rest of the day was overlooked. But as he did not come to the kitchen the next morning, and it was reported that he was being prayed to death,

Mrs. D. walked to his straw hut. Oo had been married the week before, breaking a previous promise, and the slighted woman had repaired to his hut intent on revenge. Mrs. D. describes the man's appearance to have expressed great exhaustion, the effect of fasting and fear. He was seated on the floor, naked, — even the ordinary loose clothing having been thrown off, — his hair disordered, the eyes fixed on the ground, the features and limbs tremulous and cold to the touch. His friends (wife and relatives) chanted a melancholy death-song, while the author of the trouble was found crouched in a corner of the room under a heap of shawls and rags, her eyes fastened sleepily upon her former lover. Mrs. D., being a person of much firmness, found no difficulty in expelling the jealous one; Oo recovered his balance in a few days, and cooks merrily on, an instance of recovery without homœopathic treatment, the irritating cause having been removed.

I shall be pardoned in my somewhat discursive article, which is necessarily informal, since it aims to picture the Hawaiian *morale*, if I add an anecdote in further illustration of this subject. The American consul at Lahaina, on the Island of Maui, and the sheriff of the island had each a body-servant, and both the servants were also policemen. An old native, who lived a league or more from Lahaina, having been accused of some petty crime, the two policemen were sent to arrest him. The culprit expressed resignation, but while he recognized the propriety on their part of obeying the sheriff's order, he nevertheless assured the officials that he felt it to be his duty to pray them to death, and the policemen sat down in the hut before their prisoner. Their plight was soon known at Lahaina; the consul, highly valuing his servant, immediately rode to the scene of *counter-imprisonment*, but the sheriff, who was compelled to be present at the court-session, stayed at home. The appearance of the policemen resembled that already described in Oo's case, nothing had been eaten since the old man began his invocations; but the effect of superstitious fear had been to reduce the vital powers to a degree far lower than could have been expected from the fasting alone. The consul's man readily obeyed his master's

order to go home, where he quickly recovered ; but native logic required the sheriff's presence to command his own man ; the second policeman remained behind and died.

**DISEASES.** — Some virulent forms of disease become milder after transportation to the Islands. After the manner of the centipeds and scorpions introduced from the Isthmus, whose stings are very venomous in their native forests, but here become nearly inert, the contagious fever which is occasionally contracted on the Isthmus of Panama by travellers to Honolulu is a complaint lacking many of the violent symptoms when communicated to Islanders — natives or whites. It shows itself mostly in great depression of spirits, with fits of crying, which have suggested a jocose name, *Boohoo fever*, by which it is commonly called. I should hardly have spoken of this complaint, in itself insignificant, had it not seemed to be worthy of mention in illustration of the workings of many diseases in enervating climates, which, as at the Islands, often assume a mild form ; but the power of resistance is so weak that life is nevertheless destroyed. The whites never die of Boohoo fever, but it has destroyed great numbers of natives.

As before mentioned, the body is sensitive to cold. Upon the occurrence of a winter rain, with a fall in the temperature to 65° the natives, especially those afflicted with syphilis, wrap themselves in heavy woollens or furs, and cough with copious expectoration, and multitudes die with symptoms of bronchitis. In 1871, an epidemic of measles destroyed hundreds of Hawaiians, young and old.

*Aneurisms* of heart and aorta are common affections at the Islands. They occur most frequently with white men who drink habitually. Added to the action of alcohol upon the heart-muscle, the effect of climate is weakening to the general vascular system ; this is also shown by the frequency of varicose veins and hæmorrhoidal affections. In such cases, an extra dose of spirit, or a furious horseback ride, — exciting the movements of the heart, — may stretch or rupture the ill-toned organ or its outgoing blood-vessels.

Diseases of the lungs are not rare. Rheumatism and low forms of typhoid occur in marshy localities.

Leprosy and syphilis are exceedingly common. Whatever may have been the characteristic symptoms of leprosy when it first came upon the natives, the disease is now so complicated with syphilis that it is impossible to do that foolish thing, — “*diagnose*” the presence of one of these complaints, to the exclusion of the other. In each there occur eruptions of similar forms, swelling and ulceration of glands, disturbance (often loss) of sexual function; the local anæsthesia, which frequently follows the sexual excesses so common among the natives, may take precisely the form described in the leprous diathesis; the leprous man is sure to lose his eyelashes and much of his hair; the subject of syphilis is often similarly afflicted; while the horrible breath, with caries of bones of the septum and palate, are common to both in the general rotting dissolution that ends the scene.

I am led to notice this impossibility of diagnosis, because, upon a supposed necessity for naming the malady and treating it by name, a mistake is committed at the Islands, which should be especially instructive to every thoughtful physician. I mention these diseases, then, first, in speaking of —

**MEDICAL TREATMENT.**— After a persevering trial with Fowler’s solution and Iodide of potassa, it is decided by the medical authorities that *leprosy* is incurable; that, therefore, every individual affected with that complaint shall be separated from his fellows, to perish (“kindly treated”), without an attempt at medical interference.\* It is well to isolate a suspected man; but cruel, with so grave a doubt whether he may merely have syphilis, which the same authorities *decide* to be amenable to treatment, to decree that no attempt shall be made to save him. Every month a schooner, with a ghastly load of agonized men, women, and *children*, leaves the wharf at Honolulu for the leper asylum on island Molokai. I have seen the group of weeping friends, who have followed mother, brother, or child to the ship,

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\* A sensation of numbness, or a numb pain in the third finger (which half the rheumatic people in Honolulu have there as well as in other parts of the body), is termed a partial paralysis of the ulnar nerve or its digital branches, and frequently *determines* the otherwise doubtful cases to be leprosy.



and am glad to own that I constantly endeavored to conceal from the authorities the cases of possible leprous disease which came under my notice.

Of drug-treatment by physicians at the Islands, the less a homœopath can bring himself to say, the better for his equanimity. The medical men are refined and agreeable gentlemen, and have, like the missionaries, the confidence of the native population. In compliment to the doctor, native children occasionally receive names of the drugs most used by the family physician: *Joseph Squills*, *Miss Rhubarb*, *The Dose of Sults*, are names actually recorded in the list of tax-payers at Honolulu. We may yet hope for such namesakes as *The Globule*, and *Miss Ignatia*.

At a future time I hope to conclude my subject with some mention of the native treatment of disease, detailing, also, the effect of homœopathic treatment upon complaints incident to the climate, and the habits of the people.

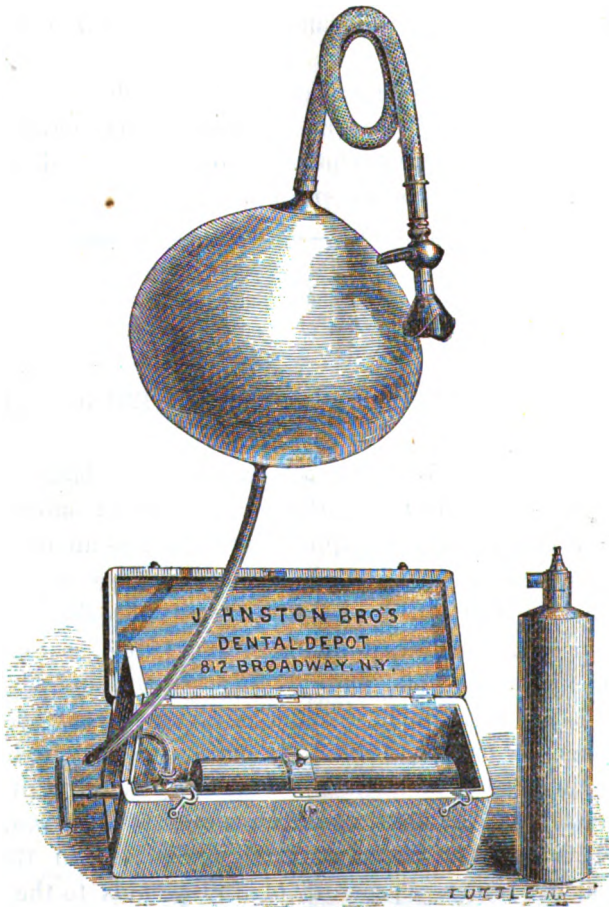
## SURGERY.

I. T. TALBOT, M.D., Editor.

### PORTABLE APPARATUS FOR ADMINISTERING NITROUS OXIDE.

THE use of what is called nitrous oxide or laughing gas, nitrogen monoxide,  $N^2O$ , ( $N^2O^2$ , a very different substance, is also called nitrous oxide), supplements ether as an anæsthetic. It is so much more rapid in its effects, and passes off so much more quickly, leaving no unpleasant or ill effects behind, that in speedy, though painful operations, such as extracting teeth, opening abscesses, and all those operations where the pain consists in a single incision, it is far more convenient and better than ether or chloroform. Its great disadvantage hitherto has been the necessity of an apparatus for generating it on the spot where it is to be used, or of transporting it in large, bulky bags. This gas is a liquid at  $126^\circ$  below zero in the open air; or at  $32^\circ$  under a pressure of 450 pounds to the square

inch; or, at  $45^{\circ}$ , 750 pounds. At  $-158^{\circ}$  it congeals into a solid. The Messrs. Johnston Brothers, of New York, compress this gas into strong, wrought-iron flasks, which hold more than 100 gallons of gas, condensed to a liquid state. This is packed in a strong, morocco-covered box or case, containing also a bag to be connected with the flask by a rubber tube, and by another tube with an inhaler. Thus, a gas of assured purity can be kept ready for use at any moment. When used, the empty flask can be exchanged for a full one. The apparatus is sold by Codman & Shurtleff, of Boston, to whom we are indebted for the accompanying cut of it.



Here we see, in the opened case, the iron "bottle" or flask held in it by a clamp, with another flask standing beside it. Its length is about  $12\frac{1}{2}$  inches, its external diameter about  $3\frac{1}{2}$  inches; but, as its walls are very thick, the bore is but about an inch and a half. It weighs, perhaps, 168 ounces avoirdupois, and may contain, when filled, 27 ounces of this liquid, of which the specific gravity has never yet, so far as we are aware, been ascertained.

It is due to science that the Messrs. Johnston ascertain precisely the quantity of water and of liquified gas, at a given temperature, it will contain, when perfectly full; that we may thereby calculate the specific gravity of this wonderful substance. In the gaseous form, the manufacturers estimate the weight to be  $\frac{1}{4}$  ounce to the gallon. Fownes, our best authority, gives the weight of a gallon of 231 cubic inches, at normal temperature, at 109.24 grains, which falls about an eighth of a grain short of the manufacturers' statement, and makes a bottle hold this minute quantity more of gas.

The left-hand end of the case slides up, a wrench is put in, which turns a screw to open the valve. A few drops of water, if put in the neck, will, if the gas is slowly escaping, betray the fact by bubbles. The entire price of the apparatus here figured, with the flask full, is \$40. The price for refilling the flask is \$6. Separate parts of the apparatus, and also a showy gasometer, are sold at fixed prices.

The directions that accompany the box state that the least admixture of atmospheric air interferes greatly with anæsthesia, and that such a supply of it as would come to the lungs through the stem of a common clay pipe, would entirely prevent it. The lungs should therefore be thoroughly emptied, before the first inhalation. Further, the admixture of air tends to exhilarate the patient. Now, as the liquid CAN CONTAIN NO AIR, it is claimed that this gas is twice as efficient as the average gas. The patient should occupy a sitting or recumbent posture, where no draught of air can reach him, in a still and comfortable room. He should be free from excitement, with the mind pleasantly engaged; and this frame of mind will continue dur-

ing the operation, and even to the return to consciousness. The inspirations should be long and full, with a little retention of the gas in the lungs. In this way, less than half the gas otherwise necessary will suffice. We would commend this apparatus to the especial notice of our surgeons.

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### PARACENTESIS THORACIS.

BY W. B. CHAMBERLAIN, M.D., WORCESTER, MASS.

DR. BOWDITCH, of Boston, was in Worcester a short time ago, and tapped the chest of one of our business men. He incidentally remarked that it was the two hundred and forty-ninth time that he had performed the operation. This brought to my mind a case of hydrothorax that came under my care in 1863.

Mr. Brigham, a blacksmith, had, some years before, strained his chest while shoeing a horse. Prof. Greene, of Berkshire Medical College, tapped the chest, in 1861, with good results. Mr. B. again commenced work; the difficulty returned in about a year, worse than ever. Dr. Warren, of Boston, said there were ten quarts of water in the chest, and advised delaying tapping as long as possible, as he thought it would fill up again in three or four weeks.

I took charge of him, and prescribed *Merc. corr.*<sup>3</sup> three times a day, and *Kali hydriod.*, three grains in water, two hours after meals. At the same time I put him in charge of Prof. E. H. Frost, the voice-trainer, who made the patient inhale freely every day; this made him cough, and he expectorated freely. After this course had been pursued from four to six weeks, he sent for me in haste, one day, saying that he must be tapped, for he could not live another night as he was. I called in Dr. Whittier, of Fitchburg, and performed the operation, taking away about three pints of water. In about six hours the plaster gave way, and the bed was wet thoroughly by the effusion. It discharged nearly a quart a day, for some two weeks; I then had a silver tube made with a flange, and inserted it in the previous opening in the inferior-posterior portion of the thorax, on

the left side. After wearing this tube about two years, the hyper-secretion ceased, and the opening was allowed to close.

The forced inspirations were then continued from fifteen to twenty minutes every forenoon; this expanded the lung and gradually removed the adhesions. At the end of a few months he began working at his old trade. He improved constantly, and at the end of two years was well, and now regularly does a large day's work without inconvenience.

After taking the *Kali hydriod.* and *Merc.corr.* for six months, he ceased taking medicine. Dr. Hitchcock, at the time I tapped this man, had operated on three or four cases in the same way; the air was allowed free access to the pleura, through the tube, without injury to the patient; every case recovered perfectly in from one and a half to two years.

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## GUNSHOT WOUNDS OF THE ABDOMEN.

BY J. A. BURPEE, M.D., MALDEN.

ON the first trial of Stokes for the murder of James Fisk, Jr., the conflicting medical testimony caused doubts in the minds of many medical men as to the real cause of death,— whether from Stokes' bullets, or the doctors' probes and drugs. Be this as it may, there is no doubt that a few bullets shot indiscriminately into the abdomen are ordinarily not pleasant to either the patient or the physician; but that such wounds do not always prove fatal there is the evidence of well-authenticated cases; and that such wounds may do well under homœopathic treatment is proved by the case recorded in the *Gazette* of last August.

The following case will show that patients may recover from such lesions without deep and forcible probing within the cavity of the abdomen, and without the administration of "opium enough to kill an ox." On December 9, 1872, at 2 P. M., I was called to see C. S. G., æt. 20, who had shot himself, accidentally or otherwise. He had been brought directly home after the injury, and I was sent for immediately. He was conscious, but very reticent, answering in monosyllables; he did not give any clear account of the occurrence, — only that he was

holding the pistol in his hands with the muzzle pointed towards him when it exploded; but he could not, or would not, tell whether it was fired once, twice, or thrice.

On opening the vest, the shirt was found burned and penetrated with several small holes. There had been little hæmorrhage, and on removing the shirt and flannel undershirt—which had several holes in them—I found three small-sized bullet holes into the abdomen. The upper one was three-fourths of an inch below the scrobiculus cordis, and to the left of the median line. The next was three-fourths of an inch lower down, and near the cartilaginous border of the ribs. The lower wound was about half-way from the upper one to the umbilicus, and some distance to the left of the median line. Each wound had the appearance of having been made by an entering bullet, and around two of these were the marks of the powder. The openings were all carefully probed for a short distance, but no trace of either bullet was found.

The pistol was examined, and was found to be a new revolver, carrying a conical ball twenty-two one-hundredths of an inch in diameter, and weighing thirty grains. On testing the power of the pistol, it carried the ball through a sound pine board an inch thick, and was lost in the ground. This pistol was a trifle smaller than the one with which Green shot young Converse in the head, in this town, some years ago. In that case the ball penetrated through the skull, and caused instant death. It would thus seem that from the power of this pistol, the balls must have gone deeply into the abdomen if they did not go entirely through the body, but a careful examination failed to discover any exit of the balls.

There was some pallor, and considerable prostration, without any nausea or vomiting, or other evidence of internal hæmorrhage. The extremities were warm, and the pulse light and rapid. There was some tenderness of the abdomen, but no meteorism. I ordered a recumbent position, *Arnica* lotion to the wounds, and *Arnica* to be given internally.

At 5 P.M., Dr. Talbot saw the patient with me, when his condition continued much the same. The wounds seemed more

closed, and the probe did not pass through the abdominal wall so easily. There was a slight access of fever, for which a few doses of *Aconite* were given. The *Arnica* was continued internally, and *Calendula* lotion applied to the wounds instead of *Arnica*.

Dec. 10. — Patient passed a comfortable night, sleeping considerable. Slight fever, no hiccough or vomiting; little swelling or pain in the abdomen.

No untoward symptom occurred after this. The fever rapidly abated, the wounds healed, and in ten days he was able to walk about, and suffered no inconvenience, though his weight was probably increased ninety grains by means of three leaden balls, safely stowed away in his abdomen.

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## OPHTHALMOLOGY.

HENRY C. ANGELL, M.D., EDITOR.

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### THE OPERATIONS FOR CATARACT.

NEITHER of the usual operations for hard cataract — the flap and the peripheric linear — are very easy of performance, and if Dr. Liebreich has given us all that he claims in the small brochure before us,\* we now have a modification of Von Gräfe's method, easy and convenient to perform, less liable to accident, and as good in average results as the latter; in its best results better than the peripheric linear, and rivaling, in this respect, the flap operation at its best. It will be remembered that the peripheric linear, or Gräfe's operation, is effected by opening the cornea above, just outside its border, with a long and narrow knife, the wound being straight, and mostly falling in the tissue of the sclerotica; a portion of the iris is then excised in order to facilitate the escape of the lens through the opening. In the flap operation, the incision is semicircular and within the

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\* On a new Method for Extraction of Cataract. By R. Liebreich, Ophthalmic Surgeon to, and Lecturer on Ophthalmology at St. Thomas's Hospital. (Reprinted from St. Thomas's Hospital Reports, Vol. 2). Philadelphia: Claxton, Remsen & Haffelfinger. 1873.

cornea, near its edge, either above or below, and made with a cuneiform or triangular-shaped knife, no excision of the iris being made usually, unless called for by some emergency. This wedge-shaped knife, known for the last hundred years as the "cataract knife," has, until quite lately, been considered indispensable in the operations for senile cataract, by an upper or lower section of the cornea. With this form of knife, a straight or linear incision is impossible, and it is, in all probability, the linear incision, or the avoidance of the flap, that is to give the recent modifications in cataract operations their advantage, if in the end the new methods shall prove better than the old.

The earliest operation known was that of reclination, or couching, the opaque lens being left in the eye. Then came extraction by means of a needle or hook, the lens being drawn out through an opening in the cornea. It was also drawn out by means of suction through a tube. These two methods of extraction were in vogue many centuries ago, and remind us of the so-called new traction and suction operations recently practised. In 1745, Daviel became famous for his success as an operator. He is reported to have opened the cornea from below with a lancet, and after rupturing the capsule, to have pressed out the lens with the fingers. This would seem to be very nearly the same operation now proposed by Liebreich.

Soon after this came the substitution of the wedge-shaped knife for the lancet, and this knife held its place for a hundred years, and, indeed, may be said to retain its place still, although not as formerly holding undisputed sway, since Gräfe has shown that a narrow knife may be safely substituted for it.

Making service of this first great step of Gräfe's, Liebreich uses his long and narrow knife, but puts the incision back again into the corneal tissue, which is now finally decided to heal after a clean cut as safely and quickly as that of the sclerotica.

Liebreich's operation is far less original than the peripheric linear of Von Gräfe. It is simply an important modification of it, that bids fair to be practical and popular. The peripheric linear and flap operations are thus contrasted by Liebreich:—

"Let us first compare the incisions in regard to their position, form, and execution. Originally Gräfe's incision was made as



peripheral as possible, in order to avoid the tissue of the cornea, supposed to be unfavorable for union. Later he approached more to the margin of the cornea, the external surface of the wound, however, remaining always above and beyond it. By its linear form, as nearly straight as it can be on the surface of a globe, it contrasts most markedly with the flap incision. The latter, almost semicircular, situated everywhere within the cornea itself (not to speak of a modern modification), does, indeed, offer quite different conditions for the succeeding steps of the operation. Whilst the linear wound remains closed, even in eccentric movements of the eye, and can only be made to gape by pressure, the flap wound has so great a tendency to open that a brisk movement of the eye, or a slight pressure with the finger on the edges of the wound, causes them to be widely separated. On this point chiefly rests the difference in the mechanism of the removal of the lens. In the flap extraction, the capsule being opened and the wound made to gape, the lens rotates so that the point of its equator most distant from the centre of the wound serves as a centre of rotation, whilst the margin of the lens towards the wound moves forward. In this movement, the lens passes over the posterior surface of the iris, like the fetal head over the perinæum, and protrudes the iris, in order to place itself in the wound, having first overcome the resistance of the sphincter pupillæ. This mechanism cannot take place in Gräfe's incision. If after his incision the capsule be opened and the wound made to gape, and the lens to advance farther forwards, it would press against the whole posterior surface of the iris, and could never pass the pupil; it is, therefore, in this method, a mechanical necessity to cut that part of the iris directed towards the wound up to the sphincter, or, as Taylor proposed, to incise it at the periphery. But even after incision of the iris, after the opening of the capsule, the making the wound gape cannot force out the lens; consequently, traction instruments (such as Bowman and Critchett's spoon, Gräfe's crotchet), were originally used. Later, the introduction of these instruments was replaced by external manipulations. With a spoon of caoutchouc (Gräfe) or tortoise shell (Soelberg-Wells), the wound was made to gape and the lens thrust upwards. The latter is done by pressing from below upwards upon the cornea.

"In the greater tendency of the flap of the cornea to gape rests also (and as it appears to me exclusively) the difference in the healing, in the necessary precautions and in the results which are to be obtained by each of these two methods."

The writer then goes on to give the merits of the Gräfe operation and the reasons why the flap operation was abandoned for it by so many operators, and then proceeds to state his reasons for dissatisfaction with it as follows : —

“To me, however, it appeared that the mechanism of Gräfe’s method was still too complicated, and too violent ; that prolapse of the vitreous body, hæmorrhage in the anterior chamber, were too frequent during the operation, iritis, and strangulation of the iris in the corners of the wound too frequent after it, and that the most favorable results, compared with the most favorable results in flap extraction, were not perfect enough. If these inconveniences are carefully inquired into, it is found that they can all be brought back to one and the same principal cause ; namely, the peripheric position of the incision. This peripheric position explains why —

1. It is impossible to remove the lens without iridectomy.
2. The excision of the iris must be very extensive, else the iris tends to prolapse.
3. It is necessary to perform the operation above, in order that the enlarged part of the pupil may be covered by the upper eyelid ; the removal of the lens upwards is far more difficult on account of the tendency of the eye to roll upwards ; and consequently, —
4. During the whole operation, the eye has to be kept open by the speculum, and to be drawn downwards by the forceps. This is not only painful and injurious to the eye itself, but causes, —
5. Not unfrequently, prolapse of the vitreous body, to which a peripheral incision itself already tends. Prolapse of the vitreous body, and hemorrhage into the anterior chamber, are the chief impediments to a careful removal of all the *débris* of the cortex, and cause —
6. Those grave forms of iritis which are kept up by the permanent irritation caused by the tumefied remains of the lens behind the iris.”

He thus describes his own operation : —

“The patient lies on his back ; chloroform is administered only on his express desire ; the pupil having been dilated with atropine the day previously, if possible. For the right eye the operator stands behind the head of the patient, for the left at his left side. An assistant is not necessary. All the instruments required are two, namely, the smallest Gräfe’s knife

possible, and a cystotome which has a common Daviel's spoon at the other end. The whole may even be united in one instrument, which has at one end Grüfe's knife, at the other end Daviel's spoon, and within the handle a cystotome which admits of being pushed in and out. Supposing the right eye is to be operated upon. In that case the operator takes hold of the upper eyelid with the index finger of his left hand, whilst he slightly presses the middle finger against the inner canthus of the eye. The knife, held in the right hand with its back horizontal and backwards, the plane of the blade making with the horizontal meridian of the eye an angle of about  $45^{\circ}$ , enters the sclerotic with its point about one millimetre externally to the margin of the cornea. *Without altering the direction*, the knife passes through the anterior chamber, in order to make the contra-puncture on the opposite side, so that the point of the knife becomes visible in the sclerotic above, one millimetre (or less) distant from the cornea. The knife is now pushed forwards, so that its retraction finishes the incision. As soon as the incision is made, the eyelid is to be dropped.

"The second part of the operation consists in the careful opening of the capsule.

"In the third part, Daviel's spoon is slightly pressed against the inferior margin of the cornea, and the index finger of the left hand, which holds the upper eyelid, through it exerts a very slight pressure on the highest point of the cornea. Thus the lens is made to rotate a little, its lower margin presses, in the manner already described, against the posterior surface of the iris, pushes the iris forward, passes along it to the margin of the pupil, overcomes the obstacles and places itself freely in the wound, which is made to gape by Daviel's spoon pressing against it. A slight pressing movement of the index finger of the left hand, by means of which the upper eyelid is shifted from above downwards over the cornea, serves to expel the lens. Similar movements of the lids are employed for the purpose of forcing out any remaining *débris* of the cortical substance, after pushing them from behind the iris towards the pupil, by gently rubbing the shut eyelids. Should the pupil then not appear round, but its margin drawn towards the wound, it regains its normal position by an outward shifting of the lower lid; or, if that be not sufficient, by the introduction of Daviel's spoon. Immediately afterwards, I put some atropine into the eye, and close it by my compressive bandage."

After directing attention to the simplicity of his operation,

and the ease with which it can be performed, he summarises further its comparative advantages as follows : —

“It is preferable to the flap extraction, on account of the safer and constantly regular incision. The flap incision scarcely ever acquires the regularity which may theoretically be demanded, even if made by the most practised operator, with the best assistance, the most enduring patient, or under chloroform, by the use of the elevator and fixation instruments. At one time its height or breadth is not what it is intended to be ; at another time its position is incorrect, or the wound irregular. Indeed, part of the irregularity is due to the difficult form of the incision ; but by far the greater part, according to my conviction, is due to the mechanism by which the cuneiform cataract knife makes the incision. A small Gräfe’s knife would make a flap safer and more regularly than any wedge-shaped cataract knife. The incision I designed can easily be made, in every case, exactly in the desired form and position, even if the patient is very restless, without assistance, without elevator or fixation. This mainly depends on the facility with which the place of the contra-puncture can be chosen, the knife drawn back and made to pierce at another point, if a mistake is made in the selection of the place for contra-puncture, and in the freedom with which, in terminating the incision, the inclination of the knife can be changed, if necessary.

“A little practice will enable every operator to avoid those corrections, and to make the contra-puncture, as well as the whole incision, correctly, according to his original plan.

“Compared with Gräfe’s method, it has the advantage of a more favorable position of the field for the operation, and avoids through it all the inconveniences to which I have referred as arising out of the peripheral position of the wound.

“In regard to the mode of healing, it favorably contrasts, like Gräfe’s method, with the flap extraction, on account of the diminished influences which age, constitution, general state of health, season, and other causes exert ; also on account of the less demand made upon the patient to remain quiet after the operation, and, above all, on account of the lesser tendency to suppuration of the cornea.

“The advantages of my method over that of Gräfe are shown by the ultimate results obtained : by not furnishing a greater percentage of total suppuration than Gräfe’s method, my best results are in regard to optical and (if I may use the term) anatomical perfection, identical with the best results obtained in flap extraction.”

He has performed as yet but about one hundred operations of the simple kind described, that is, by the lower section of the cornea without iridectomy; so that we must wait still for a final verdict upon the real success of his method.

It is something to have an easier way of removing an opaque lens invented; but after all, ease, rapidity, brilliancy, and even comparative painlessness, are all of very secondary consideration in operations on the eye. The question of safety, or restoration of sight, is everything. In this direction, it is gratifying to note a growing independence among ophthalmic surgeons in the choice of methods of operating. It is a significant fact, that so leading an operator as Bowman, of London, is reported to practise, not unfrequently, the old flap operation still, and a recent contributor to the *Lancet* reports a hundred cases treated in the same way.

Many of the best surgeons are disposed to shake off all allegiance to any particular method, and to choose from among all the one best suited to the case in hand. Thus the nucleus may be large or small, the cortex large or small, harder or softer, the pupil quite dilatable or otherwise, adherent or not; these conditions or others, as well as the state of the patient's health, are now more generally considered, and have their weight in determining the particular method in a given case.

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### TRAUMATIC BLINDNESS RELIEVED BY NITRATE OF STRYCHNINE.

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

PROF. NAGEL, of Tübingen, records the following case:—

A soldier was wounded by a chassepot ball on the left upper eyelid, at the distance of fifty paces. It tore the eyelid, shattered the zygoma and the joint of the lower maxilla, and passed out below the external meatus auditorius. The left ear was deaf, the left eye blind, and the pupil reacted only weakly to intense light. The visual power of the right eye sank to about  $S=\frac{1}{4}$ . Externally, the eyes showed nothing abnormal; with the ophthalmoscope small, pointed nebulae could be discovered on

the cornea, and some flakes in the corpus vitreum, arising, perhaps, from some granules of powder. On the left side, dullness of the retina, especially around the veins; on the right side more than on the left. He passed through an attack of erysipelas before the wound began to heal. January 5th, Nagel injected two milligrammes of nitrate of strychnine in the neighborhood of the eye, and increased the injection daily till it reached three milligrammes. Fifteen minutes after the first injection the patient could see light at a greater distance. After the third injection he counted fingers and recognized some colors; and after the fifth he read Jaeger No. 2. After the sixth the eye became sensitive, and therefore the injections were stopped, and he soon could read Jaeger No. 1 at seven inches distance, No. 17 at twelve feet. We did not expect any amelioration of the deafness, as the os petrosum was destroyed.

*Wien. Med. Zeitung, July, 1871.*

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### UNSUSPECTED LOSS OF THE CRYSTALLINE LENS.

BY H. C. ANGELL, M.D., BOSTON.

THE following suggestive case furnishes fresh proof of the importance of diagnosis, viewed from the practical stand-point. It also presents a curable case beyond the reach of any *pathies*. I quote from my note-book as written out for a lecture two years since.

May 7, 1870. — A man from Providence, 60 years of age, consulted me for total blindness in his left eye. Asking him if he could distinguish light from darkness, he said that turning towards the window he was aware that it was lighter in that direction; that he should know that I was standing before him, but could distinguish no features. On testing the amount of vision more accurately, I found that he could make out the form of the large letter No. 200 at about twelve inches from the eye. His vision, therefore, in the left eye was 1-200; with the right eye, vision was 11-12, or nearly normal. The two eyes appeared

alike externally, — no one would have supposed one eye to be practically worthless.

The history of the case was this: Eighteen years ago, in driving a nail, it rebounded and struck the left eyeball rather forcibly at its centre. The eye was quite painful for a few days and then recovered. There was no visible wound of the eye at the time, even no bruised appearance of consequence, and nothing observable but a slightly reddened appearance, which disappeared within a few days. A short time after the accident happened, he found that although the eye felt well and looked well, it did not see well.

The sight grew gradually worse until it entirely vanished. There was no pain in the eye and had been none since. He had consulted several physicians during some months succeeding the accident. Some had called it cataract and some disease of the optic nerve; and one had prescribed homœopathic powders for the latter affection. None had been of any assistance to him, and he had come to regard the sight of his eye as lost.

I examined the interior of the globe with the ophthalmoscope, expecting to find some serious disease there. To my surprise I found no pathological changes at all. The media were perfectly clear, the retina, the choroid and the optic nerve appeared healthy. I could see nothing to speak of in the eye, and the patient could see nothing to speak of out of the eye. We were both somewhat in the dark. Finally, I tried by oblique illumination to discover some mysterious haziness of the cornea which perhaps I might have overlooked by strong direct light. My search was unsuccessful in this respect, but I discovered something for which I was not looking, and something which told me the whole story at once. I saw a slight tremulousness of the iris. Now the iris is never tremulous when it has its natural support; and its natural support is the crystalline lens; therefore the lens must be dislocated or absent. If dislocated, I should have seen it out of position with the ophthalmoscope; hence I concluded that it was absent.

To prove the diagnosis, I placed a thick cataract-glass before

the eye, and the patient read the newspaper through it with tolerable ease.

The explanation of this singular case is this : When the eye was struck by the rebound of the nail, the capsule of the lens was ruptured, probably at its thin, posterior part, near the periphery. The aqueous humor, finding its way to the substance of the lens through this rent in the capsule, began its work of disintegrating the substance of the lens tissue, softening it and rendering it milky and opaque. The reason that no disturbance of vision was noticed at this time, is explained by the circumstance that, the capsule being ruptured far away from the centre, that portion of the lens immediately within the area of the pupil was as yet clear and transparent. Later, when the aqueous humor had penetrated farther, dimness of sight, gradually increasing, came on. Finally, all sight vanished when the entire lens became involved, and the process of absorption began. This required years for its completion, and meantime the eye was entirely blind. When, at last, the pupil again gradually became clear, the eye having fallen into disuse, the fact was not noticed ; or, if noticed, it was merely observed that the utter darkness had passed away, and that light could be better perceived than formerly. The eye could not be used with the other, for, the lens being gone, no power of accommodation was present. Finally, amblyopia, from disuse of the eye, resulted, and in this condition, the patient came to me. There was nothing to be done for him through direct medical or surgical interference. He was advised to procure a suitable glass and read through it a few moments daily, and occasionally to use this eye for distant vision. This exercise would in time improve the visual power, so that if, in the future, his good eye should become disabled from any cause, this eye, provided with its proper glass, could supply its place.

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OPHTHALMIC NOTES. — Nero was near-sighted, and in witnessing the games at the Roman amphitheatres he used a large emerald, hollowed out on one side. We may infer from this



that he was troubled also by the photophobia which is so frequent in myopic eyes. Now-a-days, myopes are treated very much in the same way, only that we prefer blue concave glasses to green ones.

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LADIES may now choose as to the color of their own eyes with a fair chance of being accommodated, provided they choose a sufficiently dark color. At any rate, white eyes and "wall eyes" and all such disagreeable things, may be rendered quite charming by the new method of tattooing the cornea.

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WHAT does it mean? The following paragraph, nicely calculated for nervous latitudes, appears to be going the rounds of the daily press: "Medical science has lately made a frightful discovery. One of the most eminent professors of Paris has submitted to the academy an invention of his own to kill animals by blowing air into their eyes. A few seconds only are required for the operation, which, besides, causes little suffering. Experiments, it is affirmed, have been made at Alfort which have succeeded perfectly. One remarkable feature in this new method of killing is, that it leaves no trace behind it, and is as applicable to human beings as to animals."

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MR. STREATFEILD, of the Royal London Ophthalmic Hospital, London, uses bichloride of methylene for all surgical operations in preference to other anæsthetics.

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At La Charité, Paris, alcohol, one part to two or more parts of water, is used with favorable results as a lotion and injection for purulent ophthalmia.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, FEBRUARY, 1878.

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**MOVEMENTS IN THE RIGHT DIRECTION.**—In the *Gazette* for January we referred to the delinquencies of the Board of Aldermen of Boston, which, serving as a Board of Health, had permitted the small-pox to spread so extensively. We felt confident that Mr. Pierce, the new mayor, would do everything possible to avert the epidemic, and we hoped the new Board of Aldermen would give cheerful and prompt aid. But during the first few days of the year, it seemed to our citizens that they were veritable members of the Barnacle family, from their negative way of doing things.

There is a fine old building, surrounded by eleven acres of land, which isolates it from the neighboring buildings; it was formerly the Roxbury almshouse, and has lately been unused. It could easily accommodate one hundred and fifty patients, and for six months past the demand has been made that this should be used for the better class of small-pox patients who would not be transported to Galloupe's Island. But there were some of the friends of the aldermen who did not want it should be thus used. So the Board studied the question of "how not to do it," after the mayor and council had said that it ought to be done immediately. On Friday, the aldermen came together and talked the matter over, and thought it would be a great job to put so big a house in order. On Saturday they visited the spot, and found that it would take several weeks, at least, to render it habitable.

Then they went to a low, marshy island, which is covered with water at high tide, and here decided that they could build a suitable hospital in six days, by putting the job into the hands of one of their own number. The very suggestion was an outrage upon the decent people of Boston, and after waiting for others to move in the matter, the homœopathic physicians, acting for themselves and in behalf of their many patients, personally visited the aldermen and solicited them at once to open the Roxbury almshouse. A petition was prepared and signed by the leading homœopathic physicians, that this should be done, and that immediate measures should be taken to arrest the small-

pox. This was presented to the Board on Monday, and after a long discussion, in which the city physician and his assistant both testified to the utter unfitness of the proposed location, they voted, seven to five, to build another hospital upon the marshy island, and *not* to open the Roxbury almshouse. The Boston Academy met that same evening, and by an unusually large meeting the action of the aldermen was discussed and unanimously condemned. It was voted to request the city government to immediately open the almshouse for the reception of small-pox patients. A committee of seven was appointed to present and urge this matter.

On Tuesday, this committee had an informal interview with the aldermen, in which they freely and plainly expressed the opinion of the Academy and of their patrons. The Board had by evasive measures shifted the responsibility upon the Common Council. That body held a special meeting and nobly met the responsibility, but not in the way the aldermen had expected. They laid aside entirely the acts of the Board, confirmed the Board of Health, which the Mayor had nominated, placed entire power in their hands, and requested them to call for any additional appropriations they might need. On the following day, Wednesday, the Board of Health met at eleven o'clock and organized. Their first act was to do what the homœopaths had urged upon the city government,— the establishment of a proper small-pox hospital. They sent for the Superintendent of Public Buildings, ordered him to have the almshouse ready at three o'clock that afternoon; and at five o'clock, six hours after the Board of Health was organized, five small-pox patients were made comfortable therein. From that time to the present the Board have been constantly busy in doing work which should have been done a year ago. Another hospital is to be opened in the northern part of the city; isolation is to be rendered as perfect as possible; vaccination and revaccination is to be made general; flags or placards are to indicate where the disease exists, that it may be guarded against, and other measures of importance will be enforced. With such energy and judgment on the part of the Board of Health, we feel safe in predicting that before another issue of the GAZETTE, the fifteen hundred cases will have dwindled to one tenth of that number, and human life, that "most valuable commodity," will be rendered safer than ever in our city.

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BROOKLYN LYING-IN ASYLUM. We have received several letters and documents from physicians whom we greatly esteem, assuring us that

the statement in regard to this asylum, which we published last month, is incorrect. All we can say is, "the more's the pity." Our school has too much at stake in the interest of humanity to lug in any extraneous matter, like religion, with which to kindle a flame likely to burn both parties. We would ask our Brooklyn friends, on both sides, to calmly think over the whole subject, and see if they could not possibly have pursued a more conciliatory course and avoided this quarrel, which does neither them nor our cause any good, but much harm. What might have been avoided may yet be cured.

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## CORRESPONDENCE.

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### MEDICAL EDUCATION IN NEW YORK.

NEW YORK, Jan. 16, 1873.

DEAR GAZETTE: — Your kind invitation to tell you something about the New York Homœopathic Medical College cannot be resisted; and though the purpose of the college is to let its deeds praise it, yet if you think what I may write would interest the profession, use it as you please.

The regular winter *semester*, now in full progress, is attended by a larger number of students than any previous one. There are over one hundred matriculants, about one-half of whom are candidates for graduation. This is an increase of more than one hundred per cent in two years, and a gratifying evidence of the growing faith of the profession in the kind and measure of instruction furnished by its present faculty.

The commodious and well-furnished halls and lecture rooms appropriated to the use of the college, in the Ophthalmic Hospital building, occupied this season for the first time, have proved upon trial admirably suited to their intended purpose. There are three of these lecture rooms; all well lighted, warmed, and ventilated; each furnished with seats, tables, and other appointments appropriate to the subjects taught in it. The seats are constructed and arranged with special reference to the convenience and comfort of the students, a point of no little importance to those who are obliged to occupy them during so many hours of every day. We observed that a little rest for the hand and note-book, with which every seat is furnished, seemed to be well appreciated by the occupants.

The Practical Anatomy Hall presents some peculiar advantages. The space not required for the dissecting tables is occupied with well-arranged seats for the students, enabling the Professor or Demonstrator to illustrate his instructions from any number of examples immediately before him. The material and the opportunities for prosecuting this essential branch of medical science are abundant.

The graded course of instruction, and the classification of students according to their period of study and relative proficiency, which this college has undertaken to carry out, is meeting with considerable favor. One obstacle to its immediate and complete success, however, arises from the attendance of a large number of students who have attended one or more courses in other colleges where the system of instruction is different, and who consequently belong, strictly speaking, to neither the senior nor junior class.

As the recommendations of the American Institute are more generally adopted, and other of our colleges establish a similar progressive course of instruction, this difficulty will gradually disappear, and the division and arrangement of classes will be perfected in accordance with the plan shadowed forth in the last announcement.

The curriculum is very comprehensive. Besides those subjects that are taught in the best of our institutions, several other special branches, not heretofore considered necessary, have been introduced. Regular courses of lectures are given on Natural History and Comparative Anatomy, on Hygiene and Sanitary Science, on Diseases of Children, on the Skin, and on Syphilography.

The authorities of the college are ready to add special instruction on other topics related to medicine, or already included in the general departments, as soon as the term of study shall be sufficiently extended to admit of it. At present there is scarcely time for the exhaustive treatment of the subjects already embraced in the programme. The sooner the minimum requirement, of at least three courses as a requisite for graduation, is exacted by law, the better.

The surgical and medical clinics are admirably conducted, and well attended. The opportunities for this kind of instruction furnished by the numerous institutions in the immediate neighborhood of the college, attracts not only students, but many graduates, who here seek to supplement, by a course of clinical study, the didactic lessons which in some colleges still constitute, almost entirely, the sum total of the instruction given. This is notably the case in the Ophthalmic and Surgical Departments. It is a significant indication of the improvement introduced in the surgical clinics, that whereas heretofore many of our students have been in the habit of attending the surgical clinics at Bellevue Hospital, this season only three or four have applied for tickets for that purpose.

The faculty, although large, and comprising representatives of all the shades of medical opinion found among homœopathsists is, we are assured, entirely harmonious. The work of the professors and teachers is, under the present regime, altogether a labor of love. All the income received over the large current expenses, is devoted entirely to the improvement of the college, and the advantage of the students.

DELVAN.

## LETTER FROM PHILADELPHIA.

PHILADELPHIA, Jan. 1873.

EDITOR OF NEW ENGLAND MEDICAL GAZETTE: I know you dearly love to hear occasionally from our City of Brotherly Love; to hear from this city of harmonious doctors, this paradise of physicians, where all the doctors get rich, and after their demise, have the sweet consolation of hearing what awful fees they charged! But a truce to badinage; for, as the delicious Artemas used to say, this is "sarkastic." In this staid and sober city one is not expected to indulge in such levity.

Is Philadelphia an eligible point from which a young man may launch his bark upon the tide of life? This is a question frequently asked. Undoubtedly no city within our national domain presents more attractions, or more opportunities for rational enjoyment than Philadelphia; but Philadelphia people are a peculiar people. Once having retained a family adviser, they seldom change. To illustrate: not long since, a physician left the city, and it became necessary for one of "his families" to select another. In due time a young gentleman was called upon and he was informed that "we have consulted with different members of our family, and have made diligent inquiry about thee, and we have concluded to have thee for our family physician." As it is in our profession, so it is in all trades and occupations. The customers of the house are retained by the children, and the children's children.

Families will not, though they believe firmly in homœopathy, change their practice, because they will not offend their old family adviser, who has been such for thirty or forty years. To get a practice in this city is, then, a slow work. Physicians' fees are also ridiculously low here. For office advice the charge is all the way from ten cents to one dollar, and visits from twenty-five cents to two dollars. Your readers will hardly believe it, but there are physicians here, well known to the profession, who give advice and medicine for *ten cents*. "Cheap and nasty"! Our county society has been making fruitless effort to remedy this by adopting a fee bill. At our last meeting a bill of this character was tabled.

These are the disadvantages which impede a young man's success; on the other hand, if one has money to support himself for ten years, more or less, and he has good character and a spotless ancestry, he will ultimately succeed, and in the mean time he will enjoy unsurpassed advantages of study in our hospitals, dispensaries, and private institutions.

Our city papers are just now discussing the propriety of a law to prevent quackery and crime, and it is truly refreshing to see how homœopathy is defended against the encroachments of allopathy. I send you a short editorial from one of our city papers,\* which you can publish entire or "cut to suit space."

The health of our city has been remarkably good. Small-pox is not

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\* We are sorry that lack of space prevents our reprinting this editorial from the *Philadelphia Inquirer*.  
 EDITOR.

with us this winter. The prevailing diseases have been influenza and other affections of the respiratory organs. Diphtheria has prevailed to some extent, and all of my cases have yielded to *Apis*<sup>3 dec.</sup>, in water, very promptly. Whooping cough has been quite prevalent, and has not yielded so readily to medicine as usual. I nearly always use the high potencies in this disease, and with very gratifying results. Common colds, attended by a cough, have mostly been promptly cured with *Verbascum thaps.*<sup>3 dec.</sup>, — a favorite medicine with me, if the patient coughs much through the night. I think I have had more cases of diarrhœa than usual; some of them have borne a strong resemblance to cholera, in the summer. In some cases they have been very obstinate and weakening.

The Homœopathic College seems to prosper. About the usual number of students are on the benches, and the faculty have the confidence of the profession generally. There are a few malcontents, who will not be pleased. Prof. Guernsey is rapidly preparing the second edition of his work for publication. We indulge the hope that he will say something about *phlegmasia alba dolens*, in the forthcoming volume. Prof. Thomas will have his new work on Post-mortem Examinations and Morbid Anatomy ready before the first of March. This will prove one of the most valuable of books and supply a want which has long been felt.

My time and your space warns me to bring to a close my rather desultory letter, but permit me to wish you a long career of usefulness, and that the GAZETTE may, with renewed life and vigor, uphold with fervor and zeal the banner of homœopathy,

A TOUT OUVRANCE.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by H. C. Clapp, M.D., Secretary.

THE annual meeting of the Academy was held January 13, 1873, at Wesleyan Hall, Dr. de Gersdorff in the chair. After partaking of a collation, the subject of small-pox was introduced by Dr. I. T. Talbot, who said that the persistent inaction of the city government had allowed, while its inconsiderate action had encouraged the spread of this pestilence throughout the city. A year ago, cases appeared in such a form that every physician felt certain of its dangerous character,

and the city government was called upon to take measures for its suppression. This they failed to do. It continued to increase till mid-summer, when, frightened by the popular clamor, the government demolished the only small-pox hospital in the city, and forced all its would-be inmates to remain in unprotected private dwellings. And, from that time on, the pestilence raged like a fearful conflagration. The epidemic among the horses swept over our city, and by its universal prevalence and unparalleled effect, diverted our attention; next the great fire made us almost forget, by its extent, that the small-pox existed here; but meanwhile it continued to spread. Satisfied that the city government could not, or would not do anything to effectually lessen this disease, the citizens all looked to the incoming government of the present year for active, efficient, immediate measures. The Common Council has already done all that can be asked; but the Board of Aldermen, the conservative branch, are standing, considering, waiting, and — it would seem — doing nothing. Hours — moments even — are precious now to us, physicians, the guardians of the lives and health of our patients. And it is our duty, as physicians, to use every influence in our power for the sanitary welfare of the city. For this purpose, and to meet this emergency, the following petition was, before the meeting of this evening, drawn up and signed by a few of our members. It has been presented to-day at the regular meeting of the Board of Aldermen, and it is hoped that the Academy will endorse it and use its influence for the adoption of the measures which it recommends.

**TO HIS HONOR, THE MAYOR, AND THE BOARD OF ALDERMEN OF THE CITY OF BOSTON: —**

The undersigned, physicians of Boston, and members of the Massachusetts Homœopathic Medical Society, respectfully represent that for more than three months the small-pox has existed as an epidemic in this community; that it now pervades all parts of the city and all ranks of society; that already many have died, and at the present time a very large number are lying sick with this most loathsome and fatal disease; that by its presence our citizens are kept in a constant state of apprehension and alarm, strangers are deterred from visiting us, and business is seriously interfered with; that it has been fully and often demonstrated that by the use of sufficiently stringent measures the disease may be entirely exterminated in a comparatively short space of time, but that the means employed in this city have been and are now utterly incompetent to stay its ravages.

Therefore, we respectfully but earnestly request your honorable body to take the most prompt, energetic, and decisive measures to rid the community of this epidemic; and to this end would respectfully recommend, —

1. The complete isolation of the disease as far as possible, in every instance. When practicable, the patients should be taken to a hospital, and there detained till all danger has passed; when allowed to remain in their own homes, a most rigid police should be instituted, and such



houses should be declared hospitals, to be placed under the care of proper sanitary officers.

2. That greatly enlarged and much better hospital accommodations should be at once provided, so that every class in the community may avail themselves of them.

3. That re-vaccination, which has been practised already to some extent, should be made more thorough, systematic, and complete, so as to extend to every person in the city.

4. That measures should be immediately taken for the establishment of a public institution for the propagation and distribution of pure animal vaccine virus.

And we further respectfully petition that homœopathic treatment may be furnished, to all persons desiring it, in the small-pox hospitals under the charge of the city government.

JOHN H. WOODBURY,  
I. T. TALBOT,  
GEORGE RUSSELL,  
H. L. H. HOFFENDAHL,  
E. B. DE GERSDORFF,  
L. D. PACKARD,

H. AHLBORN,  
C. WESSELHOEFT,  
WM. P. WESSELHOEFT,  
DAVID THAYER,  
HENRY C. ANGELL,  
H. B. SHATTUCK.

Dr. David Thayer said that time enough had been spent in waiting for some one to move in the matter, and that we could wait no longer. If a wolf had invaded our streets and carried off a child, or if a monster had come up the harbor and seized his victim, the whole city would have been alarmed, and a general uprising would have taken place. Yet here is a disease by which from seven to ten are being carried off daily, and nothing is done. The wonder is, that the people have been so quiet. The doctors are doing all they can, aided partially by the city government. Vaccination, if thoroughly performed, is an entire protection; but once is not sufficient. Everybody should be vaccinated until it will not take, and the system becomes thoroughly saturated. He was in the habit of repeating the vaccination once a week for four weeks, even if it takes. He had known a large number who, having refused to be revaccinated, had died. He used nothing but the pure cow virus; the humanized was apt to produce mischief by transmitting syphilis, scrofula, or some other disease. He had several times taken virus from children and shown it to physicians, who pronounced it good, when he knew that the child was suffering from disease at the time.

Dr. Woodbury supported the petition, and thought that, if the resolutions were carried out, the epidemic might be stamped out in forty days. The practical point was, that there must be more accommodation for patients, and that, too, this very week. The present disreputable building in the marshes was a disgrace to the city, and was very justly condemned by physicians of all schools. Isolation was especially needed. One day, last November, he had found five persons spending the afternoon with one of his small-pox patients; and from this case he had traced directly nine others. This was not a solitary

instance. A hospital should be fitted up so that patients of every class in the community could feel that they were having the best of care. The public demand, and should have, a good place where inmates of hotels, boarding-houses, and other places, could be sent and properly cared for. To send a patient to Galloupe's Island in this weather was to send him to almost certain death. He felt a lack of confidence in some of the virus now furnished; and thought it would be much better and cheaper if furnished by the city or State, through paid and trustworthy agents. He was opposed to consigning his patients to allopathic physicians, and from a conference with some members of the Board of Aldermen, he was sure that they would be willing to allow homœopathic treatment to patients, if they desired it, and set apart a portion of the hospital for that purpose.

Dr. de Gersdorff said that he was pleased to have had an opportunity of putting his name to the memorial to the Board of Aldermen. The grand thing to set before the world, as the great preventive of the disease, was vaccination, this being one of the strongest exemplifications of the homœopathic law.

Dr. Shattuck moved that the meeting fully and heartily approve of and indorse the memorial sent to the Aldermen, and that they be requested and urged to adopt the suggestions contained therein. The motion was carried unanimously.

Dr. Krebs spoke of the difficulty in procuring good and pure vaccine virus, and favored the idea of the State furnishing it.

Dr. Packard stated that the Board of Health had no power to remove patients to the hospital when sick in their own dwellings; or when sick elsewhere, without the consent of the attending physician. The matter would speedily be brought up again, when the law would probably be amended. He thought the danger of communicating the disease was greatly overstated, as in from twenty-five to forty cases that he had attended in families, no second case had occurred in the same family except in a single instance. He did not believe that animal virus was the best, but much preferred the first remove from the cow, as it was more apt to take, and did not make such sore arms. Where due care is exercised by the physician, fears of the transmission of all sorts of diseases are purely imaginary.

Dr. Woodvine thought that attention should be directed to our harbors and incoming vessels, and that all on board of them should be compelled to be vaccinated, and that the word of an emigrant should not be taken as to a previous vaccination. He thought that vaccination was a sure preventive. He also urged a great increase of hospital accommodation.

Dr. Thayer stated that variola took two weeks to develop, the vaccine disease less than one; and that a person vaccinated four days before the eruption of small-pox appeared, might die; while, if he had been vaccinated four days sooner, *i. e.* eight days before the eruption, the measure might have saved him from the small-pox. He had attended well-marked cases of varioloid, with vesicles from animal vaccine virus on the arm, as fully developed as the vesicles of the disease.

Dr. Talbot then offered a resolution that the Board of Aldermen be requested to immediately fit up the Roxbury almshouse, or some other equally suitable building, for the reception of small-pox patients. This was unanimously carried, and Drs. de Gersdoff, Talbot, Thayer, Krebs, Woodbury, Shattuck, and Clapp, were appointed to present the resolution to the Board.

A petition to the General Court was then presented and signed by all present, asking that the State should establish an institution, for the propagation and distribution of pure animal vaccine virus. The meeting was then adjourned.

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### WORCESTER CO. HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by J. M. Barton, M.D., Secretary.*

THE Society held its annual meeting in Worcester, November 13, 1872, the President, Dr. Slocum, of Millbury, in the chair.

A committee, consisting of Drs. Nichols, Forbes, and Whittier, was appointed to take into consideration the subject of increasing and locating the library belonging to the society.

Dr. Mary G. Baker was elected to membership.

The election of officers for the ensuing year resulted as follows:—*President*, D. B. Whittier, M.D., Fitchburg; *Vice-President*, G. F. Forbes, M.D., W. Brookfield; *Secretary and Treasurer*, J. M. Barton, M.D., Worcester; *Corresponding Secretary*, C. C. Slocum, M.D., Millbury; *Librarian*, Mary G. Baker, M.D., Worcester; *Censors*, L. B. Nichols, M.D., Worcester; C. A. Brooks, M.D., Clinton; E. F. Hinks, M.D., Marlboro'.

Dr. Slocum, the retiring president, read the annual address. In speaking of the death of Dr. Clark, of Millbury, he said: He was one whom, although he had been with us but a short time, we had all learned to esteem highly. We shall miss his genial smile, and the warm grasp of his hand. Not many are able, in so short a time as he practised among us, to make such warm friends, and to become so much endeared to the people. Dr. S. spoke of scarlet fever as having been the prevailing and most fatal disease in the winter and early spring, proving more generally fatal than for many years previous. A little later in the year came cerebro-spinal meningitis which, under our treatment, has resulted favorably in nearly every case, and the patients have been restored to health. In the hands of the old school it has generally been fatal. *Belladonna* has been one of the chief remedies in this disease. During the past very hot summer, the most prevailing diseases have been those of the bowels; and among children they have been unusually fatal. In his own practice there has been a tendency to brain trouble, with opisthotonos, similar to that developed in cerebro-spinal meningitis. A high potency of *Belladonna* has always relieved this. Typhoid fever has been more prevalent in Millbury than for many previous years.

Mrs. Dr. Baker detailed two cases in which she has had good re-

sults from the use of *Cosmoline*. Her first experience was in a case of erysipelas neonatorum. It commenced on the scrotum and extended over the entire body. After treating the child five weeks with the internal remedies and external applications in common use, without any good results, she was induced, by the advice of a consulting physician, to use *Cosmoline*. In twenty-four hours there was a marked improvement, and in a week the child was well.

It seemed to act equally well in another case, which she reported :—

“Mrs. B. had placed a can of water upon the stove to heat. On removing the stopper, the contents flew into her face and upon her neck and hands. When I saw her, a few hours after, her face was inflamed, and so sore that she could not bear the weight of two thicknesses of linen upon it. The eyelids were effused, and they could not be opened for three days. The cuticle was broken in a few places. Previous to my arrival the friends had applied *Hamamelis*, which relieved the pain somewhat. I applied *Cosmoline* and renewed its application as fast as it was absorbed. In five days she recovered without scars.”

Dr. Brown, of Leominster, has had quite an experience in diphtheria. He said that *Mercurius*, in either the form of biniodide or protiodide, had served him well, especially when there was a grayish or grayish-white deposit, with foetid breath, much languor, aching of the bones, and the throat presenting a relaxed, flabby appearance. When there was much swelling of the throat, with a red, shining look, as if varnished, the iodides of *Mercury* were of little avail, and *Belladonna*, *Rhus*, or *Phytolacca* were called for, according to their several indications. In some cases the *Arsenicum jodatum*<sup>2</sup> was a good remedy, the indications for its use being obtained from a comparison and synthesis of the provings of its components. The Potassic permanganate \* was always of use where there was any foetor, or if the deposit had a grayish look. Three or four grains in a tumbler of cold water was used as a gargle, and it invariably removed the foetor and stopped further deposit. He had never used it in trituration, as recommended by Hughes, though he had no doubt but that the patient got more or less of the medicament into his system by absorption, when used as a gargle. He preferred it to carbolic acid, or to any of the preparations so much in use, in all cases where an antiseptic was needed.

Dr. L. B. Nichols, of Worcester, read a paper on the cause and homoeopathic treatment of the late epidemic among the horses. The Society requested a copy for publication. In this disease, Dr. Whittier had found *Phosphorus* and *Tartar emet.* the most efficient remedies, while *Arsenicum* occasionally would be needed.

In speaking of the use of the thermometer in differential diagnosis, Dr. Whittier, said : Physicians are constantly deceiving the public and themselves by insufficient observation of the manifestations of disease, particularly those of an epidemic character. During the present autumn, physicians have been boastfully reporting a large number of cases of supposed typhoid fever and its successful treatment. So far as information can be gained of these cases, they differ in no very

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\* Potassic permanganate is the now accepted term.

essential conditions from the cases of gastric remittent fever that have come and are frequently coming under my charge.

In the objective manifestations of this fever there are many symptoms that resemble the typhoid. There is the dry burning heat; dry, parched mouth and tongue; fetid breath; diarrhœa, with yellow, watery discharges; some nightly delirium, and sometimes iliac tenderness. These, coupled with conditions that are presented by an examination of a patient, are often considered evidences enough on which to predicate a diagnosis. But the fever is markedly *remittent*, occurring usually in the afternoon or night, more often in the early part of the night. The early use of the thermometer reveals the heat of the body to be very fluctuating, varying from 1° to 2° in 24 hours. Some cases have a morning declension of half a degree, or a degree per day, and an increase of 1° or 2° during the evening fever. The thermometer usually ranges the highest during the first few days of the attack. This is followed by a continuous, or an interrupted, or a changeable declension. This variation may be caused by circumstances of the sickness, or by remedies. The only fatal case under my care, — complicated by an affection of the liver, — commenced with a heat of 104.5°. At this point it remained for two days, then at 102° for three days, then gradually declined to 100°. The last day of life the indicated heat was 102°. The pulse does not generally correspond with the degree of heat. The remedies for this disease are *Bapt.*<sup>2</sup> and *Bry.*<sup>3</sup> In most cases the single use of these remedies results in a satisfactory recovery; in some the alternation is deemed advantageous. Dr. W. then instanced cases and diseases in which a reliance upon the thermometer is warranted *only to deceive*. As we depend so much upon clinical observations to verify pathogenesis, he would impress every one with the necessity of using every method for a correct diagnosis, so as not to be the means of misleading, or being misled.

Dr. C. A. Brooks, of Clinton, had observed an unusual number of cases of puerperal convulsions during the past year, many of which had proved fatal. He felt that there was, with both physicians and patients, a criminal apathy and neglect regarding the diseases of pregnancy. It is of importance that physicians should teach their patients, that, when unpleasant symptoms arise, they should ask their doctor about them, and not go to some old woman for advice. And it is equally important that we, as physicians, should do our duty, and not say, "Ah! one has to put up with a great many bad feelings. I guess it will come out all right." It is bad to make a patient too anxious; but it is *very bad* to have puerperal convulsions, either to bear, or to treat. In support of these views, he gave a case of albuminuria, in which the effects of medicine were shown by actual chemical tests:—

Mrs. H. S. N., a lady of excellent health, but living in a malarious district, wrote me that she was pregnant, and should come North to spend the summer, with the expectation of being confined early in July. On the first day of June she sent for me, having been attacked with a "chill." After ten days treatment she was entirely cured of her intermittent, but I noticed some œdema of the face, and also found

the feet and hands slightly swollen. Chemical tests showed that the urine was loaded with albumen. Upon my next visit I found her still more swollen, and complaining of unpleasant feelings about the head. She was of full habit, with rosy cheeks; and as her accouchment would occur in from four to six weeks, I greatly feared an attack of puerperal convulsions, unless I could secure a proper action of the kidneys.

June 12. — Albumen occupied one-third of the test tube. Prescribed *Arsenicum*<sup>6</sup>, one grain; and *Apis mei*.<sup>3</sup>, ten drops, in separate glasses, each half full of water; two teaspoonfuls every two hours, alternately.

There was little variation in the symptoms or amount of albuminous deposit observed till June 24th, when all the symptoms seemed better, and the albumen in the test tube was much less; all the various testings had been preserved, and a new tube used each time.

June 27. — Œdema nearly gone; head feeling better; albumen considerably less. Continued treatment.

July 3. — No œdema; patient feeling very well; steady decrease of albumen.

July 6. — Urine shows but little albumen.

July 7. — Patient was confined. She had no convulsions, and notwithstanding a very profuse post-partum hæmorrhage, made a good recovery.

The Society earnestly requests of sister societies donations of their publications, for its library. Any books or publications sent to the librarian, Dr. M. G. Baker, Worcester, will be thankfully acknowledged.

The meetings of the Society are held in Worcester, on the second Wednesdays of February, May, August, and November.

## HOMŒOPATHIC MEDICAL DISPENSARY (BOSTON).

### ANNUAL MEETING.

THE annual meeting of this corporation was held at the Dispensary rooms, No. 14 Burroughs Place, on Wednesday evening, January 8, 1873, Dr. Sullivan Whitney presiding.

After reading an abstract of the records of the past year, the Secretary, I. T. Talbot, M.D., presented the following report, which was accepted: —

“ This has been in many respects a favorable year for the Dispensary. Since its removal from the central position formerly occupied in Tremont Temple, the number of applicants has been lessened; but during the past year the number of patients has been greater than in 1871. According to the reports of the attending physician, Dr. S. Whitney, during the year, at the Central office, the number of cases treated was 861; prescriptions, 1,393.

“ Instead of employing, as formerly, the large number of voluntary visiting physicians, who seemed to feel no special responsibility in their work, two physicians, one each for the sections of the city north and south of Dover street, were appointed, with salaries.

"Dr. H. C. Clapp, for the Northern district, reported, the number of patients visited at their homes, 280; number of visits made, 1,186; number of deaths, 6.

"Dr. W. F. Underwood, for the Southern district, reported, the number of patients visited at their homes, 289; number of visits made, 476; number of prescriptions at office, 274.

"Thus it will be seen that during the year, 1,480 patients have been cared for by the Dispensary and have received 3,359 prescriptions, of which 1,662 were domiciliary visits. From the Treasurer's report it appears that the funds of the Dispensary amount to nearly \$26,000. The endowment of this institution was by means of a fair held in Music Hall, in March, 1869, the net proceeds of which amounted to \$13,100. By the greatest care on the part of the Trustees, without further aid from the public, the Dispensary has been kept in active operation since that time, has provided for many thousands of patients, has paid all its expenses, and nearly or quite doubled its invested funds, and it was never in a more prosperous condition than now. With increased pecuniary means, greater responsibilities and increased opportunities for usefulness will devolve upon the Trustees.

"That the Dispensary has from its foundation accomplished yearly a vast amount of good is obvious; that it is capable of doing a great deal more, annually, no one will deny. Let us hope then that the year on which we have just entered will increase in many ways the usefulness of this institution."

The Treasurer, H. C. Angell, M.D., presented his annual report, of which the following is an abstract: The receipts during the year amounted to \$2,229.61, including \$552.98 cash on hand at the beginning of the year, \$700 for rent of Hospital, and \$127.33 refunded tax. The expenses during the past year have been, for salaries \$700, re-insurance \$76, repairs and other expenses, including medicines, \$6.04; cash on hand, \$1,248.07.

The property of the institution is invested in the building No. 14 Burroughs Place, in bank stock, and in government bonds, and amounted, on the first day of January, to \$25,848.

The following resolution of respect to the memory of the late Dr. Samuel Gregg, was passed unanimously:—

*Whereas*, it has pleased our Heavenly Father to remove by death our esteemed fellow-citizen and member of this corporation, Dr. Samuel Gregg,

*Resolved*, That we tender our sympathy to the bereaved family in their affliction, feeling that as associates we shall miss his prompt and faithful execution of all trusts committed to him, and his wise counsel and ready encouragement in our efforts in behalf of this institution from its foundation.

*Resolved*, That a copy of these resolutions be placed upon the records of the Dispensary, and that the Secretary be instructed to furnish a copy to the family.

The following officers were elected for the ensuing year:

Trustees,—Jacob Sleeper, Otis Clapp, S. G. Cheever, Alexander Strong, Charles B. Hall, Joseph C. Tyler, S. Whitney, S. Jennison,

Chester Guild, H. W. Richardson, George Russell, Gilbert C. Brown. Treasurer, H. C. Angell. Secretary, I. T. Talbot.

The Dispensary is open daily from 10 A. M. to 1 P. M., during which time the attending physician, Dr. Sullivan Whitney, is present for gratuitous treatment of the sick poor.

Dr. H. C. Clapp, No. 35 Howard street, is visiting physician for the Northern section of the city, and Dr. G. H. Wellman, No. 1427 Washington street, for the Southern section.

Visits will be made from the Central office by Dr. A. K. Carruthers.

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## ITEMS AND EXTRACTS.

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**IN SAN ANTONIO, Texas,** a barrel of apples sells for \$24, but beef is only two cents per pound.

**LIEBREICH'S CATARACT OPERATION** meets the approbation of Prof. Williams, of Harvard University.

**POISONS IN THE STOMACH.**—The strychnine *that has not poisoned* is found in the stomach. That which has done its work is not there.

**NIGHT-SWEATS.**—It is maintained that oxide of zinc is a specific for night-sweats. It has been given in a three-grain pill, combined with hyosciamus.

**CHILBLAINS.**—*Le Union Medicale* recommends an application of oxide of zinc, 2 parts, tannic acid 1, glycerine 10, balsam of Peru 8, camphor 4; misce.

**CHLORAL FOR TOOTHACHE.**—According to Dr. Page, in the *British Medical Journal*, a few grains of the solid hydrate placed in a cavity is said to deaden or remove the pain by one to three applications.

**COOL.**—The great advantage of Minnesota as a resort for invalids is the equability of its climate, which, at last report, was maintaining a strikingly equable temperature of twenty-eight degrees below zero.

**KNIVES AND FORKS.**—The editor of the *Homoeopathic World* suspects that the introduction of knives and forks has something to do with our dental degeneracy. While the process of gnawing gave the jaws vigorous exercise there was less for the dentist to do.

**THE MATHEMATICS OF SMALL-POX.**—Rev. Samuel Houghton, M.D., amuses himself with calculating, from the fatality of small-pox, the number of the unvaccinated cases there are. This rule assumes that just two-thirds of the unvaccinated and two-thirtieths of the vaccinated die with the disease. He is sure of it!



**RE-VACCINATION.**—An English practitioner answers the anti-Jennerians by self-vaccination as often as he encounters them, which has been 477 times.

A. C. E., 1, 2, 3.—The vapor of a mixture of *one* part of alcohol, *two* of chloroform, and *three* of ether, is recommended as an anæsthetic by Dr. J. D. Davis, in the *Medical Record*.

**FOREIGN BODIES IN THE EAR.**—Dr. Loewenberg, of Paris, extracts them by applying to the visible surface of them a swab, tipped with hot glue. It makes fast, if the glue be good, in forty-five minutes.

**NARCOTIC MILK.**—The *Medical and Surgical Journal* mentions a case of a babe a fortnight old, to whose mother fifteen grains of chloral and a fourth of a grain of morphine were given. The babe nursed three-quarters of an hour after, and died of coma in about thirteen hours more.

**“NORMAL OVARIOTOMY.”**—This is the term for the extirpation of healthy ovaries for certain incurable maladies. Dr. Battey (see *Atlanta Medical and Surgical Journal*, September, 1872) professes to have used this heroic remedy for amenorrhœa, making the incision in the linea alba, and dismissing his patient in thirty days.

**GALVANISM AN EMETIC.**—Dr. Fox, of Birmingham, Eng., was called to two children who had eaten poisonous fungi for mushrooms: he used the interrupted galvanic current, applying one pole to the top of the œsophagus, and the other to the epigastrium. Immediate emesis was the result in both cases, and a quantity of the fungi ejected.

**SCABIES.**—Peruvian balsam for the rich, and styrax, with a fourth of its weight of olive oil, for the poor, is the latest Vienna remedy. Two applications will suffice. Half an ounce each of styrax, flowers of sulphur, and white wax, with an ounce each of green soap and lard, make an ointment that is said to remove the complaint by three thorough applications.

**NUTRITIVE ENEMATA.**—In warm weather when the pancreas of animals rapidly decomposes, an extract of its nutritive properties may be prepared in glycerine. The hashed pancreas of a bullock is rubbed with 250 grammes of glycerine, and when used, a third of this is added to about 120 to 150 grammes of finely-divided meat. An avoirdupois ounce is a little less than thirty grammes.

**FATAL ANÆSTHETICS.**—In more than 80,000 recorded cases of the administration of chloroform for anæsthesia, one in 2,500 has resulted in death. It is attributed to the action of the chlorine in restricting the capillaries of the lungs. Two deaths have recently been attributed to the use of sulphuric ether as an anæsthetic. This and its allies are supposed to paralyze the muscular coats of the smaller vessels. The slowness of action and the nausea that follows are the chief objections to ether.

**ACUTE TONES.** — König, of Paris, has devised a set of steel bars, the rate of vibrations in which can be calculated. Every ear has a limit above which the vibrations are too rapid to be audible. The most acute sounds known to have been heard, consisted of 65,536 *single* vibrations per second, but of that ear the tympanum was perforated. With children, 40,960 were commonly heard at a distance of 34 feet, while a person of thirty might be able to hear only 36,864 at that distance, and the more acute sounds at a distance of 16 feet only. But Despretz, with other instruments, gives the limit at 3,700 simple vibrations per second, and Helmholtz carries the number as high as 76,000.

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## PERSONAL.

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**R. LUDLAM, M.D.**, of Chicago, has recently removed a large ovarian tumor, followed by the complete recovery of the patient. He says, "In this operation Sims' tube is *the* thing." What has been the experience of our New England physicians in the use of the drainage tube?

**HOSEA B. EATON, M.D.**, of Rockport, Maine, celebrated his silver-wedding on Thursday, January 28, 1873. Let us hope that his golden wedding may be successfully and joyously passed in '98.

**T. S. VERDI, M.D.**, of Washington, the efficient Secretary of the Board of Health of the District of Columbia, has sent us a very creditable report of the doings of that body, which we shall hope to examine more in detail in our next number.

**ALBERT E. SUMNER, M.D.**, has recently been appointed a member of the Brooklyn board of examining surgeons for pensions, and has been elected Secretary of the Board. The Allopaths at first thought to oppose this appointment, and if possible compel the government to retrace its steps. But they finally concluded not to measure swords with the man who could "fight it out on this line, if it takes all summer!"

**ROBERT J. MACCLATCHEY, M.D.**, of Philadelphia. We have received from the able Secretary of the American Institute the volume of Transactions for 1872, edited and printed in a style highly creditable alike to the Secretary, and to the Institute. We have prepared an extended review, which, with much other matter, must go over to the March number of the GAZETTE.

**REMOVALS.** — **F. W. PAYNE**, from Bath, Maine, to 27 Concord Square, Boston. Dr. Payne gives special attention to diseases of the throat and lungs.

**G. W. ROBERTS, M.D.**, from Underhill Centre, Vt., to Northampton, Mass.

**HENRY A. RECORD, M.D.**, from Mayville to Dewittville, N. Y.

**GEORGE H. WELLMAN, M.D.**, who has filled the position of Resident Physician of the Massachusetts Homœopathic Hospital for the past year with credit to himself, and to the entire satisfaction of the officers and inmates of the Hospital, locates at 1427 Washington Street, Boston.

**DIED.** — **JACOB BEAKLEY, M.D.**, of New York, died at Peekskill, in September last, in the 61st year of his age.

THE  
New England Medical Gazette.

No. 3.]

BOSTON, MARCH, 1873.

[VOL. VIII.

CLINICAL MEDICINE.

E. B. DE GERSDORFF, M.D., EDITOR.

GENIUS EPIDEMICUS MORBI: CONSTITUTIO EPIDEMICA.

BY E. B. DE GERSDORFF, M.D., BOSTON.

WITH these words our learned ancestors in medicine undoubtedly connected a meaning, although it was veiled in mysticism rather vaguely expressed, and at best rested more on theory than on facts. The question for the homœopath is, What practical value has it, or has it any? After Sydenham, who first wrote elaborately about it, Rademacher, a man of considerable independence in thinking and in writing, took this notion of an epidemic constitution again into consideration. In his writings we find that he assumes with Sydenham, a "*morbis stationarius* and *morbi intercurrentes*," but at the same time warns the practitioner against being too much influenced by such a classification. Either he thought that, as in nature everywhere, so among pathological phenomena, exceptions to the artificial classification were the rule, or he felt that it would not become him to originate or to hold any theory too closely, since he had entitled his work and his school, *Empirical Medicine*.

He describes, however, at some length, epidemics with prevailing liver symptoms, which he calls *Chelidonium*, *Nux vomica*, or *Cuprum* epidemics, and during which he professes to have treated each case with the medicine named, and successfully too; but he gives neither account nor reason for the selection of these

drugs, and leaves the reader as wise as he was before; he drops the subject as soon as he finds that it will lead him to the "*Homoion*." In fact, we find that Rademacher's idea of a certain direct relation between condition and medication, like that of a number of more modern empirics, is identical with our doctrine of the specific operation of medicines. We arrive at the same conclusion, however, by different routes. Rademacher by reasoning *a posteriori*, from practice in disease; the homœopath *a priori*, from effects upon the well. That this gives the homœopath an enormous advantage, at the appearance of a new disease or epidemic, over the "empiric," is evident.

The investigation of first causes in nature, although a praiseworthy undertaking, is mostly nothing but a noble but unavailing strife for the unknowable and impossible, — particularly so in pathological researches. Every young disciple of Esculapius is instigated thereto by the old admonition in medicine which bids him, "*tolle causam*." But with what success is this generally done? and what benefit for the suffering humanity has resulted directly from the work of such scientific haruspices? They self-confessingly complain that even the latest doctrine of cellular pathology does not explain one symptom of disturbed vital action. In the majority of cases we find that those who give most of their thought and time to these researches, may perhaps, in time, develop themselves into very learned students and teachers as regards the natural history of disease, but as healing artists they are of no value to the community.

Our practical method of healing the sick teaches us to avoid going too far in our researches into disease, which would become sooner or later hypothetical, and not aid the achievement of cure. Whether the various *noxæ*, which hover every moment around our devoted heads, or are lying *perdu* in order to attack us at certain periods with deadlier effect, are of solar, lunar, or telluric nature, — whether they are acting upon us physically or chemically, or whether they reach us by the more subtle but still more fatal zymotic way, which baffles all chemical analysis and all microscopical inspection, so much is sure, that we never know how to account for the ultimate effect of these *noxæ* upon the human organism, until their nature and



their character are, like a reflected picture, flashed backed upon our perception by — the symptoms of the affected individual.

Says Hahnemann: the totality of the symptoms constitutes the malady; and if this sentence, so often derided by our opponents, has any value or truth for us as regards diseases the general character, progress, and exit of which are known to us of old, it must be still more acceptable when we have to meet a heretofore unknown epidemic. When we therefore perceive, during a certain part of the year, and in a certain limited district of the country or city in which we live and practise, that a certain number of symptoms have repeated themselves again and again in many individuals, we shall not be thrown into a panic. We will, like our master, who prescribed successfully for cholera cases, many hundreds of miles away, long before he had seen a case, be led by the main symptoms to the repeated selection of the indicated remedies, without heeding or needing any theory about an as yet unknown epidemic. The *genius* or *constitutio* of the prevailing diseases, will, by degrees, become evident to us, and all kindred and co-existing diseases will more or less appear to be affected by them, so that certain characteristic symptoms will lead us to the repetition of the same appropriate remedy so frequently, and at the same time so successfully that it might finally be said that a peculiar *genius morbi* could be traced in most co-existing cases of sickness, and at the same time could be controlled by the exhibition of one and the same remedy. But the homœopath should never be carried into a routine of prescribing a remedy, extolled already by a reputation during an epidemic, in contradiction to the similarity between the drug and pathological symptoms.

If this be true as regards any *epidemic*, it must equally be so as regards its co-ordinate, the so called *epizoötic*.

We have had lately on this continent a very uncommon appearance of one of these pestilences among animals, wonderful both in regard to the celerity with which it spread and the extent to which it reached, and also in regard to the intensity and regularity with which it attacked the most valuable servant among our domestic animals, the horse; uncommon, finally, because more than usually obscure as to its starting-point or ori-

gin, and to the medium or vehicle of its propagation. So far as I can learn, nothing certain and reliable is as yet known as to the first cause of this last epizoötic. In the treatment, empiricism was rampant. The variety of nostrums given to the poor creatures, and the different modes of prevention resorted to, were almost ludicrous. From the Centaur Liniment (so called, probably, because it cures both man and beast) to the free use of herbs like "Roman wormwood," from the indiscriminate use of carbolic acid (even inwardly), "the greatest because newest disinfectant," to the whole antiphlogistic apparatus of the heroic treatment of the old school, the unfortunate owners of valuable horses (themselves still more unfortunate) were swayed to and fro, without any headway.

Fortunately, common sense, which does not leave us quite as often when our horses are sick as when members of our family are taken, did here and there step in and advise a practical course. The food was more carefully looked after, the stables were kept cleaner and better ventilated, and every horse, young or old, of rich or poor, received an extra blanket; also the "cruelty society" had a good chance to wave its flag with effect. In reality, the mortality among horses from this disease was very small in comparison to its extent, although the interruption of the daily work, from which their owners suffered pecuniarily, was great. Only the poor animals which were diseased and already broken down, and were driven and abused during the disease, succumbed. The epizoötic resembled very much the influenza, or *grippe*, among men, and was homœopathically treated with success by medicines which have been efficient in these epidemics. *Aconite* and *Bryonia* in the first or febrile stage, and according to symptoms, *Belladonna*, *Pulsatilla*, *Arsenicum*, and *Tartarus emet.*, in the further development of the disease, did prompt and good service in many cases which came to my observation directly or indirectly. So far, the pathologists among veterinarians have been silent as to the origin and nature of the epizoötic of 1872. A month or two before the appearance of this disease, and during its greatest rage among our horses, I prescribed for an unusually large number of catarrhs among my patients; and frequently the cause seemed to be

obscure, certainly could not be traced to a cold taken. The symptoms indicated *Aconite* and *Pulsatilla*, and later, *Arsenicum*. For a peculiar, obstinate, supervening hemicrania, soreness of eyelids and scalp, ozæna, and especially for a titillating, suffocative cough, attended with enuresis in the later stage, *Sepia* was found to be the efficient remedy. This facilitated, after a few weeks of experience, my efforts in the treatment of these cases. A few of my colleagues made similar observations. Query: Was here a *genius epidemicus morbi*, and was it somewhat related to the epizoötic?

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### THE HAWAIIAN ISLANDS.

BY C. FESSENDEN NICHOLS, M. D., BOSTON.

(Continued from page 63.)

**NATIVE TREATMENT OF THE SICK.** — The Kahunas, or native doctors, join to the occasional administration of drugs other observances of so popular a nature that their treatment is frequently sought by the sick, among whom they practise largely, eluding the law. Black pigs are roasted for the invalid and his friends, and numerous superstitious dealings are held with powers above and below; and since in matters of life and death we are all apt to resort to those advisers in whom we have longest placed our confidence, it is not surprising that the sick Hawaiian returns to the Kahuna when he has not gained immediate relief from the treatment of the foreign practitioner. There is then no limit to the perseverance with which the native will endure sufferings unrelieved. Pretending to obey the physician, he follows the directions of the Kahuna, who, in his two-fold function of heathen priest and doctor, is preaching and practising behind the scenes, and throwing away the orthodox mixtures of his foreign rival. Without detailing their barbarous mummeries, I will note a few qualities likely to interest us in some of the plants used medicinally or as poisons by the Kahunas, — most of the plants being known in other tropical countries.

*Piper methysticum* is said to cure eruptions, and aid in the

digestion of food. I copy from Brigham's translation of Remy, italicizing its effect last mentioned : —

From the roots they prepare a very warm and slightly narcotic intoxicating drink. It is made thus : women chew the roots, and having well masticated them, spit them, charged with saliva, into a calabash used for the purpose. They add a small portion of water, and press the juice from the chewed roots by squeezing them in their hands. . . . The taste is very nauseous . . . but its effects are particularly pleasant. An irresistible sleep seizes you, and lasts twelve, twenty-four hours, or even longer, according to the temperament of the individual. Often, when the dose is too great or too small, sleep does not follow ; but in its place, an intoxication, accompanied by fantastic ideas, and a strong desire to skip about, although one cannot for a moment hold himself on his legs. I felt these symptoms for sixty hours the first time I tasted this Polynesian liquor. The effect of *awa* on the constitution of habitual drinkers is disastrous. The body becomes emaciated, and the skin is covered as in leprosy, with large scales which fall off and leave lasting white spots which often become ulcers.

*Brighamia insignis* is used by the natives to cure diseases of the skin.

*Sicyos pachycarpus*, *macrophyllus*, *cucumerinus*, and *microcarpus* are native gourds from which calabashes are fashioned. The pulp of these gourds taken fresh into the stomach is an irritant, causing incessant bloody discharges. Death often follows, and no anatomical changes are found beyond the digestive track. After the pulp has become dry the fibre is harmless.

The leaves of *Tephrosia piscatoria* are here, as at the West Indies and elsewhere, thrown by fishermen into shallow pools left by the receding tide, to stupefy the fish. When scooped out, the fish are bloated, they float on their backs, the bellies seeming to be full of gas. They recover if returned to the sea before they have been kept too long under influence of the *Tephrosia*. These leaves have no effect on men or animals.

The seeds of the *Ipomœa Pes-capræ* and *insularis* are bruised, then mixed with water and applied to injured parts, — more especially to recent fractures or sprains where the parts are swollen. The application is followed by an incredibly rapid reduction of the swelling, and (consequently?) a relief of the



pain. One of its native names is equivalent to "boneset." From accounts of the planters and missionaries, who have frequent opportunity to observe the use of this native plant, it appears to have an action more prompt and comprehensive than that of *Arnica* alone, *Calendula*, or *Symphytum*.

At Waimea, the natives gather seeds for a similar use, from another plant. In this region, the great upland hunting-ground mentioned, p. 57, where it is inadvertently located near Kilauea instead of Mauna Kohala, accidents often befall the hunters, who usually treat themselves successfully with an emulsion of the seeds bound around the bruised or broken limb.

*Plumbago Zeylanica*, *Aleurites Mollucana* (the *Kukui* nuts), and a plant of the *Raillardia* family, are used as astringents for diarrhœa. *Guava* tea, a decoction of green guava leaves, is used in chronic diarrhœa, checking the discharge. A decoction of the outer fibrous shell of the cocoanut is serviceable in checking the severest forms of diarrhœa, or dysentery of a typhoid type. Occasionally allowing the natives to use this simple remedy as a last resort, I found it never failed to *give quiet sleep* and produce a *gradual* diminution of the discharge. Its effect was certainly very curious: the bark is not a powerful astringent; on the contrary, I gave the decoction to persons in health and took it myself, with the effect, when any action was perceived, of a relaxed state of the bowels.

**HOMŒOPATHIC TREATMENT.**—In 1863, Dr. Robinson practised in the U. S. Marine Hospital, —reporting his cases in the Transactions of the N. Y. Hom. Society for the following year.

*Lachesis* seems a remedy adapted to the warmer island climates. Dr. William Wesselhoeft had this indication for *Lachesis* which he frequently emphasized to his students, — "Give in weather when the snakes came out to sun themselves." Just such a muggy heat often prevails at Honolulu for weeks at a time, when the wind blows from the south.

**ASTHMA.**—*Lachesis*. Mr. S., aet. about 36, of a nervous temperament, with black hair and eyes, for eight years has suffered constantly from dyspnœa; occasionally has an attack so vio-

lent that he remains in bed several days. Thinks it necessary to smoke stramonium leaves every evening, — omitting this, the chest becomes greatly oppressed. He feels worst after midnight, at which time he sometimes gets up and smokes a second time. Relief when lying on left side; sometimes relieved by moderate motion. A squeak is heard by any one near him with each respiratory act. The form of the chest is much altered — the lower ribs bulging. Vesicular murmur almost lost below the mammæ. He has had inflammation or congestion of the lungs; he expectorates a yellow lump; uses tobacco and alcohol; is constipated. Aug. 30, 1871, he took *Ipec.*<sup>3</sup>, later, *Arsen.*<sup>3</sup> Sept. 20, *Arsen.*<sup>200</sup>.

Oct. 7. — He is unwilling to give up the stramonium smoking; has had no violent attack. The dyspnœa comes, as before, with the evening twilight, but especially after the first sleep, after a hearty meal, and is aggravated by pressure of the clothes. One powder of *Lach.*<sup>7</sup>, with placebo every evening, was substituted for the stramonium, and followed, Nov. 24, by *Lach.*<sup>200</sup>. The symptoms now gradually improved, and a former tendency to hæmorrhoids returned. The asthma was so far relieved that he had no further use for stramonium.

In another case of dyspnœa, *Cactus*, *Sulph.*, *Lobel.* and *Arsen.* had failed to relieve. Miss —, æt. 25, a brunette, is worse in the evening, and after food; must sit up in bed. Incessant loose cough, with expectoration of bloody mucus. Burning pain under left clavicle. Sensation as if the heart were grasped; sensation of a lump rising in the throat. Scanty menstruation, with pains and dark clots. Vomits food. Had itch when a child. Three days after taking *Lach.*<sup>200</sup> was better; went to another island. When I left the Islands, several months later, she was in tolerable health, though she doubtless needed longer treatment for other symptoms showing a phthisical tendency; several sisters had died with disease of the lungs.

CHRONIC DIARRHŒA. — *Lachesis*. Mr. —, an American, contracted diarrhœa six years ago while in the army. When he stops taking stimulants and astringents the relaxation of the bowels is very troublesome. This treatment has, however,

become ineffective of late. The stools are not frequent — two or three times a day, rarely at night; sometimes discharges contain purulent, or skin-like material, either consistent and of a blackish color, or thin and yellow; he has much bloating and flatulency, with darting pains in the abdomen, discomfort from pressure of the clothes. Piles protrude, with, rarely, blood. After *China* tincture in water, he took *Lach.*<sup>7</sup>, which relieved him for two or three weeks. The diarrhœa which then returned was cured by *Lach.*<sup>200</sup>.

*Lachesis* also confirmed in an extraordinary manner some of the symptoms of its pathogenesis by relieving a lady who had suffered much from anxiety while passing through the climacteric. She had headache (a sore pain through both eyes); craving hunger; sufferings after acid drinks. Many symptoms were relieved after eating. The bowels had long been constipated; the abdomen sensitive to the weight of the clothes. There were sudden flushes of heat, especially after eating, and when wearied by physical or mental efforts. Much lassitude and emaciation. "Felt like a dish-rag" in warm weather. *Lachesis* was given first in the 7th and then in the 200th potency.

Chronic constipation, where much mercury had been taken "for a torpid liver," was very difficult to relieve. *Nux vom.*<sup>3dec.</sup>, *Carbo veg.*<sup>200</sup>, *Alumina*<sup>200</sup> sometimes helped, but often nothing was accomplished.

In rheumatism I was able to confirm in a marked degree the following indications: —

*Rhus tox.* — In damp weather, pains following a strain, passing from place to place, especially from hip to shoulder. The well-known aggravation after rest, with relief after motion. Accompanying eruptions, as in syphilitic patients, and relief from change of position and sweat (or heat).

*Bryonia* always helped where there was aggravation from motion, pains in knees, nape, right chest, burning pains, or swellings around joints.

*Ars.* — Pain in hip; after mercury; burning pain. Worse from cold air, relieved by heat; worse late at night, felt even in sleep.

*Puls.*, a remedy well adapted to the native mental tempera-

ment, helped wandering pains, pains felt during the evening, in the face and back.

**ANEURISM.** — *Spigelia*. Miss —, an American, æt. about 15, of light complexion, timid; has menstruated one year. She has a few itching pustules on the forehead and chin. The past two years she has had, visible, and to be felt by the hand, a lump in second intercostal space, with throbbing in it; it has been painted with iodine. She feels the lump when stretching either arm backward. Stooping or lifting causes throbbing in the chest, with vertigo; a drawing pain in the region of the heart. The stethoscope over the tumor discovers a continuous rushing sound, somewhat more marked during the heart's systole; a murmur runs upward from each side of the sternum; the first sound of heart under the left nipple is somewhat confused, the second sound usually prolonged and increased in intensity. She is frightened when examined. Headache, like a band around the head, when stooping. Nausea.

Aug. 16, 1871. — Gave *Spigelia*<sup>200</sup>.

Sept. 2. — She says she has vomited blood. Feels better in chest, — no drawing pain. The second sound of the heart is less exaggerated. Nausea, dislikes meat, nausea at meals, dislikes food. *Carb. veg.* 3d decimal, then 5th centesimal.

Between the last date and the first of December she had *Carb. v.*<sup>200</sup> (Sept. 27), and *Spig.*<sup>200</sup> (Nov. 5), and twice *Bry.*<sup>30cc</sup> for diarrhœa (Sept. 12, Oct. 2). Dec. 1, an improvement was perceptible to herself, while, on examination, the tumor had disappeared; no rushing sound was discovered through the stethoscope, and both sounds of the heart were nearly normal. An eruption appeared (or increased) on the chest, which was still there when I saw her in California the following spring.

**TENDENCY TO ANEURISM.** — *Nux v.*, *Sulphur*. Mr. —, æt. 40, "bilious," nervous, habitually gloomy, had venereal disease in 1861; took mercury and iodide of potassium. Had rheumatism in 1860 (his mother has rheumatism with disease of the heart), and gonorrhœa in 1868. Has used stimulants.

Has complained, for some time past, of a sensation of weight

under the left breast, palpitation on motion, relieved when lying on the right side and when quiet; shooting pains run from this region around the waist. Pulse 82, irregular, usually full. At apex an irregular murmur, sometimes with the first, sometimes with the second sound. A loud murmur is heard to the left of the sternum. Oppression and palpitation after a moderate meal; much hunger, but is afraid to eat a large quantity. Flatus upward. Bitter taste in the morning. Persistent constipation, with troublesome itching of the anus; he takes cathartic pills. Soreness of lower right side, relieved by motion. Since he had gonorrhœa, has felt pain in pubic region before micturition. Pain through the eyes, scintillations before the eyes, in bed, at night. Pain in head and ears from thinking; has been deaf for some years. Sleeps poorly, suffers from hot weather. Face, abdomen, and limbs are bloated.

May 31. — Prescribed *Nux v.*<sup>3dec.</sup> morning and evening, to be continued two weeks. I gave the medicine in a low potency to directly antidote the habitual stimulant, while *Nux* also covered his symptoms.

June 21. — Felt better. *Sulph.*<sup>500</sup>, in trituration once, requesting him to abstain from alcohol.

July 1. — Some palpitation, rarely shooting pains. Some pain in left shoulder and hip. Constipation entirely relieved, digestion improved. Dull headache; no scintillations. He took *Nux* again, mornings and evenings. I did not again examine the heart with the stethoscope, but, as I met him from time to time during the next twelve months, he frequently expressed satisfaction at his continued good health.

In this case much of the disturbance, even in the action of the heart, could be justly laid to derangement in the digestive functions. Yet the history of rheumatism, the long-continued action of stimulants on the heart-fibre, with symptoms on auscultation which often indicate lesions of the mitral valves, leads me to regard it as one among others easily relieved by homœopathic treatment; but where, without medical interference, there was reason to fear a serious affection of the heart; for a similar history is attached to nearly every death by aneurism or heart disease at the Islands.

PROLAPSUS UTERI. — *Bell.*, *Sepia*. Prolapsus of long duration is difficult to relieve in the relaxing climate of Oahu. Mrs. —, aet. 65, of light complexion, emaciated, has suffered many years from prolapsus, — the womb at times even protruding from the vulva after fatigue, especially when obliged to stand a long while at a time; constant leucorrhœa, and bearing-down pain. The displacement causes great irritation of the vesica and bowels; she has had dysentery, has always a sensation of weakness in the rectum; from the slightest irregularity in diet the stools become frequent, small, and blood-streaked, with colic, tenesmus, and pain in left hypochondrium; she rarely has constipation. Fats especially disagree with her stomach. She is despondent.

Jan. 15. — She took *Sulphur*<sup>300</sup>; Feb. 15, *Sep.*<sup>300</sup>; March 15, *Bell.*<sup>300</sup>. In April, she used several medicines from her box, among them *Acon.*<sup>3dec.</sup>, *Bry.*<sup>3dec.</sup>, *Arsen.*<sup>3dec.</sup>, for diarrhœa, and rheumatic pains after exposure to cold. But she reported relief of the bearing-down pain, and a much better state of the bowels after taking *Bell.*<sup>300</sup>.

June 3. — This relief persisting, while, nevertheless, the uterus continued to slide into the vagina, Frazer's supporter was inserted, and she took *Aur.*<sup>300</sup>. Two or three months after, she omitted altogether the use of the supporter, at first trusting herself without it only when quiet in bed, or when seated at work. She regarded herself at that time better than for many years.

NUX V. AFTER STIMULANTS. — In the following case, the use of *Nux*<sup>3dec.</sup> for symptoms following an abuse of stimulants, produced, to a noticeable degree, a result sometimes observed by Jahr and others. The patient acquired a distaste for wine and other liquors, complaining that all were bitter, or seemed to be spoiled. Miss —, aet. 60, dark, thin, lately much emaciated, of a somewhat hypochondriacal temperament, and very much distressed and wearied by her sufferings, had symptoms which strongly indicated *Nux v.*, which appeared more than any other remedy to relieve temporarily, and finally, in a permanent manner, a numb pain (occasionally throbbing) in forehead and occiput, on awaking in the morning. Bewilderment in the

morning. The patient had been subject to these headaches since childhood. The bowels were much constipated; she had very little appetite; she complained of extreme lassitude after effort of the mind. Rapid loss of memory. Tremulous weakness of the limbs.

CEPHALALGIA. — *China*. But one remedy was used in the following case, the symptoms of which were given so definitely by the patient, — a lady of much intelligence, — that I only emphasize those most distressing to herself. Miss —, a teacher, aet. 35, dark, slender. In the afternoon, after teaching, and sometimes at night awaking her from sleep, she has a throbbing pain through the head, especially on the right side, or *pain like a band*, worse from heat, from cool air on the head, from stooping, from *noises*, from *a jar*, from *moving the eyes*; relieved by pressure, when the eyes are closed, must sit upright in bed all night when the attacks are worst. With the most severe attacks the muscles are set, as in tetanus; the back is rigid, the face swells, right eye congested, fullness and throbbing of the carotids; *sounds exaggerated*, hiccough, sensation of fluttering in the region of the heart. She takes laudanum or valerian; had also tried as tonics iron and quinine. *In reading, the letters sometimes appear to be below the surface of the paper. At night, the room seems to be full of white light* (objects in the room not seen). Menstruation frequent, — every fifteen days, — profuse, dark clots; pain in lumbar region. Leucorrhœa after violent cephalalgia. *Habitual constipation*; uses cathartics. A good appetite except for meats. *Sensation of emptiness* at the pit of the stomach. Has had boils in axilla; has walked in sleep; throat sensitive. *China, Bell., Nux, Sep., Hyosc., Calc., and Acon.* had each many of the symptoms. After a careful comparison with the few books of reference at my command, on Nov. 6, 1871, I gave her *China*. Its effect, I must allow, was unexpected, for it had been somewhat difficult to decide in its favor, other remedies covering so many of the symptoms. Having taken a powder morning and noon, first in the third decimal trituration, then centesimal, continuing them about ten days, she reported, Nov. 22, no violent attack of headache, while the last week had been nearly free

from pain. She had no more medicine till Dec. 6, when complaining of a tendency to headache she took *China*<sup>80</sup>, with relief, as far as I knew, the next six months.

ALBUMINURIA, ETC. — *Carb. v.* July 3, 1871. — A native lad living in a filthy locality had been sick since Jan. 1. Cough loose, racking; expectoration yellow, purulent; hoarse, as if from mucus which he cannot raise; left front and left back dull; feet and abdomen distended; heart's action rapid; respirations very frequent; no careful examination was made, he was in so filthy a condition. Craving appetite, instantly vomiting food; vertigo with stupid, heavy sleep, day and night. Eruption between fingers and on the body, — vesicles and pustules, — itching and burning. His friends say he has had the itch a long while. Micturition copious, especially at night; urine neutral; clouded by nitric acid, and by boiling; violent pain in lumbar region. *Carb. v.*<sup>8</sup>, morning and evening.

July 5. — Less vomiting; *Carb. v.* continued. Applied oil of lavender to the eruption.

July 14. — Looked better, no albumen in urine. First and second sounds of heart of nearly equal length; heart's action rapid. *Carb. v.*<sup>200</sup>.

Sept. 15. — Came to office. Said he had some cough. An itching eruption on the head, restless at night, feels pretty well. *Arsen.*<sup>200</sup>.

TETANUS. — *Bell.* A woman, working in the sun, on a plantation, appeared unwell on reaching her house. Her husband said she had never been sick before. The jaws became so firmly fixed as to yield in no degree to mechanical force. I attempted unsuccessfully to pry open the mouth with an iron wedge. She appeared to be unconscious, breathing heavily. The pupil was unaffected by changes of light; I think it was contracted. The head was hot, with cold extremities. The fumes of tobacco had no effect. After three doses of *Bell.*<sup>3d oc.</sup> a quarter of an hour apart, she spoke and ate.

GONORRHOEA. — *Cann. sat.* and *Acon.* — The use of the above remedies may appear treatment of so trite a nature as to be



unworthy of record. I wish, however, to call attention to their invariably good service whenever employed. The following case illustrates the numerous failures I made at Honolulu in treating gonorrhœa with a remedy apparently well indicated, finally giving *Cannabis* alone, or preceded by *Acon.*, with immediate relief.

Dec. 23, 1871. — A native, aet. 22, who has had a previous attack of gonorrhœa, now has another attack; at first the discharge was like water; now thick, yellow. The prostate is enlarged; cutting and burning at time of micturition; chordee, especially at night; nausea, constipation. With the erections he has flatulency, urging to stool without discharge; but little thirst. Eyes pain him. Gave *Puls.*<sup>3<sup>dec.</sup></sup> every three hours, and *Puls.*<sup>200</sup> to take at the end of one week.

Dec. 25, no better. May take *Puls.*<sup>200</sup> at once.

Dec. 30. Chordee worse; eyes much inflamed; pain in pubic region when micturating; nausea better. *Cann. s.*<sup>3<sup>dec.</sup></sup>

Jan. 2, 1872. — "Well;" he took the medicine every two hours. They are very apt to take it every two hours, in which case the recovery is more rapid than when the medicine is used with less frequency. It is not a *suppression* to relieve with the 5th centesimal.

A few more notes on leprosy and syphilis will be offered in the *Gazette* for the ensuing month.

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## CLINICAL NOTES.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

I. ASPHYXIA NEONATORUM. — Mrs. T., after a protracted gestation of 302 days, gave easy birth to a feeble child, weighing scarcely six pounds. After the first faint gasp, respiration ceased and the body became as flabby as a rag. The usual means, sprinkling with cold water, inflation, etc., failed. Life seemed extinct. *Tart. emet.*<sup>30</sup> was given every fifteen minutes. Each dose was followed by a shriek, succeeded by a series of irregular gasps, growing weaker and weaker, until the next dose reproduced the same scream. In three hours respiration

became established, and the body grew warm; but convulsions followed, characterized by whimpering (spasm of diaphragm), rigidity, blue face. *Ignatia*<sup>30</sup> relieved, lengthening the interval between the spasms and finally curing them.

Experience teaches that the proper homœopathic remedy will do more in infantile asphyxia than merely mechanical means. The following have proved most successful. *Aconite*, if the child is hot, purple, pulseless, breathless, as if apoplectic. If of no avail, give *Opium*, if the pulse still remains imperceptible and the face is purple; or *Tart. emet.* if pale and the pulse returns, but breath does not. If this fails give *Lachesis*. *Laurocerasus* deserves preference over *Tart. emet.* if the face is blue and there is gasping. *Bellad.* comes into service when there is red face, with congested eyeballs. *Arnica* should be given if the child appears bruised, or if the mother has had a long and painful labor. *China* in cases where much hæmorrhage has been the apparent cause.

II. LUMBAGO. — Mrs. T., suffering from lumbago, has pains which shoot into the nates. Pulse weak, soft (heart-muscle weak). *Kali carb.*<sup>200</sup>, one dose cured in twenty-four hours.

Mr. W. had lumbago. Must rise every morning at 3 o'clock to "rest his back." Pains shoot down the posterior part of the thighs. *Kali c.*<sup>200</sup>, one dose cured in two days.

The peculiar direction of the pains, together with the semi-paretic state of the heart in the first case and the time of aggravation in the second, are very characteristic.

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THE SMALL-POX IN BOSTON. — Under the vigorous and judicious measures adopted by the Board of Health, for the establishment of which the homœopaths are entitled to some credit, this disease has rapidly diminished. Instead of fifteen hundred cases reported at the close of the year, there are probably not more than one hundred and fifty now in the city. The weekly mortality has changed from sixty-nine to eleven; and a continuance of the proper means will completely remove the pestilence. So much for isolation and revaccination in small-pox!

## MATERIA MEDICA.

J. HEBER SMITH, M.D., EDITOR.

## APOTHEOSIS OF LACHESIS.

BY J. HEBER SMITH, M.D., MELROSE, MASS.

TO-DAY I have been looking over a new list of homœopathic vial-labels, about seven feet of closely printed names, — a list, though incomplete, of things from all the primitive elements, earth, air, fire, and water; — of shrubs, roots, minerals, metals, acids, gases, reptiles, and creeping things. Many of these names recall forgotten successes, and invite renewed study. Yet too many appear useless *impedimenta* to our materia medica, bringing reproach and ridicule to embarrass the progress of our cause. Our old and proved remedies are being drowned in this on-coming sea of zoönic filth and botanic mould. It seems a labor of love to rescue some of them as by the locks, lest their very memory perish.

Why is there not more frequent mention made of *Lachesis* in our recent publications? Do our physicians shrink from the derision of "the established school of medicine," or share the horror of the laity regarding this potent and swift agent? Not one of all our remedies has been better proved, or more graphically portrayed. Not one better meets the gravest symptoms of disease among the unfortunate heirs of lepra, scrofula, and syphilis. And yet many of our practitioners are unacquainted with its most prominent characteristics, while others have asserted that all animal poisons act alike, and that one may be used as a perfect succedaneum of another.

Our provings, though still imperfect, show the incorrectness of this opinion. Yet for a stronger proof it is only needed to add that in poisoning by the colubrine snakes, the blood coagulates firmly; but in death by the viperine, it remains permanently fluid. While this difference is so interesting and suggestive to physiologists, they have, as yet, offered no satisfactory explanation of the fact that the cobra, krait, daboia, and other serpents, are almost invariably unable to poison each other. I

venture to offer the suggestion, that the immunity of one serpent to the virus of another may lie in some specific, life-sustaining property of the bile, — ammonia vitalized, if you please. Their power of resistance cannot be due to blood-temperature, for although serpent poison acts with most vigor on warm-blooded animals, yet cold-blooded animals, fish, non-venomous snakes, and invertebrata, all die when bitten. If the glands for the secretion of the virus in the snake hold the same sympathetic relation to the liver as do the salivary glands in man, then we may infer that the curative agent, the bile, is so nearly related to the toxic as to be truly homœopathic to it. Although several cases have been reported in which the timely injection of dilute ammonia into a vein in the arm has saved life, yet the failure of all allopathic measures in most cases, notwithstanding the resources of modern chemical science, may afford us at least the hope that the Genius of Life has, in the beautiful law of the similars, provided a remedy at hand against the deadly venom of serpents.

In support of this suggestion there is authentic information that the planters of New Grenada keep a supply of the bile of any venomous serpent as a remedy against the bite. Enough of it is put in rum to tint it slightly green. About a thimbleful of this liquor is given to the person bitten, at intervals of about twenty minutes, for several hours, when all danger is past. Death has never been known to follow the timely use of this unique remedy. The native and British physicians of India trust only to the immediate excision of the bitten part, the actual cautery, and ligation. They say that when the virus is once in the blood, no known agent is capable of neutralizing it. How successful they have been with these measures, we may see in the startling fact that the recorded deaths from snake bites in India, in 1869, were 11,416, and doubtless above five thousand unrecorded. The bite of their cobra causes death in less than two hours. Its virus, like that of the lachesis, is comparatively harmless when taken into the stomach. It has a sharp taste, but no odor. The poison may, however, be absorbed through the buccal mucous membrane, or the lining membrane of the stomach, when it will produce its fatal effects.

It may be interesting to add, in passing, that carbolic acid acts as a powerful and fatal poison to serpents, while it has not the slightest antidotal influence on their bites.

From the beginning of its use, our medicine, *Lachesis*, has been condemned by some as inoperative, because, though carried to the third trituration, it was dissolved in alcohol. These oracles proclaim that many people bitten by snakes have recovered after being dosed with whiskey; ergo, alcohol must neutralize the virus of the lachesis which it contains. Granted that the bitten recovered by the aid of whiskey, why so much alcohol to neutralize so little venom? The secret of these cures seems to lie in the stimulation of the alcohol, and its power to sustain vital functions until the destructive forces of the poison are spent. It cannot be proved that the alcohol destroyed the lachesis virus, nor that it was not its most appropriate menstruum. There stand the provings, physiologically consistent; and the facts of daily-augmenting clinical experience concur to show that the doubter is a loser, while the believer is armed against many of the most threatening ills of mortality.

In this connection it may not be considered irrelevant to mention that the Chinese physicians in San Francisco are importing for some of their patients a venomous serpent closely resembling the rattlesnake, about four feet long, fanged, and with hideous head-scales like a crest. Alas for Caucasian pride! Whatever we have thought new among us, it seems must be discovered to have been known and practised by this wonderful people centuries ago. We have one vesicatory fly, they upwards of a score. We discover the virtues of *Lachesis*, and just now learn that as long ago as when Hippocrates set out on his journey to confer with the philosopher Democritus, — for he was not wholly given over to medicine like some of his modern disciples, — these wise children of the sun were driving back the plagues of Ormus and of Ind with a whip of serpents.

In the Valhalla of medicinal deities, let us enthrone this sempiternal Prince of Remedies, having its beginning in the shadowy past, but without end. To him who, in the joy of having saved some precious life with this subtle agent, has considered

its happy though fateful name, *Lachesis*, with its fullest significance, how singularly appropriate it has seemed that this charming and potent spell should be named for that benign sister of the Parcae whose office it was, according to the sublime fiction of the Theogony, to spin each one's portion of the thread of existence!

I shall not soon forget the pleasure with which I received from the hand of Dr. Constantine Hering a vial of the two-hundredth potency of the original *Lachesis*. It is everything to know that your preparations are trustworthy. My first trial of it was in a case of erysipelas of the face and scalp. The patient was an allopathic physician. He contracted the disease while dissecting. He had been sick about a week previous to calling me, under the care of two distinguished allopaths of Philadelphia, both of whom had pronounced an unfavorable opinion. I found his face badly swollen and of a leaden or bluish-red hue; the tongue dry and glossy, trembling when protruded; great discomfort from the pressure of the bedding around the waist; exacerbation of all symptoms from noon to midnight. I left six powders of *Lach.*, one to be taken every three hours. The following noon the swelling had mostly subsided, and with it the livid color. The other symptoms, suggestive of the remedy at my first visit, were also removed. No outward applications were allowed after he came under my care, but he had previously been treated with tincture of iodine. Soon after taking the powders, the patient had three copious, tarry dejections, which led him to think he had been taking some drastic cathartic of great power! He was afraid to take any more. And so it is with gentlemen of this fraternity, — at one house they accuse us of using deadly poisons, and at another, of letting nature go unassisted. Would that they might learn to be wise!

Before closing, I wish to offer one from many examples of the efficacy of *Lachesis* in functional disturbances of the heart. Capt. L., a mariner, aged about forty-five, of rather full habit and bilious temperament, retired early one evening, not feeling as well as usual, and waked from a troubled sleep of a few moments with a violent shock in the præcordia, and a sense of

suffocative constriction of the chest. I arrived a short time after, and found him conscious but in extreme distress for breath, the face livid and covered with warm sweat. There was visible palpitation of the heart, and, about once a minute, a jerk of that organ so violent as to start him bodily in bed. Auscultation revealed no abnormal valvular sounds; but it appeared as though the heart stood still and then started beating with a tremendous bound, followed by a rapid tremor. The pulsations of the radial artery were extremely irregular, and while I was studying the *tout ensemble* of his case, the intermissions of the pulse grew more and more protracted. I learned that several years before, he had been seized with a like attack in which diffusive stimulants were found ineffectual, and his physician, an allopath, finally resorted to bleeding, after which came gradual relief. I was consequently importuned by the attendants to open a vein, as the only means that seemed to promise help. But the patient received immediate aid from *Lachesis*, repeated about once in ten minutes. I left him in half an hour after the first dose, comparatively comfortable. He took the medicine daily for several weeks, and never had a subsequent attack.

Should these observations, hastily thrown together, serve to awaken a fresh interest in a neglected remedy, I shall have accomplished my purpose. But in a subsequent number of this journal, I hope to present the uses of *Lachesis* in a somewhat more practical light; to which end I would invite our physicians to report any interesting cures with this remedy in their own practice.

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## SULPHUR IN SEVERAL ACUTE DISEASES.

BY C. WESSELHOEFT, M D., BOSTON.

**FEVER.** — The indications herewith given for *Sulphur* were taken from cases cured, and will be found to correspond with the known pathogenesis of that medicine. Sulphur is indicated in fevers of the continuous-remittent type, occurring in the autumn and winter. These are characterized by a period of

rigors of various intensity preceding the heat, and seldom reappearing afterwards. The chills are of a remittent character; the whole period may last only half an hour, or they may appear in paroxysms for a whole day, accompanied by thirst.

The more severe the chills, so much more intense will be the paroxysms of subsequent heat; they may last for days, or even for weeks, if unchecked. There may be from five to seven paroxysms of dry heat in twenty-four hours, during which the pulse is very rapid, rising to 160, more or less, in young patients, and to 130 in adults. The paroxysms of heat are most intense towards evening, and the earlier part of the night; with sweat after midnight, which is attended with relief. There is thirst, and dryness of the mouth, relieved by small quantities of water, frequently repeated.

We also observe headache and restlessness at night; frequently delirium; great prostration, generally in proportion to the acceleration of the pulse, the frequency of which, if not made to abate by other remedies, has often by itself served as a reliable indication of *Sulphur*.

A yellow skin, and a dry tongue, with or without a yellowish-brown coating down the middle, are very characteristic of *Sulphur*; but particularly a craving for acids and acid drinks.

This is a summary of the indications for *Sulphur* in continuous-remittent fevers; these may vary from light cases to the most severe, assuming a typhoid character, and even that of typhus, if a distinction of degree admits of a distinction of kind.

These indications were derived from seven cases. As an illustration of what we conceive to be a reasonably prompt action of a medicine, it may be stated that in one of the cases *Sulphur* was given on the twenty-first day of the sickness (being the second of treatment), and though every appearance was extremely unfavorable, complete convalescence was established on the twelfth day of treatment. In another case which had lasted twenty-four days before the administration of *Sulphur*, complete convalescence was established on the seventh day after.

In the five other cases, the remedy was administered at a



much earlier stage of the disease, with proportionately good result; that is to say, the day of complete convalescence may not necessarily follow very soon after the first use of the remedy; but improvement in regard to pulse and heat invariably followed at once.

We subjoin two cases by way of example.

Aug. 13, 1872. — L. H., of S., a boy aged 10, has been sick nineteen days, the disease having commenced with diarrhoea. He was quite unconscious for five days, lying in sleep perfectly still; pulse, 135–40, small and hard; no exanthematous spots nor sudamina. The febrile aggravations were very indistinct, being recognizable only by periods of restlessness and screaming of the patient, who is appeased by a little water. The mouth is closed and the jaw is rigid; teeth and tongue are coated with sordes; the stiffness of the jaw is apparently caused by inflammation and gangrenous sloughing of the buccal mucous membrane, while bloody and horribly-offensive ichor runs from the lowermost corner of the mouth; when spoken to, the patient gives only sluggish and feeble signs of recognition.

Aug. 14. — *Phosph. acid.* having been administered in vain, *Sulphur* was given in two or three doses, in pellets. The next day the pulse had fallen, on an average, ten beats; on the 17th, the pulse averaged 100, with perceptible general improvement. In two days more, the pulse was 95; skin comparatively cool; the boy is better. His countenance and gestures are indicative of consciousness, but he cannot speak on account of his very sore mouth above described.

This ends the case as far as *Sulphur* was concerned. Yet it will be interesting to know that the stomatitis was rapidly improved by *Merc. cor.*<sup>30</sup>, and subsequently by rinsing the mouth with water in which about two teaspoonfuls of charcoal powder had been mixed. This completely removed the remaining bad smell and taste, and enabled the patient to take food. He was well Aug. 25.

Nov. 14, 1872. — Mr. C. E. G., of B., aet. about 34, has had continuous-remittent fever of the prevalent type, for three weeks. Pulse, 94; great weakness; no appetite; face flushed; mind sluggish and depressed; answers questions slowly and with

effort. Nights are restless ; the fever paroxysms are most marked in the evening, with much thirst at night. *Bryon.* and *China* were of no benefit. On the third day of the treatment, *i. e.* about the twenty-fourth of his sickness, the patient took two doses of *Sulphur*<sup>80</sup>, in the forepart of the day, about three hours apart.

On the next day the pulse was much slower and much more natural to the feeling ; heat and fever much less in the evening and night. He took one more dose of *Sulphur* this morning. From this time improvement was uninterrupted ; the patient was quite well on the 21st.

DIARRHŒA AND CHOLERA INFANTUM. — The following are the relations which *Sulphur* bears to certain diseases of the intestinal canal, especially that termed cholera infantum. When this is characterized by frequent and copious discharges, consisting first of liquid fecal matter, soon losing its yellow color, and appearing as greenish, slimy, or serous fluid, in severe cases leaving only a pale, greenish stain upon the napkin, at this stage causing much excoriation of the anus. This diarrhœa may be accompanied by some indications of griping, but is generally painless, passing without visible effort in the case of infants, and known only by the gurgling sound. In older patients the discharges are ushered in by very frequent desire, rather than by acute pain, in cases requiring *Sulphur* as a remedy.

The discharges may occur at the rate of twenty in twelve hours ; twenty in twenty-four hours is not uncommon, especially in the heat of summer ; they are most frequent in the early morning hours. The disease may progress so rapidly that it is difficult or impossible to discern such periods of aggravation as are generally observable in milder or more protracted cases. There was little or no vomiting ; the stage of gastric catarrh, sometimes preceding cholera infantum, had passed, or was superseded by the intestinal discharges in the cases furnishing these indications. Thirst was not excessive, though the children liked water, and drank frequently ; at other times, small mouthfuls of their usual milk and water, or gruel, satisfied them.

A comparison of the above symptoms, derived from actual cases, with those of Hahnemann's collection, will readily disclose the similitude. The two following cases, out of a larger num-

ber, may further represent the kind of effect to be expected from *Sulphur*.

July 27, 1866. — G. G., a boy aged 10, had an attack of vomiting about ten days ago; since that time he has had diarrhœa, with about four discharges a day; evacuations occur mostly in the morning; they are very thin, of light-yellow color; there is present in this instance, colic followed by vomiting. Prescribed *Sulph.*<sup>ss</sup>, one dose; after about four hours from the first powder, there was no more diarrhœa or any other discomfort to mention.

Aug. 10, 1872. — B., a boy, aged one year. During the great heat of the season he had a sudden attack of diarrhœa, with ten discharges in seven hours; they were watery and turned greenish towards evening. He took *Veratr.*<sup>ss</sup> in water.

Aug. 11, 7 A. M. — The child had twenty discharges in twelve hours, more frequent in the morning, consisting of green, slimy, watery fluid. He takes his usual food, in small quantities, of milk, water, and arrowroot. Prescribed *Veratr.*<sup>3</sup> in water. At 5 P. M. he was worse; eyes swollen; lies very quiet and pale; stools occur every half hour. He took *Podoph.*<sup>3</sup>. At 10 P. M. there was no change. Prescribed *Sulph.*<sup>ss</sup>, three doses about three hours apart.

Aug. 12. — There was marked improvement; he had only four discharges in the night, and only one or two more during the day; the following night there were only two discharges, of natural color, though still rather thin. Rapid convalescence followed, without any other prescription of medicine.

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VIBURNUM OPULUS. — We have had a most satisfactory experience with this medicine for the past three years in spasmodic dysmenorrhœa. It has afforded nearly complete relief in many cases where hitherto the menstrual period had been a time of intense suffering. We have used it only in the lowest preparations, — the first decimal, or the tincture, in doses of from one to five drops. In two cases of spasmodic dysuria in hysterical subjects, it gave complete and very prompt relief, even after the failure of several other medicines and the usual domestic appliances, of warm fomentations, sitz baths, etc., etc.

J. H. W.

## OBSTETRICS AND THE DISEASES OF WOMEN.

J. H. WOODBURY, M.D., EDITOR.

## FEMALE PROVERS' UNION.

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

SAID a lady physician of this city to me, a short time since, "Once I desired very much to become a member of the American Institute of Homœopathy to establish a principle, but, now that female membership is a recognized fact, I care very little about it, as it offers no work in which I care to engage, and I dislike to be a drone anywhere." On my replying that there was work of the most urgent character, waiting to be performed, which only such physicians as herself could properly do, — more than could well be done in this generation, — she expressed great surprise, and asked what that work might be. I replied, The careful, conscientious, and scientific proving of our remedies upon the female organism, under the direction of, and, so far as possible, upon the persons of women possessing a medical education, accustomed to medical observation, and versed in uterine pathology and diagnosis. To this proposition she warmly assented, and professed herself ready to engage earnestly in the work whenever an organized effort should be inaugurated in this "new field of labor for women." What homœopathic physician who has had any considerable experience in treating the diseases peculiar to women has not felt the lamentable deficiency of our therapeutic resources in this department, from a lack of that precise and accurate knowledge of the peculiar scope and limitations of the many remedies, new and old, contained within that richly-stored treasure-house, our materia medica? It is mortifying to think to what an extent our use of these remedies is empirical, or based entirely upon experience derived *ex usu in morbis*. We are fully satisfied that the recent contributions to the materia medica contain remedies of the utmost value in this department of therapeutics, — of greater value perhaps than any which we before possessed.

But for the present they are like ores in the unwrought mine ; almost useless because undeveloped, and thus undeveloped simply from the lack of female provers.

One who has never made the attempt has very little idea of the difficulties encountered in procuring reliable reports of provings upon women. From the very nature of the work, few women not directly interested can be induced to engage in the proving of medicines of whose power and effects they have, at most, but a very limited knowledge. And many who have consented to act as provers have withheld, from motives of delicacy, many of the most important and valuable of the symptoms produced, thus giving us but a very dim and unsatisfactory sketch, instead of the well-defined picture which a full and accurate report would have placed in our possession. To supply these deficiencies is the obvious and imperative duty of the female members of our profession. In this way, they can render a service to homœopathy, to the profession, and to themselves individually, of priceless value. Who will take the initiative in this work? Who will issue a call for a Female Provers' Union?

Or shall it be made a bureau of the American Institute? We feel sure that such a bureau would receive the earnest encouragement and warm support of every member of that body, and when its female members shall have presented carefully prepared and exhaustive provings upon the female organism of *Lilium tig.*, *Cimicifuga*, *Collinsonia*, *Cornus flor.*, *Helonias*, and *Trillium*, we hazard nothing in saying that they will have most effectually removed the last, lingering objection to female membership from the mind of the sturdiest old fogy in that body ; and, what is of infinitely more consequence, will have performed a real service to the cause of homœopathy and to its practitioners everywhere. We hope this subject will receive, as it certainly deserves, the earnest consideration of our sisters in the profession.

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M. HUGUIER, Professor of Anatomy in the School of Fine Arts, member of the Academy of Medicine, and so well known through his valuable works upon uterine affections, died at Paris on Monday, January 13th, 1873.

## HOW TO PREVENT INJURIES OF THE PERINEUM.

BY F. H. KREBS, M.D., BOSTON.

DURING my visit to Europe, I saw many injuries to the perineum, — varying much in degree, from a single laceration of a few fibres at the anterior edge, to a rupture of the whole organ, the destruction of the sphincter ani, and the conversion of the two canals into one common cavity.

In the course of my practice, I have attended to over three hundred cases of midwifery, without a single serious injury to the perineum; and I was not a little astonished to find that these accidents should happen so frequently at the seat of skill and learning.

The manner in which I support the perineum during labor, is neither new nor original; and the means I use every professor of obstetrics proclaims annually to his class; it is also to be found in all books on midwifery, yet I fear it is rarely practised.

It was on the fourth of July, many years ago, that I was called early in the forenoon to attend a lady of thirty-six years of age in her first confinement. She had been married thirteen years. On examination I found a head presentation, the os uteri dilated to about the size of a copper cent.

I stated to my patient that it would be unnecessary for me to remain, but that I should call again in the course of the forenoon; whereupon she exclaimed: "Doctor, you must not be gone long, for you can have no idea how much I suffer," etc.

I returned at 12 o'clock, M., and found my patient in great distress. The first words she uttered were, "Why did you not come sooner? Had you been here, the child would have been born." She requested me not to leave her again until she should be through. Hour after hour passed without much progress; the mere mention of my intention to go home for an hour or two was sufficient to bring on the bitterest lamentations, and I was obliged to resign myself to my fate.

About 12½ A. M., she reached the second stage, for I was told that the "waters had broken." At 1 o'clock the head commenced to press slightly down upon the very rigid perineum.

From this time my labor commenced in earnest, for I was obliged to remain constantly at her side, to give (as I had been taught) the proper protection to the perineum.

I applied freely sweet oil, but the patient became more and more irritable, and I had to use all my persuasive faculties to keep her from tossing about in all directions.

At dawn of day, although the pains had been quite regular and sufficiently powerful, yet there had hardly been any progress made. I resorted to hot fomentations and continued them for two hours with very little benefit. By 11 o'clock, A. M., I felt so completely exhausted, that I requested the husband to call in the next best physician from the neighborhood.

In about fifteen minutes a short, elderly gentleman entered, a doctor whom I had never seen before. From the gravity of his deportment, I judged that he was a member of the old school; yet he did not stop to ask me whether I belonged to his medical profession, or whether I was a member of the Massachusetts Medical Society, but, like a true physician, looked at once after the suffering woman, and was ready to relieve a tired colleague.

He recommended hot fomentations; but when told that they had been used for hours, inquired whether lard had been used. Upon being answered in the negative, he ordered a large bowl of lard, wrung out a compress in as hot water as his hands could bear, and applied a thick layer of lard over it, laid it over the perineum, and in order to retain the heat, covered the whole with double flannel.

This application was repeated every fifteen to twenty minutes, and I had the great satisfaction of delivering the woman of a living, healthy, male child, weighing ten and a half pounds, in less than an hour and a half from the first application of the lard.

I must confess this circumstance left quite an impression on my memory, which made me for the time being anything but proud of my own skill. Suffice it to say, that I have ever since that memorable "Fourth" used lard without stint in connection with hot fomentations, in every case of "rigidity of the perineum," and have had the good fortune to give not only

great comfort to my patients, but have also prevented all accidents to that important organ.

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### UTERINE POLYPI, — SANGUINARIA.

BY H. C. SPALDING, M.D., BINGHAM, MASS.

IN August, 1871, I was called to see Mrs. —, 63 years of age, with dark hair and eyes, of lymphatic temperament, and possessing a decidedly rheumatic diathesis. I found her complaining of great irritation of the vagina, slight leucorrhœal discharge, and a protrusion from the vulva of what she supposed to be the uterus, but which I found upon examination to be a polypoid tumor, but little smaller than a hen's egg, sessile, and attached to the posterior wall of the vagina. It annoyed her in sitting and walking, having already become somewhat sensitive and inflamed from constant irritation. The entire vaginal canal was sensitive, presenting to the touch a granular, rough feeling.

I decided, with the consent of my patient, to remove the tumor; and considering her age and general health, I determined to use the *écraseur*, as not only the most speedy, but safest method of removal.

Having etherized my patient, I removed the mass without difficulty; but while recovering from her anæsthesia, although she had had two free evacuations of the bowels during the morning, she had another which, by distending the rectum, caused the wound to gape and bleed somewhat, giving a surface of three fourths of an inch in diameter to heal instead of the smaller one which I had expected; but, with the aid of dilute carbolic acid, the wound was healed in the course of three weeks.

At this point of the treatment, I discovered another polypus, about as large as a pea, attached by a pedicle to the cervix uteri. The patient was nervous; and disliking further surgical interference, I tried medicinal treatment, giving *Sulph.*, *Calc. carb.*, *Thuya*, *Merc.*, *Nitri acid.*, as seemed most called for. The vagina, in the mean time, remained irritated. To relieve



the stinging and smarting, I ordered, as an injection, a decoction of slippery elm, combined with *Hydrastin*; or, at intervals, alum. While trying this treatment I made occasional examinations per vaginam. I found not only this polypus, growing rapidly to more than twice its size when first discovered, but that one new one after another had made its appearance, until, at the end of six weeks, there were four polypi attached by pedicles to different portions of the cervix.

I now induced her to allow me to remove the largest polypus, which was readily accomplished by torsion with polypus forceps. In the course of a few days I removed the other three. But this was not to be the end of the matter. Very soon others made their appearance, and during the next ten weeks, I removed at one time two, at another three, and at another one, making in all ten polypi that I had removed from the cervix and vagina during the treatment, and to my discomfort there were two more waiting to be plucked, which I did not remove.

I now determined to try the efficacy of *Sanguinaria can.* If it will dissipate nasal polypi, why not uterine? I ordered a strong decoction of the root to be mixed with the slippery elm and used it as an injection four times daily. To my satisfaction I found that the polypi were lessened in size; and in one month's time they had disappeared, and no new ones had made their appearance. The peculiar roughness and irritation of the walls of the vagina became less, and by continuing the injections once daily, the patient soon found herself free from polypi and from the attendance of her physician, and the os uteri and vagina entirely well.

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#### NOTES BY THE EDITOR.

**EXTENSIVE PRURITUS.**— A case of pruritus of the whole cutaneous surface, and of the mucous surfaces of the upper outlets of the body, during pregnancy, is recorded in *British Med. Jour.* Sept. 21, 1872, by Dr. Page, of Kirkby-Lonsdale. The itching was so bad at night that the patient was unable to sleep for several nights in succession. All the usual sedatives were tried with very slight effect till he prescribed chloral, in 20-

grain doses, at bed-time, with the view of giving sleep. This quantity procured some sleep, from which the patient awoke refreshed, free from the pruritus, able to enjoy her breakfast; and she passed a comfortable forenoon. These doses were continued only at bed-time, with complete relief to the patient till her confinement (seven days after), when they were suspended without any return of the pruritus. This case is of interest as illustrating the homœopathic action of chloral, though given only with a view of producing sleep. Chloral causes irritation of the skin, generally with intense redness, but always with intolerable itching. The dose is also noteworthy, 20 grains at bed-time being not too large to produce relief from the itching, and therefore quite homœopathic. — *Monthly Hom. Review.*

PRURITUS. — A lotion composed of a half drachm of the sulpho-carbolate of zinc to an ounce of water, applied twice a day to the vulva and parts affected, has proved highly serviceable in obstinate pruritus.

NATRUM CHLORINATUM. — Dr. Robert T. Cooper, in the *British Journal of Homœopathy*, for October, 1872, brings to the notice of the profession chlorinated soda, Labarraque's liquid, which he feels morally certain is destined to hold a very high rank among our uterine remedial agents. Chemically it is "a mixed solution of hypochlorite of soda ( $\text{NaO ClO}$ ) chloride of sodium, and bicarbonate of soda." He claims that it takes rank side by side with, if it does not greatly surpass, *Palladium*, *Platinum*, *Argentum*, *Ignatia*, *Nux vom.*, *Actæa*, and many of the other prominent uterine remedies. He reports a number of cases cured, or very much improved, by the use of this remedy alone. He finds it of great service in debilitated patients, suffering from prolapsus uteri, leucorrhœa, and metrorrhagia, with the usual accompanying "sacral interscapular and vertical neuralgias." He gives a tablespoonful of the first attenuation three times a day, and the results in several cases reported by him are such as to encourage a further trial of the remedy.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, MARCH, 1873.

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### THE BOSTON UNIVERSITY.

ON Saturday, February 15, 1873, the Supreme Court removed the injunction from the Massachusetts Medical Society, and said, virtually, "We can no longer protect you homœopaths from intentional wrong on the part of that time-honored institution." It is a somewhat remarkable coincidence that on the same day another body of men, — men who are not looking into the dead past, but into the living future, — offered a cordial welcome to the homœopathists.

THE BOSTON UNIVERSITY is chartered by the State of Massachusetts with the greatest powers that it has ever given to any educational institution. Its plan is the broadest and most extensive of any in America. Aside from the classical or under-graduate department, it already contemplates not less than eleven distinct colleges, giving thorough instruction in the principal sciences and arts. Besides these colleges, there will be four schools or departments of higher grade, viz. : Theology, Law, Medicine, and Universal Science. This University commands the influence and the support of the Methodists, — the largest denomination in the country, with perhaps one exception. Among them are found many of the most wealthy, zealous, liberal-minded and generous men in the land.

But such an institution, however well-planned, cannot flourish without abundant pecuniary support, both present and prospective. The founder of this University, the late HON. ISAAC RICH, gave to it his immense fortune, under conditions which require its increase by accumulation for ten years to come, when its endowment will, it is estimated, amount to several millions of dollars. Meanwhile, the friends of the University are to rally to its support, and to establish the various departments as fast as they can be made self-supporting.

The Divinity School, very naturally, came first; and it has already become the largest theological school in the United States. The Law School was organized the past year, and is holding its first session during the present winter. Twenty students were necessary to make

the department a success; sixty-eight, — more than three times the requisite number, — have been present at its lectures.

The College of Music has also been established in a manner highly gratifying to all, and lacks only pupils that can reach its standard for admission.

These departments, have no conflicting theories or ethics to conciliate or offend. But in establishing a school of medicine a more delicate question arose. What system shall be taught? Into whose hands shall it be committed? That the founder was a decided homœopath might not alone have determined the answer. It is possible that this question would not have been met for years to come but for the obnoxious proceedings of the Massachusetts Medical Society, and the spirit which it elicited. The energy and decision with which the bigotry and intolerance of its leaders were resisted by the homœopaths, and the success which attended their efforts, the undivided sympathy of the press and the whole public, the popular uprising in the great Homœopathic Hospital Fair, — all this tended to show the trustees of the University that homœopathy was a living power, and, at least, not to be despised. After a long and careful examination and thorough discussion of the whole subject, it was unanimously voted by them to establish a medical department and place it under the charge of the homœopaths.

But the guardians of the Boston University are men who do not propose to put their hand to the plough and look back. They say that this school, if founded, must be forever. To secure this permanency, and to place the medical department in a position to command respect, will require at first an outlay of at least \$10,000, and an annual income of not less than \$5,000 for the first five years; together with a permanent endowment of \$200,000. Can this sum be raised by the friends of homœopathy?

At a meeting of the homœopathic physicians of Massachusetts, held on Wednesday, February 19, the matter was fully considered. The proposition made by the trustees was accepted, and it was determined **TO RAISE THE AMOUNT REQUIRED**, and secure for homœopathy the most splendid triumph it has ever known, a triumph which will have its influence upon every college and institution of our school in the world, and which will materially improve the standing of homœopathy and its practitioners.

But we must look calmly at the work before us, which is of no little magnitude. By the late fire, Boston has suffered pecuniarily in a man-

ner which all New England feels, and it will require earnest, constant, strenuous, energetic effort to raise the necessary sum. But if proper exertion is now made, help will come to us from quarters least expected, and in a manner most opportune. Let every member of our school, then, feel that there rests upon him at this moment a personal responsibility to do everything in his power for this undertaking, and with energy, zeal, and well-directed efforts, success is certain.

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### THE MASS. MED. SOCIETY vs. THE HOMŒOPATHS.

THE following opinion of the Supreme Judicial Court of Massachusetts dissolves the injunction against the Society on the ground that the Court of Chancery has no equitable jurisdiction in the case, and, consequently, the question must come up in a different form before it will express its opinion on the merits of the case. While we regret that the Court should thus have failed to meet the question at issue, the homœopaths of Massachusetts will not shrink from any responsibility resting upon them, and will defend their chartered rights and the privileges guaranteed to them by the legislature of Massachusetts.

#### COMMONWEALTH OF MASSACHUSETTS.

SUFFOLK, ss.

### Supreme Judicial Court.

NOVEMBER LAW SESSION, 1872.

SAMUEL GREGG AND OTHERS vs. MASS. MEDICAL SOCIETY.

#### OPINION OF THE COURT.

CHAPMAN, J.

This is a bill in equity in which the plaintiffs allege that they are physicians and surgeons, and have been duly elected members of the Massachusetts Medical Society, and are entitled to all the rights and privileges of members; that they have been summoned to appear before a committee of said society to answer to a charge that they have violated and continue to violate the by-laws of the society, by conduct unbecoming and unworthy an honorable physician and member of the society, to wit: by practising or professing to practise according to a certain exclusive theory or dogma, or certain exclusive theories or dogmas, and by belonging to a society, whose purpose is at variance with the principles of and tends to disorganize the Massachusetts Medical Society.

The bill then sets forth certain alleged irregularities and defects in

the proceedings against them, and alleges that the defendants now threaten to expel them from the society, and thus deprive them of their rights and privilege as members, and cause other injury to them. They allege that these proceedings are illegal and void, and that the defendants have no right to act in the premises.

The case comes before us on a demurrer to the bill contained in the defendant's answer. Several causes of demurrer are alleged; but that which required to be first considered is that the complainants do not by their bill make out any case which entitles them to any relief in a court of equity. In determining this question, it is necessary to consider the limits of our own equitable jurisdiction in a case like this.

The Massachusetts Medical Society was incorporated in November, 1781. The preamble to the act of incorporation recites as follows: "As health is essentially necessary to the happiness of society, and as its preservation or recovery is closely connected with the knowledge of the animal economy and of the properties and effects of medicines, and as the benefits of medical institutions formed on liberal principles and encouraged by the patronage of the law, are universally acknowledged," therefore the persons named and their successors, and such other persons as shall be elected in the manner therein mentioned, are incorporated, etc. The second section authorizes the election of officers.

Section 5 authorizes the fellows of the society from time to time to elect such persons to be fellows as they shall judge proper; and they and the fellows of said society shall have power to suspend, expel or disfranchise any fellows of said society.

Section 6 authorizes the fellows to enact such rules and by-laws for the better government of the society as are not repugnant to the laws of the Commonwealth, with limited penalties. It recites that "whereas it is clearly of importance that a just discrimination should be made between such as are duly educated and properly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine, whereby the health and lives of many valuable individuals are endangered and perhaps lost to the community," therefore officers of the society are to be appointed to examine candidates for the admission to the practice of physic or surgery, and are obliged to make such examination under a penalty for refusal.

Section 9 authorizes them to hold property.

The fifth section, which gives the corporation power to suspend, expel or disfranchise any fellows of the society, confers upon them a special and limited judicial power; and so far as the defendants have attempted to try the plaintiffs for the offence alleged against them, with a view to expel them if found guilty, their action must be regarded as judicial in its character. The common law regards such tribunals as courts of a special and limited jurisdiction: Com. Dig. Courts; Steph. Com. Courts. There are many tribunals of this character in England; and many have existed from time to time, and some still exist in this Commonwealth. That the Massachusetts Medical Society has such judicial power, is not only apparent from the fifth

section of the charter quoted above, but it was so held in *Barrows vs. Massachusetts Medical Society*, 12 Cush. 402.

The offence with which the plaintiffs are charged, is against their duty as corporators ; and for such an offence they can only be tried by the corporation. 1 Burr. 539 ; 2 Burr. 441. In *Murdock v. Andover Seminary*, 7 Pick. 304, and 12 Pick. 244, the trial was first had by the Trustees, then by the Visitors by an appeal, and again by appeal to this Court. But this course of proceeding was regulated by special statute

Courts of chancery have jurisdiction in a great variety of cases, to enjoin parties from proceeding in courts of law. Their jurisdiction extends as well to proceedings in the highest as the lowest and most limited tribunals. In England the courts of chancery grant injunctions against proceeding in the Courts of Queen's Bench, as well as in other courts ; and this Court has enjoined parties from proceeding in courts of other States. *Dehen v. Fuller*, 4 Allen, 545, and 7 Allen, 57.

Injunctions, however, issue against parties, and not against courts ; but the jurisdiction in this respect has legal limits which apply to proceedings in all courts and tribunals.

The general principle is, that a court of chancery is not the proper tribunal to correct the errors and irregularities of inferior tribunals, and that in ordinary cases the Court should not interfere. *Kerr* on injunctions C. 3, and cases there cited ; *Moody v. Smedley*, 6 Johns, ch. 28 ; *Morris Canal v. Mayor of Jersey City*, 1 Beasley, 252 ; *Mayor of Brooklyn v. Mussevale*, 26 Wend. 132 ; *Van Down v. Mayor of New York*, 9 Paige, 388 ; *West v. Mayor of New York*, 10, ch. 539 ; *Hayward v. City of Buffalo*, 4 Kernan, 532.

The plaintiffs have cited no authority, and we have not been able to find any, which extends to a case like the present, where the inferior tribunal has jurisdiction of the subject-matter ; and the object of the bill is to correct and restrain alleged irregularities in the pleadings and procedure, or in the constitution of the body of triers. In this respect a court of chancery has no more power over the proceedings of a court of special and limited jurisdiction than over the proceedings of courts of general jurisdiction. We might as well issue an injunction to restrain and correct irregularities that are alleged to have occurred in the Superior Court, or in any of the criminal courts in a case pending there, as in this case.

The case not being within our equitable jurisdiction, there is no occasion to consider the other questions that have been argued.

*Demurrer sustained, bill dismissed.*

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“ ONWARD, STILL ONWARD.” The appointment and commissioning of Dr. A. F. Squier as an assistant surgeon of the 1st regiment Massachusetts volunteer militia is an important step in the progress of our school. Dr. Squier is eminently fitted for the position, which he will fill with credit to himself and with benefit to his regiment. Being

well-known as a homœopathic physician, his appointment shows the advance in public sentiment which homœopathy has made in the last decade. Ten years ago the State Board of Medical Examiners passed an insulting vote, by which a homœopathic physician was debarred from an examination for any medical office, even in a time of great exigency. Conscious of the utter injustice of this position, the subject has been from time to time agitated and discussed, until it would now require a good deal of effrontery as well as unwisdom on the part of any executive to deny an official appointment to any man in Massachusetts, on the ground that he was a homœopath. We trust the day is not far distant when *ignorance of homœopathy, not a belief in it, shall be a valid ground for the rejection of any applicant.*

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## CORRESPONDENCE.

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### MEMBERSHIP OF THE MASSACHUSETTS MEDICAL SOCIETY.

Boston, Feb. 16th, 1873.

EDITORS OF THE GAZETTE:—I see by last evening's Transcript that the "Supreme Court" has dismissed the injunction, and has acknowledged the right of jurisdiction in the matter, viz., of trying the homœopathic members with the view of expelling them from the Massachusetts Medical Society.

When I took my degree in the Harvard Medical School, Professor Storer, then Dean of the college, said to me, "Now go to Dr. Alley (then secretary of the Massachusetts Medical Society), show your diploma, become one of us, and throw your sugar-pills into the gutter";—he continued,— "bless your soul, I am as much of a homœopathist as you are, I give small doses, etc." I could not see it in that light; and therefore I never joined that Society, for the simple reason that, as far as the practical results of my activity as a physician were concerned, I had nothing in common with the members of that time-honored institution, and therefore could never see any possible good to be derived from a membership of that body.

It would be quite otherwise, if members holding different opinions could meet, discuss, exchange ideas, compare notes on cases of practice, and examine fundamental principles of the different systems during the meetings; but as things are now managed, it seems to me that to mix homœopathy and allopathy is utterly unphilosophical and unhistoric, and can only be done by equal violence to both.

I consider it our duty to reject every system of therapeutics which does not acknowledge the homœopathic law. In doing this, it will make us—what we ought to have always been—one family, one body, one heart, and one soul, against all combinations of our enemies.

Yours, very truly,

F. H. KREBS.



## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THE Society met in its eighth annual session at Harrisburg, Wednesday, Feb. 5, at 10 A. M.

The president, Bushrod W. James, M.D., of Philadelphia, read an address on "The Annihilation of Diseases," of which the following is an abstract:—

Could all contagious, endemic, and epidemic diseases be arrested in the outset, and their germs destroyed, this end would be attained. To this point the observation and labors of physicians must be directed. Preventive medicine, as now understood, means little more than modifying the disease. As a curious proof of the modifying influence and lessening of the death rate in preventive medicine, he alluded to Prof. Houghton's mathematics of small-pox noticed in our last, on page 94.

The daily weather reports of the signal-service bureau should be brought to our aid, in order that we may act effectively; we must know the electrical conditions of the atmosphere, as well as the temperature and storm, and all at the same time; and then we must know the mortality from the prevailing diseases in the different cities at corresponding hours of the day and night, as well as what affections are prevailing, and how the changes of moisture, or temperature, or electrical state, or relative proportion of oxygen in the air affect both the sick and the well; making the former better or worse, and producing maladies in the latter.

Physicians will be obliged to diagnose their cases accurately, and not only reports of the deaths will have to be made, but a record of the different diseases they are treating must be kept. This system of observations once made obligatory by national statute,—and it will be easily accomplished,—and the people will reap the glorious benefits which will accrue. We can ascertain just how climates and climatic influences affect the various prevalent maladies. We shall be able to announce the approach of diseases, and will learn to compute their rate of travel.

CLINICAL MEDICINE AND ZYMOSES. — An interesting discussion upon hæmorrhages followed:—

Dr. Preston mentioned a case of epistaxis, in which the blood flowed freely from both nostrils to complete fainting of the patient. Application of tannin always gave temporary relief, but other styptics failed entirely. *Belladonna* seemed to be indicated by the symptoms; it was given in the two hundredth potency and entirely arrested the flow.

Dr. M. Côté said he had had a very large experience in treating bleed-

ing from the nostrils. During the past two years he had given *Bell.*<sup>300</sup> to every case, with a uniform curative result.

Dr. W. M. Williamson recommended *Crocus*.

Dr. H. F. Hunt, of Camden, N. J., highly praised the action of *Erigeron* in such cases. He preferred *Crocus* to other remedies when the blood was stringy, and *Bell.* where the blood flowed freely, or drop by drop.

Dr. B. W. James said, in applying the plug to the posterior nares the sponge should be attached to the middle of the safety-string, allowing one end of the string to hang out of the mouth and the other out of the nostril.

Dr. MacClatchey regarded the method recommended by Dr. James as the best that could be devised in such cases.

Dr. M. Preston desired special indications for the use of *Hamamelis*. He had come to regard it as an over-estimated remedy.

Dr. Thomas Moore said tenderness across the region of the abdomen was an indication for the use of *Hamamelis* in intestinal hæmorrhage.

Dr. M. Friese, of Harrisburg, thought passive venous hæmorrhages were specially controlled by this drug.

Dr. B. W. James used it, particularly where there was an evident næmorrhagic diathesis.

Dr. H. F. Hunt had used it with great success in cases of hæmorrhage from piles, in which the loss of a small quantity of blood was followed by a prostration out of proportion to the loss. Dr. Hunt also spoke of the use of *Hydrastis* in the sore mouth of infants, and in nursing sore mouth. He could also recommend it highly for gleet, and in cases of neglected syphilis.

Dr. Williamson stated that a very extensive proving of *Hydrastis* could be found in a recent publication of the American Institute of Homœopathy. He agreed with Dr. Preston, that *Hamamelis* was a greatly over-estimated remedy. Two years ago, Dr. Doane reported to this Society a case of hæmorrhagic diathesis, which almost staggered belief. This same patient had fallen into Dr. Williamson's hands, when attacked with small-pox last winter. The disease took the hæmorrhagic form, and the pustules were filled with blood. *Hamamelis* relieved the man, but he died.

Dr. David Cowley called attention to the use of *Hamamelis* when the blood is dark-colored and fluid. After an operation for syphilitic onychia, where the hæmorrhage was considerable, *Hamamelis* acted nicely after Monsell's salt had failed to suppress the hæmorrhage.

Dr. W. R. Childs, of Pittsburg, read a paper on Chorea.

Dr. M. Preston said he had proved *Mygale* clinically, and cured the following symptoms: Twitching of the muscles and shrugging of the shoulders, returning every day; the child could not stand; jerking up of the lower limbs, complete inability to walk or stand; acute aching in the right ear, occurring every night between midnight and morning, driving her out of bed; constant motion of the hands and arm. *Mygale*<sup>6</sup> was given, and relief was obtained in twenty-four hours, although other remedies had failed, and the case was cured in three weeks.

The report of the Bureau of Materia Medica and Provings, was presented by its chairman, Dr. John C. Burgher, of Pittsburg. The papers were as follows: Partial Proving of *Macrotin*, by C. P. Seip, M.D., of Pittsburg; Verified Symptoms, by H. N. Martin, M.D., of Philadelphia.

Dr. Fetterhoff said he had used *Apis* in diphtheria when indicated by numbness of the limbs, frequent urination, and the usual grayish appearance of the exudations covering both tonsils.

Dr. Williamson had seen benefit from *Arsen. iod.*, in mammary and other forms of abscess, characterized by the usual throbbing, with very great restlessness, or, in children, peevishness, etc. In tonsillitis, *Apium virus*, with which the provings were made, is an excellent remedy; but in diphtheria he could not corroborate the experience of Dr. Martin.

Dr. Walker treated about forty cases of diphtheria last March and April. When there is great pain in swallowing, *Lach.*<sup>200</sup> has almost magical effect. *Lyc.* has more effect when the left side is principally involved. He has used *Merc. iod.* when the whole throat and fauces, including the glands, are swollen, and there is profuse salivation.

Dr. Koch, of Philadelphia, had a great deal of doubt as to the authenticity of many of the cases reported as diphtheria. He, although not claiming a very large experience, had but very few cases of what he would call true diphtheria, and he feared that very many cases reported as such, were simply more or less bad cases of sore throat. True diphtheria was a very severe disease, and completely prostrated the patient. He regarded it as a constitutional disorder, a blood disease; and even in comparatively mild cases the prostration is so extreme that the patient is confined to the bed.

Dr. Dudley said his experience agreed exactly with that of Dr. Koch, and with his opinion on this point also. In a comparatively busy practice, he had seen but two cases in twelve months, one of which was brought from New Jersey.

Dr. M. Friese had seen a considerable number of cases, some of them attended with the extreme prostration so frequent in the disease.

Dr. J. H. Marsden, of York Springs, thought there were many cases reported as diphtheritic that were not really diphtheria. He had seen such errors of diagnosis in his own section of country. Muco-purulent patches were mistaken for diphtheritic deposit. He had seen no cases of real diphtheria for years in Adams county. He did not think, however, that prostration was a decisive diagnostic symptom in all cases. He had had a case in his own house in which the exudation was tough and leathery, and he regarded this toughness as a strong diagnostic symptom. This was years ago. There were undoubtedly many cases of true diphtheria, but there were at the same time a large number of cases of a less malignant form of sore throat, and no doubt many of these passed under the name of diphtheria.

Dr. Cowley mentioned a case in which slight constitutional disturbance was attended with diphtheritic deposit, and followed by speedy death.

Dr. Hunt considered the disease a purely constitutional one, and that death occurs, not from local disorder, except when the exudation

extends into the air passages, but from the general disturbance. Ulcerated sore throat alone does not produce such grave general effects, except in rare cases.

Dr. Koch reminded the members that the microscope affords a certain method of differential diagnosis; diphtheritic exudation is fibrinous, while the deposit of ulceration is mucous in its character.

Dr. Fetterhoff mentioned a case in which spots, resembling in their grayish-yellow color the patches on the mucous membrane, appeared on the general surface. *Apis* seemed to relieve the case very promptly. In other cases the exudation appeared upon the mucous membrane of the generative organs.

Dr. J. H. McClelland stated that he had used *Kali bich.* with excellent effect.

Dr. Cowley asked if mild cases might not be cut short, so that the patient need not be confined to bed.

Dr. Koch said he could only state his own opinion, which was that the course of true diphtheria could not be cut short, any more than a case of scarlatina could be. He did not wish to be understood that the disease could not be lessened or lightened, but he did believe that the disease must run through a pathological course.

Dr. Hunt believed the disease to be contagious, but he was quite sure that its course could be shortened by proper medication.

Dr. Cowley called attention to the fact that diphtheritic patients were liable to the reappearance of the diphtheritic patches, at subsequent times, these being excited by taking cold. Physicians had come to count these as diphtheritic patients, and every physician meets with them.

Dr. Burgher did not regard this disease as contagious. He was of the opinion, however, that the exudation was altogether disproportionate to the amount of constitutional disturbance.

Dr. Williamson: Dr. Koch has used the word *deposit* as though he meant to say that the diphtheritic membrane was placed upon the surface of the mucous membrane. Dr. McClelland called it an *exudation*. I agree with the latter. We often use the word "like," and there are various degrees of similitude. Thus, cholera is more or less like cholera. Thus, too, some cases of ulceration of the throat approach more or less diphtheria, with simulation of diphtheritic appearance. There is a peculiar odor in diphtheria, which few who have noticed it can ever mistake. Dr. Williamson then gave the indication for the use of *Croton tiglium*, as follows: Not much, if any, hoarseness; not much difficulty of swallowing, but excessive exhaustion, perhaps coming on with alarming suddenness; this latter symptom, however, he did not regard as a characteristic symptom of *Croton*.

Dr. McClelland regretted to see so much difference of opinion among physicians respecting the symptoms of this malady. He deemed it a matter of certainty that there was a constitutional disturbance which was the cause of all the local difficulty, and of death in the large majority of fatal cases.

Dr. J. F. Cooper said that at the very outset of many of his cases there were undoubted evidences of serious blood poisoning. The effects on the general system showed it to be so. In addition, we have em-

bolism, heart clot, ulceration of the stomach. Sudden collapse and sudden death point to the same conclusion. A rash, resembling in some respects that of scarlatina, occurring on the large joints and other portions of the general surface, also confirms the supposition. He had used a number of remedies in combating this disorder, among which he would mention *Merc. iod. Kali bich.* He was confirmed in the opinion that the local trouble was an outgrowth of a more deeply seated disorder.

Dr. Cowley narrated two cases in which a peculiar deposit upon the fingers was followed by an attack of diphtheria.

A paper by Dr. James B. Wood, on tobacco, elicited a spirited discussion which did not entirely end in smoke.

#### SECOND DAY.

Many of the members gave their opinion regarding the use of anaesthetics. The combination of ether with chloroform seemed to be condemned, it being considered more dangerous than either would be given separately. The action of chloroform was much more prompt when morphia had been previously given. After surgical operations it is sometimes necessary to give morphia, but it was best to be careful in its use, as it has other specific effects besides its quieting influence. We should be carefully guarded, also, in the administration of electricity, as in two cases of spinal irritation, Dr. J. E. James thought that its effects were decidedly hurtful.

Several interesting cases were given, showing that bony union could take place in aged people, after fracture.

Dr. J. H. McClelland narrated a case of fracture of the neck of the femur. Union followed with some shortening. There are plenty of post-mortem evidences that osseous union can take place in these cases; and he thought that surgeons often lost the chance of getting good results by giving too much heed to the old doctrine that bony union could not take place in old people.

**BUREAU OF OBSTETRICS.** — *Sabina* was referred to as possessing indicative symptoms of post partum hæmorrhage. It was a favorite remedy with the late Dr. Walter Williamson. Its characteristic indications are: drawing pains from the pubes and sacrum; tenesmus; worse on moving; the blood is dark and partly clotted.

Dr. Marsden said the most valuable obstetric instrument is the hand, and every accoucheur should cultivate his hand. The left hand is the most useful, generally, in consequence of its curvature corresponding with the curve of Carus as the patient lies on her left side.

Dr. H. H. Hoffman referred to the use of ether as an agent for the arrest of post partum hæmorrhage. He used it by pouring it on the abdomen, and its rapid evaporation produced a degree of cold which secured uterine contraction and consequent arrest of the hæmorrhage. He had used it thus with success in a number of cases.

**BUREAU OF REGISTRATION, ETC.** — The report shows that in Pennsylvania, there are now about 435 physicians in homœopathic practice, this being the 44th year since its first introduction into the State. The number is rapidly increasing, but there are urgent requests for

educated homœopathic physicians from various localities which cannot as yet be supplied.

The paper on Diseases of the Bones, presented to this Society by the Allegheny County Medical Society, was ordered to be presented to the American Institute of Homœopathy through the Bureau of Surgery of the Institute, at its next annual meeting at Cleveland, as the paper of this Society to the Institute.

The Society elected officers for the ensuing year as follows:—

*President* — J. F. Cooper, M.D., of Allegheny City.

*1st Vice-President* — M. Friese, M.D., of Harrisburg.

*2d Vice-President* — H. R. Fetterhoff, M.D., of Newville.

*Recording Secretary* — M. M. Walker, M.D., of Germantown.

*Corresponding Secretary* — Pemberton Dudley, M.D., of Philadelphia.

*Treasurer* — R. J. McClatchey, M.D., of Philadelphia.

*Censors* — M. Preston, M.D., of Morristown; M. Côté, M.D., of Pittsburg; Richard Koch, M.D., of Philadelphia.

On taking the chair, President Cooper made some appropriate remarks.

The society then adjourned to meet in Harrisburg on the first Wednesday in October next, at 10 o'clock.

Our thanks are due to Dr. R. J. McClatchey for Harrisburg papers, containing an account of the proceedings of the society.

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## NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

### TWENTY-SECOND ANNUAL MEETING.

The Society met at Albany, February 11th, at 10 A.M. The president, Dr. H. A. Houghton, of Keeseville, delivered an opening address.

Papers were read on the effects of the *Pinus Lambertiana* (Sugar Pine) as a cathartic; on the importance of exploration and diagnosing diseases of the uterus; on inversion of the uterus; and on a case of aneurism of the femoral artery, cured by compression. An intra-uterine syringe, an improved fountain syringe, and an improved laryngoscope, were exhibited to the society.

In the evening the annual address was delivered by Dr. J. W. Dowling, of New York.

### OFFICERS FOR 1873.

*President* — E. D. Jones, M.D., Albany.

*Vice-Presidents* — D. F. Bishop, M.D., Lockport; J. Ralsey White, M.D., New York; R. E. Miller, M.D., Chenango county.

*Recording Secretary* — Frank L. Vincent, M.D., Troy.

*Corresponding Secretary* — L. M. Pratt, M.D., Albany.

*Treasurer* — Nelson Hunting, M.D., Albany.

The semi-annual meeting of the society was appointed to be held in Brooklyn, on the second Tuesday of September, 1873.

[We are unable to give a fuller abstract of this meeting, but this is less to be regretted since a full report, including all the papers, will be given to the profession by the State of New York. — *Editor.*]

## REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE TWENTY-FIFTH SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY: Held in Washington, 21-24 May, 1872. Philadelphia: Printed by Sherman & Co., 1872. Pp. 480, 8vo.

FOR the first time since 1866, when the New Series of Transactions became something more than a mere pamphlet, has the annual volume of the Transactions been published in, and borne the imprint of the year in which they transpired. And from personal knowledge we know that it has required no little amount of energy, determination and hard work to gather from so many dilatory sources, properly edit, and carry it through the press. For this we are under great obligations to our General Secretary, ROBERT J. McCLATCHEY, M.D., who has no superior in our ranks for this kind of labor. The general plan of the work necessarily does not differ from that of the past year, but the manner in which it has been done, equals if it does not surpass any of the preceding volumes. We can well afford to notice in detail, the different parts of the work, — the annual contributions of our associate physicians to the science of medicine. A glance at the three pages of contents shows how extensive and broad was the work of this session of the Institute, examining those points of general interest to science, and treating upon many, if not all the collateral branches of medicine. The four pages of its list of officers, which includes the names of nearly a hundred different individuals, also tells of the extent of this organization, which reaches to every portion of our country, and exerts an influence not limited by geographical lines.

Section I. begins with page 169 of Volume II. and closes with page 356, — volume I. having been completed in 1870, and containing 700 pages. It is made up principally of the proceedings of the session including addresses and various discussions.

A careful examination of this part shows the almost too great faithfulness of the phonographic report of Dr. C. R. Morgan. While these verbatim records are a precious treasure in our archives, we can hardly think it worth while to parade them all before the world, not always to the satisfaction of those who have uttered in haste, words that "a coach and six cannot bring back." If each could foresee the record he was about to make, he might be more careful of his speeches. Neither is it always best that the editor should retain the precise language used in extempore speech; not even did the Holy Evangelists that with our Saviour's words. Both the object of the meeting, and of the report of it, is the improvement of medicine. And when men grow more eloquent and wax warmer over a point of order than over a question of diagnosis, and are more serious about an infraction of a rule than a fractured femur, — the wrong done to hearers need not be inflicted again upon the readers.

The Treasurer's report is very satisfactory. Quite exceptionally in

the history of the Institute, it presents a favorable balance. And while in 1869 a contribution of \$700 was obtained from lay friends by the General Secretary to free it from debt, now it has a surplus in its treasury from its own resources, giving it means to improve its publications, — a matter of the greatest importance to the Institute.

The Report of the Committee on Legislation is meagre, but it records the success of our venerable associate, — we might truly say the founder of the Institute, — DR. JOHN F. GRAY, of New York, in obtaining the passage of an act, requiring an examination of physicians in the various departments of medicine, “according to each of the systems of practice represented by the several medical societies in this State.” While this may be a bitter pill for our allopathic friends to swallow, it is but a matter of simple justice to the community.

The Committee on a Homœopathic Dispensatory report satisfactory progress; and the Foreign Correspondence Committee note the advance of homœopathy in foreign lands. During this session was instituted a movement for a World’s Convention of Homœopathists, in Philadelphia in 1876. Measures were taken which are to insure it, and with earnest aid from our friends we doubt not that this Convention will attract to our shores some of the most eminent men of our school from all parts of the world.

The Report of the Committee on Homœopathic Colleges, contains an article by Dr. Woodruff, of Ann Arbor, and presents one phase of the Michigan muddle, which has been so variously represented and misrepresented to the profession, that we doubt if its present condition or its future prospects are clear, even to a “Michigander.” Certain it is that personal ambition and private pique in the Peninsula, have done much to throttle homœopathy. How dogmatism and professional phariseism have rent the broad mantle of charity, and broken the strong bonds of union, in which alone is the hope of success to our friends in that State! The quarrels of physicians there have been thrust upon the unwilling notice of the profession, in one way and another, until the subject has become a stench from which our best men desire to escape.

The Committee on Credentials did good work in presenting the names of all who attended this session, together with the organizations represented. There were eleven national and State societies, twenty-six local and county societies, fourteen hospitals and asylums, ten dispensaries and reformatories, six medical colleges, and eight homœopathic journals reported.

The Constitution, By-laws, and Resolutions now appear for the last time in their present form, as they are to be revised before another session.

We cannot pass by the list of members, which includes eight hundred and sixty-five names, without complimenting the care and exactness of the Secretary in its preparation, knowing the immense amount of labor it involves. We do not hesitate to say that this is the most correct list of members that the Institute has ever published.

An Appendix, on Festivities, with which this section closes, includes an account of the meeting at Dr. Verdi’s, the reception by President



Grant, the entertainment furnished by Governor Cooke, and other hospitable acts, all of which will long be remembered by every participant.

Section II, the Report of the Bureau of *Materia Medica*, though it hardly comes up to the average of the early years of the *New Series*, yet has sixty-six pages against, the thirty-six of the year previous. Two articles, however, stand conspicuous among the eight, for their extent,—those of Drs. Hills and Frost. The first gathers into twenty-two pages the physiological, pathogenetic, and clinical observations of *Hepar*, which, almost unknown in allopathic practice, has, in the hands of the homœopath, proved a sheet-anchor in many a desperate case.

Dr. Frost's article, on electro-magnetism, cannot meet universal acceptance. It is more philosophical than medical, and its philosophy is of the debatable kind. Those who will not receive it as a safe guide will find in it, however, a stimulus to inquiry.

Section III, the Clinical Report, contains nine articles,—rather more than usual. The leading one, first, longest, and of the most practical importance, is Dr. Cate's, on typhoid fever. Of the strictly acute diseases, this costs relatively the most hours of sickness in this quarter of the globe. It is hoped that the light which Dr. Cate has here thrown upon it will save many a life, and lay the basis of the fortune of many a young practitioner.

Dr. Lilienthal contributes a valuable article of six pages on cerebro-spinal meningitis, which will command the attention of the profession.

Dr. James' article on the Propagation of Cow-pox Virus is timely; for never in our day was vaccination and revaccination so needful, or so uniformly successful, as now.

Dr. Kellogg's article upon the Relative Mortality in New York under Homœopathic and Allopathic Treatment during the years 1870 and 71, which has become familiar to the profession, speaks volumes for the importance of our schools.

Section IV, Obstetrics, contains seven articles of more than ordinary value. The cataleptic symptoms detailed by Dr. Gause are noteworthy and suggestive. Dr. Woodbury returns undismayed to the defence of the "old and well-tried mechanical remedies for flooding." Though much has been said in favor of relying on drugs alone, still there is quite an extensive feeling in this country that he has common sense on his side. Drs. A. B. Smith and Burgher furnish two peculiarly interesting articles on Uterine and Ovarian Tumors, and on Puerperal Mania, both of them comprehensive and instructive. A case of inversion of the uterus and procidentia, and several of puerperal eclampsia complete the section.

Section V, Surgery, has six short but eminently practical articles, occupying thirty-two pages. Dr. Detwiler's operation for "lithotomy," by cutting through the prostate with a slender knife, acquires a new interest while the article lies before us, by the contrast of his nine favorable male cases in succession with one fatal case of lithotripsy which has attracted such wide comment. Though in medical statis-

tics an ex-emperor is but a man, yet when all that science and skill can do to save life proves unavailing, an eminent case is likely to throw additional reproach upon the course selected, — a French invention, by the way. Dr. Macfarlan's "cases in clinical surgery" are well narrated and very interesting clinical cases. Dr. James describes and figures thirteen new surgical instruments. If it be said that no other class of inventors have their advertising done so cheaply, it must be remembered that medical men alone, of inventors, are not protected by patents, and that no professional labor better deserves pay than that which perfects an instrument. And when the surgeon superintends and pays for the construction of nineteen, in order that the twentieth may be perfect in shape, he deserves a better reward than he is likely to receive.

Section VI, the Bureau of Organization, Registration, and Statistics, though tolerably full, should contain an annual report of every institution under homœopathic direction. We are sure that this will improve under its present Chairman, Dr. Williamson.

Section VII has a single article of ten pages. It is by Dr. Buck, on Reason, Instinct, and Vitality. We doubt if he ever lives to see the day when his views and those of Dr. Lindsay will meet acceptance. Nature makes an immense leap between man and the nearest competing animal below him. The instinct of the bee solves a problem in engineering equal to any of the greatest triumphs of human genius, and its operations are as unlike those of reason as those of crystallization seem to be. In fact, these generalizations have nothing in common with medicine and are entirely out of place in a medical work.

Section VIII is vacant. If homœopathy is to win some of its brightest laurels in psychological medicine, it is time a beginning were made.

Section IX, our new section on Ophthalmology and Otolgy has, thanks to Prof. Wilson, made a respectable start, and we are sure, from the efforts already made, that the next report of this bureau will be one of the best.

But valuable as is all contained within these gray covers, we close them with something of sadness that there is not still more. What could not the thousand members do for homœopathy in a single year, were they to enter upon the work with a will! Three months more remain before the assembling of the Institute at Cleveland. Let no one of its many committees be content, — let no one of its members be satisfied, till each has carefully prepared and contributed some votive offering to that profession which makes him more than an ordinary man, because able to do more than others for the welfare of humanity.

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**CROWDED OUT.** — We regret that lack of space compels us to keep, till the next issue, several valuable articles, including a report of the Essex County Homœopathic Society, already in type, and also many interesting Personals.

THE  
**New England Medical Gazette.**

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[VOL. VIII.

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CLINICAL MEDICINE.

J. H. GALLINGER, M.D., EDITOR.

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ARSENICAL POISONING.— A REMARKABLE CASE.

BY J. H. GALLINGER, M.D., CONCORD, N. H.

IN June last I was called to see Mrs. K., who was suddenly attacked with dizziness, vomiting, and severe pain in the stomach and bowels, accompanied by extreme tenderness and fever. Upon strict inquiry I could not ascertain that she had taken any hurtful food, and as the symptoms were fearfully violent, the case rapidly assumed a very critical character. Diagnosing it to be inflammation of the stomach and bowels, the treatment consisted in hot fomentations to the abdomen, and the administration first of *Aconite*, and afterwards *Bryonia* and *Nux vomica*. For four days the patient continued alarmingly ill, and the attack did not wholly subside until two weeks had elapsed.

During the illness of this lady, her daughter, a healthy, active girl, complained that for some days she had experienced a feeling of nausea, which was very unusual, and suffered from headache. *Nux v.* was prescribed, and the symptoms seemed to abate, and mother and daughter were dismissed at the same time.

On the 7th of July I was again called to prescribe for the daughter. The symptoms were dizziness, headache, thirst, feverishness, and an oedematous swelling of the feet, which

were exquisitely tender and painful. Remembering the peculiar nature of her mother's illness, and taking into consideration the symptoms now present, I was forcibly struck with the similarity of the case to that of poisoning by arsenic, and accordingly suggested my fears to the family; but as no confirmatory proof could be found, this idea was abandoned, and the case treated with *Aconite*, *Apis*, and possibly other remedies. For ten days the young lady was unable to stand on her feet, after which the swelling and soreness gradually left, reappearing, however, in a short time. The throat was likewise very much swollen and inflamed for a few days, rendering deglutition difficult and painful. These symptoms continued for some time, and again almost wholly disappeared, the patient remaining quite comfortable for some days.

On the 21st of August, my services were again called in requisition, and I found the young lady suffering even more severely than during the previous attacks, the symptoms being fever, thirst, and extreme swelling (whitish) of the feet, hands, throat, ears, and eyelids. For several days in succession she could not speak above a whisper, or swallow anything but liquids. Several times the eyelids were so swollen as to completely close the eyes. In addition, there were large inflamed patches on different parts of the body, some of them half a yard in length, and raised above the surrounding surface. The feet, hands, and arms were swollen to the fullest extent, and there was a terrible burning, smarting, and gnawing wherever the blotches appeared; the latter symptoms being especially emphasized by the sufferer. Each swelling would last about forty-eight hours; several were in progress at the same time; and a succession of new ones came to keep the patient in unspeakable misery for many days and nights, sleep being an absolute impossibility. This siege lasted nearly four weeks, when the more violent symptoms subsided. Occasionally the patient was free from all suffering for two or three days; but the swellings have continued to appear at irregular intervals ever since, now nearly nine months from the first attack. The flesh, when swollen, is very sensitive to the touch, and the gnawing sensa-

tion is unendurable. After the inflammation subsides, the flesh remains extremely sore for several days, and the muscles are weak. Other peculiar symptoms present in the case are: faintness when the affected parts are exposed to the cool air; numbness, loss of appetite, oppression of the chest, excessive flow of saliva, cramps in the stomach, loss of hair, great debility, peculiar brilliancy of the eye, and failure of memory.

When called to the patient in August, I was again impressed with the feeling that she was poisoned, and repeated my former opinion to the mother. Diligent search was made to discover the source of the mischief, but in vain, until eventually I remembered that at the time they were both taken sick, a new carpet, red and black in color, was made and put down in the house. Feeling that the poison might be in the dye, I named my suspicion to the daughter, who at once declared that she believed it to be so, inasmuch as she had felt nausea and difficulty of breathing while working over it, and that her mother's sickness came on shortly after handling it for half an hour, which was all the work she did on the carpet. Further corroborative proof was found in the fact that the two attacks subsequent to the first came on immediately after the daughter gave the carpet a sweeping, the lint being gathered up in the hands. The carpet was a cheap one, and much lint and dust resulted from sweeping. Firmly believing that the cause of the trouble was discovered, a piece of the carpet was sent to Dr. S. Dana Hayes, State assayer of Massachusetts, for analysis, and the following certificate will explain the result: —

BOSTON, Oct. 8, 1872.

DR. J. H. GALLINGER:

*Dear Sir,* — I have just completed a careful analysis of some pieces of red woollen yarn, evidently shreds of carpet, received from you by express, and have the following result to report: This yarn contains a considerable quantity of arsenic, in the form of white arsenic, probably used in dyeing the red color. The quantity is sufficient to render carpets made from such yarn as this dangerous to handle, and I should expect the dust made

by sweeping such carpets to produce sickness, if not more serious results, when inhaled.

Respectfully,

S. DANA HAYES,  
*State Assayer of Mass.*

Here, then, was a confirmation of my suspicions, and light thrown upon a case that had greatly puzzled and perplexed my mind. It is perhaps proper to state that recently another analysis has been made of a piece of the same carpet, found in a store in Boston, and arsenic in considerable quantities was likewise found in that. In view of this fact, may it not be well for the medical profession to see that such laws are enacted in reference to this matter that will act as a safeguard to the health and lives of the people?

So far as the treatment of this interesting case is concerned, perhaps the least said the better. Prior to the time that the cause was discovered, *Aconite*, *Belladonna*, *Mercurius*, *Apis*, and even *Arsenicum* were administered, and alcohol and water were applied to the inflamed and swollen parts. When it became evident that the case was one of arsenical poisoning, even then I was greatly puzzled to know how best to manage it. I did not suppose that any direct antidotal treatment would be efficacious after the poison had been in the system for four or five months, and nothing was attempted in that direction further than to advise the use of milk as a diet, and olive oil as a condiment. To the inflamed parts, *Cosmoline* was applied; for a time it seemed to work admirably, but soon lost its power for good. Of internal remedies, one alone seemed to do much good, and that was *Thuja*<sup>100</sup>. The patient has been taking that remedy for the past two months, and although not by any means well, she is making steady improvement. In conclusion I have only to add, that I would be gratified to have any member of the profession who has had a similar case, or who feels competent to advise regarding this one, give his views through the columns of the GAZETTE.

## THE HAWAIIAN ISLANDS.

BY C. FESSENDEN NICHOLS, M.D., OF BOSTON.

(Concluded from p. 111.)

*Syphilis and Leprosy.* — In the *Hahn. Monthly* for October, 1871, I spoke of *Arsen. jodatum*, which gave no permanent relief to five subjects called leprous by the Island physicians, but proved useful in eruptions, etc., which seemed to be merely syphilitic.

I. ARSEN. JOD., MERC., etc.—A native woman, æt. 25, says she has been diseased ten years; has scars on both legs, which she says occasionally open and discharge. She lives in a damp house, — her bed a few mats on the earth floor. Has taken mercury.

Feb. 23, 1871.— In both hips darting, burning, heavy pains, on lying down at night, from motion, in rainy weather; flushes of heat, then chilly; micturition frequent at night, sleeps little; constipation; vomits often, has no appetite. On os uteri are two small, soft ulcers, with irregular edges, depressed centres, yellow pus, and points of blood. *Ars. jod.*<sup>2 dec.</sup>

Mar. 30. — A sore throat, intensely red, with ulcers on the palate; *Ars. jod.* has relieved the pain in thighs, which returns whenever she discontinues the medicine. To take *Merc. prot.*<sup>2 dec.</sup>

April 3.— Throat no better, and pain in hips has returned. *Ars. jod.*<sup>2 dec.</sup> Apr. 5, *Puls.*<sup>2 dec.</sup>

April 11. — Pain has left the hips; it is violent in the left leg, at night, when cold, from motion; the ankles swell. A fine, papular eruption, "like one ten years ago"; burning and itching has appeared on both legs. The ulcers on the os uteri are smaller. Continued *Ars. jod.*, stopping its use a few days in May, to rub in mercurial ointment. She discontinued the *Ars. jod.* in June or July. She took *Puls.*<sup>2 dec.</sup> Jan. 4, 1872.

Feb. 2, 1872.— For some months she has had no pains in the hips; feels strong, and can bear night air; has no fine eruption; the ulcers on legs and womb are healed; the bowels regular. Has a tendency to sore throat.

II. *ARS. JOD.*, etc. — An American man, *æt.* 40, dark, slender, has had syphilis, gonorrhœa, and intermittent fever; he has resorted to mercury, injections, quinine. The bones of the nose, or their periosteum swell; for several years he has had a thin, scanty discharge from the nostrils, offensive, sometimes containing blood and portions of carious bone. The vessels in the throat are congested; a yellowish discharge trickles into the fauces, and an eruption of a dingy-red color is visible on the roof of the mouth. He complains of dull pain in nodes on both legs. The liver is enlarged, sensitive to pressure, and he has dull or darting pains in the right hypochondrium. Acids and fats disagree with him; he has a tendency to diarrhœa, and suffers from sore, burning hæmorrhoids. He has dull pain through the eyes, and lassitude.

From Feb. 9 to Feb. 17, 1871, he took *Ars. alb.*<sup>3 dec.</sup>, *Merc. sol.*<sup>2 dec.</sup>, and *Sulph.*<sup>5</sup>; from Feb. 17 to Mar. 15, *Ars. alb.*<sup>3 dec.</sup> and *Ars. jod.*<sup>2 dec.</sup> March 15, the ozæna was much less offensive. At this time his gonorrhœal discharge returned. He took *Acon.*, *Cann.*, *Puls.*, and *Thuja*.

May 2. — He had chills and fever, resembling former attacks. The fever was predominant, followed by chilliness in the back, also general shaking, without sensation of cold. *Ars. jod.*, *China*, *Nux*, *Calc.*, etc., gave very tardy relief to the lassitude, restlessness, and fever-pains in back and limbs. I gave so many medicines that it was thus in one sense an unsatisfactory case, except as illustrating the action of *Ars. jod.* in checking the destructive process in the bones, while symptoms of former diseases returned under its use. The man was under treatment a year, at the end of which time the bones of the nose and leg were of normal size, and the discharge, which continued in diminished amount from the nose, was no longer offensive.

III. *ARS. JOD.* — A native woman, aged about sixty, had venereal disease first many years ago. For a long time past she has had an eruption on the head. The occiput is covered with thick scabs, which have matted the hair where it has not fallen out (the front hair is much less scanty than the back); the scabs are mostly dry, and there is but little itching. Pain



in the occiput, throat, and upper chest; a loose cough; pain in the thighs, day and night. Gave *Arsen. jod.*, second dec. and then third.

July 19. Much itching; the crusts are thicker. *Merc sol.*<sup>2 dec</sup>

July 27. — Hoarse, loose cough, less pain in thighs, less discomfort and itching of the scalp. *Sulph.*<sup>5</sup> once. Later, *Carb. veg.*<sup>5</sup>, morning and evening, a week.

July 31.—*Ars. jod.*<sup>2 dec</sup> was continued a few weeks; hair cut short. A few months later she appeared to be better in every respect; the skin was soft, clean, and free from scales, and the hair grew fine and thick on the previously diseased portion.

IV. PULS., ARS. JOD. — Apr. 22, 1871. A native woman complains of pain in the lumbar region and inside thighs, at menstruation. Stool hard, dark, small; nausea; pain in chest, and cough; a small ulcer on os uteri. *Puls.*<sup>20</sup>, several times, in water. Apr. 29. *Ars. jod.*<sup>2 dec</sup>

May 9. — No cough, no pain in chest; ulcer on os uteri larger, soft, creamy. She was directed to use mercurial ointment and then take *Ars. jod.*

May 11. — She has a bad taste in the mouth. Vomits immediately after eating; feels chilly after eating; has thirst for small quantities of drink (an aggravation of *Ars. jod.*); *Puls.*<sup>20</sup> was given; later, *Ars. jod.* Some months after, she reported herself well.

V. *Alumina*, etc. — An American child with congenital syphilis had obstinate constipation, cold sweat at night, a loose cough, a fine eruption on the back of the head, nape, and between the shoulder blades; fine papules of brown or dull-red color, not often itching. *Merc. sol.*<sup>2 dec</sup>, in trituration; mercurial ointment; *Nux. v.*<sup>3 dec</sup>, *Sulph.*<sup>5</sup>, *Ipec.*<sup>2 dec</sup>, *China*<sup>2 dec</sup>, did no good between Apr. 7 and June 19, 1871, when the patient took *Alumina*<sup>200</sup>, twice, dry, and in a week the stools became natural.

In the preceding cases there were no evidences of a leprous taint. To cure syphilis with remedies selected according to the homœopathic law was nothing new; I have, however,

selected them especially to illustrate the value of *Ars. jod.*, which was more useful in this disease than *Ars. alb.*, when the symptoms had suggested the latter remedy.

VI. PULS., ARS. JOD. — Jan. 15, 1871. A native woman, æt. 30, of lymphatic temperament, has been sick some time. Has a greasy eruption like intertrigo on the inner thighs and body, worse from heat or cold. She had but little sensation in one of the hands, — neither point of the dividers could be distinctly felt; says there has been a sore on one of the fingers; large, irregular brown blotches of thickened and hardened skin on the abdomen. Fatty food gives her pain; she eats a great deal; vomits when she coughs; has a loose cough, worse at night; has raised large lumps of dark blood; she complains of pain in the right chest; nothing abnormal is heard in the chest; the beats of the heart are distinct. Pains through shoulder blades, and in the head and limbs, relieved by warmth. *Puls.*<sup>3</sup> *dec.*

Jan. 30. — Vomiting, cough, and pains are better. *Ars. jod.*<sup>3</sup> *dec.*, two or three weeks at a time, *Sac. lac.* till November, when the eruption had disappeared, and she was better in all respects.

VII. ARS. JOD., NUX V. — Nov. 6, 1871. A young native man has nodes on head, arms, and legs; dried ulcers, and a tuberculous eruption on the right leg; has taken a great deal of medicine. Feels cold at 4 P. M. and at night; vertigo at 4 P. M. Drawing pain in the nape of the neck; vomiting, pain in abdomen; constipation. He first took castor oil, with a little *Nux v.*, since it sometimes seems necessary to give the natives a cathartic to gain their confidence. Nov. 10, *Ars. jod.*<sup>3</sup> *dec.* Nov. 12, he felt but little pain. Reported himself next spring quite well; the eruption and nodes had disappeared.

VIII. MERC. PROT., SIL. — A native man, æt. 22, "has been sick seven years." There are holes with callous edges on the legs which had followed open sores; the muscles of the legs are contracted to such a degree that he cannot walk erect; no sense of pain from pinching the legs; the first finger of the

right hand is rigid and contracted. He is very sensitive to cool air; emaciated; pulse rapid, intermittent; speech nasal. *Merc. prot.*<sup>3 dec.</sup> It was useless; later, *Sil.*<sup>5</sup> proved also useless.

IX. SULPH., CAUST., ARS. ALB. — Dec. 1871. A native man, æt. 20. Partial paralysis of sensation and motion in the left side; below the elbow and knee he can feel but one point of the dividers when the points are about two inches apart; dry gangrenous appearance of toes of left foot; the ends of some of the toes have dropped off. *Sulph.*<sup>100</sup>. Shortly after *China tinct.*, *Caust.*<sup>30</sup>, and *Ars. alb.*<sup>30</sup>, in succession. Said he felt better after the *China*, but there was no lasting relief.

X. HYDROCOT. ASIAT. — Sept. 21, 1871. A young native woman has pain in the shoulders, nape of neck, and chest, aggravated by moving the parts, by general motion; relieved after long-continued motion, by rubbing them; a loose cough with expectoration. Directed to take *Puls.*<sup>3 dec.</sup>, and *Rhus* if no better.

Oct. 16. — She has taken both medicines. Says she has had for months but little sensation in the right arm; the extremities are cold; on the abdomen the cuticle is thickened in circular patches, each having a centre of an unnaturally light color, also an eruption like grains of rice, with a few larger, apparently tuberculous bunches; the whole skin is very dry. *Hydroc.*<sup>6</sup>. In November her husband reported the eruption better. *Hydroc.*<sup>1</sup>, also *Sulph.*<sup>100</sup>, one dose, to take after the other medicine.

Feb. 26, 1872. — She came to show the skin quite free from patches and tubercles, reported also a return of sensation to the right arm, and had no more of the symptoms of Oct. 16. She did not take the *Sulph.* powder, having lost it.

XI. HYDROCOT, ETC. — Dec. 30, 1871. A native man took *Ars. alb.*<sup>3 dec.</sup>, for symptoms commencing like leprosy.

Jan. 6, 1872. — Took *Nux v.*<sup>3 dec.</sup>

Feb. 1. — The face, hands, and feet had become paralyzed in sensation and motion. *Ars. jod.*<sup>3 dec.</sup>, then *Ars. alb.*<sup>3 dec.</sup>, then *Ars. alb.*<sup>3</sup>.

Feb. 26. — No better. *Hydroc.*<sup>2</sup> one dose, *Merc.*<sup>1</sup> another.

Apr. 12. — He seemed to be better; could use the limbs perfectly.

XII. LACH., NAT. C. — Sept 4, 1871. A native man, æt. 18, had but little sensation in his feet, left knee, and left thigh; pain in left ear and throat, left side of throat sensitive externally; no sleep, fever at night; dry cough; skin dry except at night, when he has hot sweat; itching of abdomen. *Nat. c.*<sup>200</sup>.

Sept. 20. — Condition same. *Sac. lac.* Sept. 25. *Lach.*<sup>200</sup>.

Oct. 10. — He reports himself much better; the throat not sensitive; has a burning sensation in left ear; left leg swollen. *Lach.*<sup>200</sup>, dry.

Nov. 5. — In good flesh, sensation restored, throat sometimes sore.

XIII. ARS. JOD., NATR. C. — A native woman, æt. 40, two years ago was pronounced leprous by a physician. She has no eruption at present, the skin is very dry; there is painless ulceration of the toes; purulent discharge from the ears; the eyeballs protrude as if pressed outward by a foreign growth; the eyelashes have mostly dropped from the upper and lower lids; she has a good deal of nausea, no appetite; no menstruation for three years; is chilly from the least fall in temperature; loss of sensation in thighs.

Dec. 20, 1871. — *Ars. jod.*<sup>2 dec.</sup> Dec. 28, *Ars. jod.*<sup>20</sup>.

Jan. 6, 1872. — She has great anxiety at night; emaciation; sweats; eruption on lips, like herpes; the skin is thin and bleeds from a slight injury; she is sleepy, vomits; has more sensation in the thighs. *Natr. c.*<sup>200</sup>, three times, dry. Jan. 23, *Lyc.*<sup>200</sup>, dry. Jan. 30, *Natr. c.*<sup>200</sup>, dry.

In February or March her cousin said she was much better.

XIV. LACH. — Sept. 25, 1871. A native woman, has sore throat on the right side, which is externally sensitive. *Bell.*<sup>2 dec.</sup>

Sept. 27. — She is menstruating, though she says she is pregnant; the discharge is profuse and dark; she has pain in the back and abdomen, vomiting in the morning. *Sulph.*<sup>2</sup>.

Oct. 3. — Less vomiting. Has had no sensation for some time past in the left arm; toes fall off; the left side of the pharynx is sore, with suppurating ulcers; her menstruation is alternately profuse and absent. *Lach.*<sup>300</sup>, in water.

Dec. 20. — She reports that she has been much relieved, but has, lately, some loss of sensation. *Lach.*<sup>300</sup>, dry.

XV. CARB. V., AURUM, etc. — March 8, 1871. A native man, between sixty-five and seventy years of age, has a fine papular eruption between the shoulder blades; and, on the chest, pink blotches with a natural centre; skin very hot; has a tumor or enlarged gland on the neck; the nasal passages are obstructed, and secrete offensive mucus; he has pain in the lumbar region and in both legs; has a good deal of pain in the head; has taken mercury. He took *Ars. jod.*<sup>2 dec.</sup>, *Kali. jod.*<sup>2 dec.</sup>, *Carb. v.*<sup>30</sup>, in succession, and on April 1, *China* tincture.

May 3. — The eruption is better; most of the pain is in bones of nose and head; the discharge from nose is offensive, though in diminished quantity. *Aurum*<sup>6</sup>.

May 23. — He is better; has pains in hands. *Calc. c.*<sup>300</sup>.

Jan. 1872. — Much better. Calls himself well.

XVI. ARSENICUM. — A native woman, has had pain in shoulders, chest, and abdomen five years; the pains are worse from motion and heat, relieved in bed, when keeping still, by rubbing. On the right shoulder are brown circular patches, not raised above the surface of the skin; also, dry desquamating patches of a light color on the hands. She has eaten a great deal of salt; is chilly in the morning; is subject to vertigo; occasionally vomits. Aug. 29, 1871, *Ars. alb.*<sup>2</sup>.

Sept. 1. — *Ars. alb.*<sup>300</sup>, once dry, and again Sept. 10. Sept. 18, *Sac. lac.*

*Alumina*, *Carb. v.*, and *Lyc.* were given in other cases, without benefit.

I did not use the *Piper methysticum*, in leprosy; from its effects, previously quoted, upon the healthy, it should have a trial, when the symptoms correspond. The difficulty in treating natives, insurmountable in private practice, is the lack of perseverance on the part of the patients. If their more distressing

symptoms disappear, they rarely come again to seek complete relief; if they get no better, they are unlikely to ask for other medicine. Hospital treatment is therefore desirable.

I should also observe, in explaining what may at first seem surprising, — the readiness with which many of the natives accepted homœopathic treatment, and their punctilious care to take the medicine at the right time, and follow the prescribed rules of diet, that the treatment was something new. I must also recall to mind how many times, seated in native fashion on the floor inside a straw hut, I have looked up from preparing the powders, feeling a little compunction, but quite as much amusement, at the superstition, the curiosity, and the confidence expressed in the dusky faces of the natives, who would whisper at times their belief that the doctor must deal with the gods, and mix some Yankee deviltry with the little white powders, all looking alike, for "how could he otherwise do *almost as well* as the Kahunas?"

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### CLINICAL CASES.

BY J. H. JONES, M.D., BRADFORD, VT.

CAUST.; CACTUS.—July, 1872. Called to see H. S. K., æt. 38, nervo-bilious, with dark hair, blue eyes, and light complexion. He had been in the Union army, and was captured, and confined in prison, until, worn and emaciated, he returned home in 1865. He was treated with allopathic remedies for severe sciatica of the right side, and acute rheumatism, affecting mostly the joints. The right leg became shortened, the joints were greatly enlarged. He suffered intensely until May, 1872, when a low form of gastric fever prostrated him. A severe pain occurred every day in the right temporal bone, extending over the face and cheek. This pain had now continued for months, and had so completely prostrated the powers of the system, that the pain would not yield to morphine or chloroform, both of which had been freely used, together with various other powerful remedies. In this weak, prostrated condition, reduced to a weight of eighty pounds, aban-

done as incurable by several physicians, he resorted to homœopathy.

I insisted on plain oatmeal diet, directed the discontinuance of chloroform and whiskey, and prescribed *Cauts.*<sup>1000</sup>, one dose daily.

On this remedy there was a decided gain both in flesh and strength, so that by the middle of October he could ride and walk, and had returned to his ordinary diet. But yet the paroxysms of pain in the head would return every day, though less marked in severity. I then discontinued all medicine for two weeks, when after a ride in a strong wind, he returned entirely prostrated. There was no fever, but from this time all his old symptoms seemed aggravated, and especially the pain through the right side of the head. I gave *Cauts.* again, with decided improvement. The bowels had become constipated; there was constriction through left chest, and a feeling, as the patient expressed himself, that "the heart was bound down to the ribs, with a burning constriction in the stomach, and dimness of vision." The urine was profuse and straw-colored; the stools dark, almost black. There was great difficulty of breathing, and great loss of strength. All the symptoms were aggravated by lying on the left side. Prescribed *Cactus*<sup>1000</sup>, one dose. In one week the symptoms were so nearly controlled, that I gave *Sacch. alb.* In two weeks I gave another dose of *Cactus*<sup>1000</sup>. The patient is now well, weighs one hundred and thirty-five pounds, drives and walks, and, in fact, attends to his ordinary affairs.

**LACHESIS.** — Miss M. J. N., æt. 24, of full habit, active, with light hair and dark eyes, and of nervous temperament, was attacked, in August last, with dyspnœa, occurring after midnight, relieved only by rising from bed. Her breath was short, and she complained of a feeling of suffocation on touching the larynx or moving the left arm. There were frequent attacks of spasmodic cough. All the symptoms were worse after sleep. The pain was greatest in the left side; it extended to the left limb and left arm, with stinging pains and trembling of the lower extremities. This condition had lasted twelve days,

and the patient was getting worse. Menstruation had been scanty for some months. I gave *Lachesis* <sup>20000</sup>, one dose. All the symptoms appeared relieved next day, and she was entirely well in one week. Her next menstruation was natural, and has continued normal up to the present time.

**CARBOLIC ACID.** — Mrs. H., a widow, aged 40, of bilious temperament. Had suffered every fall for several years, and some years through the entire winter months, with a low form of remittent fever, which would be controlled with *Merc.*, *Arnica*, *Pulsatilla*, and *Silicea*, as indicated.

I was called to see her in December, 1872. The tongue was coated dark-brown, and there were thick crusts on the teeth. She complained of sharp pain in right hypochondriac region; the left ovary was swollen and painful. There was a fetid discharge from the cervix of the uteri, and the breath was fetid. All the discharges were excessively putrid. I gave *Carbolic acid*.<sup>300</sup>, dose once in six hours, for three days. She was then discharged cured.

**APIS, TEREBINTHINA.** — Josie, aged 5. Was extremely prostrated after scarlet fever of a severe type. The face was pale, the eyes sunken. There was thirst and a pain in region of liver, aggravated by pressure. The bowels were costive, with mucous stools and burning pain; the urine suppressed. Gave *Apis*<sup>30</sup>, without relief.

Next day the urine was bloody and copious, with painful micturition, deposits thick, dark blood. Gave *Terebinthina*<sup>300</sup>, in water, once in three hours. In forty-eight hours, all the symptoms were relieved and the patient made rapid recovery.

**ARSEN., STIBIUM, ETC.** — E. R., aged 10. Had whooping-cough, and through the fall a troublesome cough remained. Was called on the morning of Dec. 1st. For several hours previous she had every twenty minutes vomited a glairy, whitish, watery mucous. There was a burning pain in stomach, high fever, pulse 100, full and bounding, the skin dry and hot, the face flushed, the cheeks purple, and eyes injected.



She was very restless, tossing from place to place, wanting water often, but taking little at a time, and it was immediately vomited. Prescribed *Arsen.*<sup>30</sup>, which gave relief for a time; but in the evening, the fever having lessened, the vomiting returned with specks of bright, coagulated blood. Gave *Ipec.*<sup>30</sup>. Next day the symptoms had changed. There was severe pain in the pleura; the stomach and abdomen were tender to touch; the breath fetid. Gave *Merc.*<sup>30</sup>.

Next day I found the left lung partially hepatized. Gave *Sulph.*<sup>300</sup>. Notwithstanding this, the hepatization increased until the whole left lung was involved, and there was difficulty of breathing, with a loud, rattling cough, no expectoration, great prostration, rapid but weak pulse; paralysis of left chest seemed impending. Gave *Stibium*<sup>300</sup>, in water ~~once~~ in six hours. The symptoms were relieved and she made a good recovery.

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## TWO CASES.

BY HENRY TUCKER, M.D., CLAREMONT, N. H.

I. COUGH. *Bryonia*. — Jan. 10, 1873. Mrs. J., æt. about 40, of sanguine-lymphatic temperament, with very florid complexion, and very large and full chest, called at my office to make her first trial of homœopathy. She had been troubled, since the previous April, with a severe spasmodic cough, following a cold. There was not much cough during the night, but it was worse all through the day, particularly from exercise or cold air. I found there was scanty expectoration of frothy, white mucous, some soreness in the left lung, but the sound on auscultation was normal. She says she feels as though the cough started from her stomach. With every paroxysm of cough there was involuntary urination, requiring the wearing of napkins to protect herself. There was no soreness or irritation of the neck of the bladder, but seemingly only a lack of tone in the sphincter muscles. The other functions of the body were normal. She has been under allopathic treatment the past nine months, by three different physicians. One, the lead-

ing allopath of the town, said the trouble was in her throat, and proposed to remove it with caustic. I gave her *Bry.*<sup>300</sup> (Dunham's) morning and night.

Feb. 6. — She called and said she was almost well, and thought she would have been quite so but for a fresh cold; she had but little cough, and no trouble with the bladder. I gave the same remedy, and since then have not heard from the case.

II. VOMITING. *Pulsatilla*. — The following pathogenetic effect of ipecacuanha, relieved by *Puls.* may be interesting. Mrs. N., a music-teacher, of about 30, a widow, who had had no children, of nervous-bilious temperament. Early in the winter she had taken cold from exposure during the catamenia, resulting in suppression of it. She did not experience much trouble from this cause, but thought she ought to have something to "bring her around," and accordingly consulted her doctor. He left her a quantity of powdered ipecacuanha, telling her that the emetic would "bring her out all right." She however took but *half* the dose that he had left. The result was constant vomiting for five hours.

Three weeks subsequently I was called, and found that she had not yet done vomiting. Nearly every morning she would vomit about a pint of mucus and bile; she also vomited most of her food; she had a dull headache, and cold hands and feet, and wanted to keep near the stove. Milk seemed to agree best of any food. Gave *Arnica*<sup>30</sup>, as an antidote to the ipecacuanha, but with very indifferent results. I then found that she felt best when exercising in the cold air. Taking that as a key-note, I gave *Puls.*<sup>15</sup> four times a day, which in three days stopped all the nausea and vomiting, and brought on the catamenia.

## SURGERY.

JAMES B. BELL, M.D., Editor.

## THE SURGICAL CALLING.

THE practice of surgery possesses a great fascination for the imagination of the young medical student who is gifted with a taste for it.

To be a great surgeon is to be much more widely known than to be a successful physician. The *éclat* of an occasional capital operation is more enticing than the modest results of every-day medical practice. Such enthusiasm need not be discouraged, but it should be directed. I know of no more comprehensive sketch of the surgical calling than that of Stromeyer, in his *Handbuch der Chirurgie*.

The Stromeyers, father and son, were cotemporaries of the Coopers, Astley and Bransby, and were not greatly inferior to those English lights. This hand-book of Louis, the younger, is often our favorite counsellor, on account of its clearness and good sense. He says:—

As surgery only represents a series of healing methods, connected with certain mechanical procedures, as called for by the nature and progress of the malady, so the surgeon needs to possess all those qualifications which the physician needs, and also certain others which are required for the conducting of surgical operations. . . . The art of healing requires in its professor, in general, a sufficient degree of general culture in order to maintain his position with honor, and to awaken confidence. He should possess a plastic mind and a sensitive, if not too lively, imagination, in order that the impressions which he obtains from his cases, and which often rest upon such fleeting indications, may be quickly built up, by his mental activity, into a lively picture of the true nature of the case.

Men of sluggish, sleepy natures, never can make good physicians. The physician also needs a clear judgment, which can select the right thing to be done, on the instant, because many cases occur in practice where the patient will be dead when the doctor's best thoughts arrive, just as he is going down the steps. He also needs a great moral courage, in order, in severe cases, where great responsibility rests upon him, and when a false

step may be ruinous, to use those great means which the art puts in his hands.

He needs also a large-hearted love of mankind. The desire to relieve suffering should override all other feeling, and be the source and spring of all his acts. He who does not follow his art from this feeling, but far more regards his patients as interesting specimens for his curiosity as an observer of nature, soon arrives at the point where he allows the disease to go as it may please Providence, while he plays the leisurely looker-on.

No other motive for the practice of the healing art, be it love of money, or love of honor, can give that elasticity of spirit which difficulties not only do not daunt, but only arouse, except that of true philanthropy.

Particularly necessary for the surgeon are calmness and presence of mind in the conducting of bloody operations. This calmness is not that of indifference and insensibility, — for the true healing artist must neither be phlegmatic nor insensible, — but is the result of the inner conviction of the importance of the end, only to be reached by means of the knife.

In addition to these mental qualifications, which the healing art in general demands, the surgeon needs to be provided with sharp senses, and the capacity to use all his members, and particularly his hands, with certainty, swiftness, and skill. In this respect some possess such an inborn awkwardness as to totally unfit them for surgeons; and others, on the contrary, a native fitness which betrays itself in their first efforts, even upon the cadaver.

The powers of the mind, however, are far more important than those of the body. For short-sighted eyes there are glasses, and a weak and trembling hand can successfully perform great operations, if ruled by an undaunted spirit; but for short-sightedness of judgment there are no glasses, for a halting spirit there are no crutches.

He who possesses these beautiful qualities which stamp him as a true healing artist, let him seek to preserve them.

But in respect to the physical part, he must follow a regular mode of life, free from all excesses; as all such may ruin the nervous system, and make the hand or eye uncertain. An excellent exercise for these organs is pistol-shooting, wherein eye and hand must work in such concurrence as is required in severe operations, and in which also a similar coolness is required. Men of simple ways of life, as for instance, Lungenbeck, retain their operative powers to advanced age.

In respect to the mental part, there is one precipice which a surgeon has particularly to avoid, — that of vanity. The

notice which is attracted by great surgical cures is liable to give a surgeon an overweening idea of his own importance. But as soon as he loses that noble humility which led the old master, Ambrose Paré, to say of his cures, "*je le pansai, Dieu le guerit*;" — I treated it, God cured it, — then he has certainly reached the summit of his reputation. The next steps will be retrograde, and are signified by bragging, reckless undertakings, useless inventions, or a haughty condition of mind which will become men who should be ready any moment to soil their hands in blood or fæces to save any poor beggar's life.

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### APPARENT SHORTENING OF THE LEG.

BY C. WESSELHOEFT, M D., BOSTON.

April 26, 1866. — H. S., then a boy of twelve, of delicate constitution, blonde, and of habitually yellow complexion, was suffering from an attack of acute hepatitis, during which he complained much of pain in the left hip. This did not yield with the hepatic disorder, from which he was quite free about the seventeenth day of May. During his convalescence he discovered that when he rested his weight on the left leg, the pain in his hip was increased, and when standing erect, supporting himself mostly on his right leg, or holding by the bedpost with his left hand to keep the body perpendicular, the left leg was apparently much shorter than the right.

Such was the condition for nearly three weeks. On laying the patient on his back, and placing the limbs and trunk in a perfectly symmetrical position, the leg which appeared much too short on standing was found on measurement from the superior spinous process of the ilium to the ankle, to be nearly three-fourths of an inch longer than the other. There was some pain in the hip, and much "uneasiness." There was present, also, pain and fullness of the lumbar region, especially on the left side; the pain increased by percussion or pressure; walking was painful and almost impossible. At times the patient had some fever in the evening, with quickened pulse and dry skin; appetite and sleep were now good. The measurement just described was repeated several times, always with the same result.

It will be observed that the case came under observation nearly six years ago; it is now a source of regret that no other method of measurement was employed to determine, if possible, the source of the seeming change of length. As a matter of course, incipient hip-disease of the acetabular cavity suggested itself; the symptoms of the disorder were, however, recognized during an attack of hepatitis. This gives rise to two questions: Could the hepatic disorder, in this case quite severe, have occasioned a muscular contraction of, perhaps, the psoas and iliac muscles? Or, had the hip-disease, if such it was, existed before the hepatitis, merely having been brought into notice by the latter?

Either the leg was elongated or shortened, or the discrepancy in regard to the length of the limb was apparent only, not real. Possibly it was dependent on a peculiar turn or twist in the spinal column, or elevation of the pelvis, for all of which, at this time, we are unable properly to account. Yet, the circumstance of the apparent shortening of the limb when the patient stood, and the lengthening when in a recumbent position, was a fact of sufficient importance to have led to grave reflections concerning the case. It is a condition often noticed in genuine hip-disease, in the early stages of which such apparent changes in the length of a limb are known to be occasioned by unconscious or instinctive bending of the spine, elevation of the pelvis, rotation of the femur, etc., in a manner sufficient to baffle the most skilful observer.

The treatment consisted in keeping the patient quiet in any position which he found comfortable, allowing simple diet, and prescribing two doses of *Causticum*<sup>30</sup>, one to be taken each morning. This was the 17th of May, 1866. On the 21st there was no perceptible change in the condition of the leg, so three additional doses of *Caust.*<sup>30</sup> were prescribed, to be taken as before.

May 25. — The patient reports that he was much better on the day after the last visit. The improvement was more marked each following day, so that now he is able to walk without limping, out of doors as well as in.

This case is offered to the surgical department of the GAZETTE

because shortening or lengthening of the leg, whether in connection with, or without hip-disease, is always classed among surgical diseases. Supposing, in the case just related, the result had been unknown, what would have been the diagnosis of an impartial observer, in consideration of the facts we have reported? We admit that several explanations of the fact are admissible, but that of incipient hip-disease was quite possible, if not probable. Who knows? Perhaps, if *Causticum* had not been prescribed, an autopsy would, at some subsequent day, have disclosed the true nature of the case. Perhaps the recovery was spontaneous.

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### FRACTURE OF INTERNAL MALLEOLUS.

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

I WAS led to infer, from a case which I had last year, that fractures of the malleolus might sometimes prove more serious than they are usually regarded.

Miss Anne, a bright young lady of seventeen, daughter of a Senator, was spending some time in the country with her father, who himself had a good general knowledge of medical matters. While riding with a young boy, his awkward driving overturned the open wagon, and threw her out upon the hard road. She complained of her ankle. An allopathic physician was called, who pronounced it a sprain, and prescribed rest and cold applications. After nineteen days of this treatment she was no better, and her friends becoming alarmed, she was brought to the city. I saw her at once, found a fracture of the internal malleolus of the right ankle, — the whole malleolus being broken off, — with displacement of the fragment downward about one eighth of an inch. The result of this was to throw the toes down some two inches, and any attempt to flex the foot upon the leg produced pain. Here was danger of permanent deformity, as it was certainly doubtful if, in the case of a healthy young person, the union of the fragment in its present position were not, after nineteen days, already too firm to admit of replacement. A thorough attempt at reduction would settle the question. Ether was administered, and

by considerable force exerted upon the ball of the foot, it was brought up to extreme flexion and the fragment forced up into place. The task that now remained was to keep it there by maintaining the flexion of the foot for some weeks. This required considerable care and management. It was accomplished by attaching adhesive straps to the thigh, and tapes ran from these to a piece of wood fastened to the ball of the foot. By keeping the tapes tightened the flexion was maintained, but the straps required frequent renewal.

At the end of four weeks, union was sufficiently complete to allow of passive motion and hot-water showering; but it was three months before a boot could be worn with comfort. It is now perfectly well.

The diagnosis in this case could have presented no difficulties at the time of injury, as the fragment must have been freely movable, with crepitation. There was no crepitation at the time of reduction, but the depression in the line of fracture could be felt very distinctly.

What would have been the result if this fracture had not been noticed? Time and nature, with use of the part, would have doubtless done much to lessen the lameness; but they could never, it seems to me, have restored free flexion to the foot.

Yet Hamilton\* dismisses the matter with these few words: "When the malleolus is broken off, it generally becomes slightly displaced downwards, and in this position a complete bony or ligamentous union takes place. . . . Fractures of the malleolus, unaccompanied with any other accident, demand only that the limb should be laid upon its outer or fibular side, with the foot so supported as that it shall incline towards the tibia. In this simple disposition of the limb we have done all that can be done by any mechanical contrivance towards approaching the lower fragment to the shaft from which it has been broken."

Other authorities in my possession treat the subject with still more brevity, or do not mention it at all.

\*Fractures and Dislocations, pp. 454, 456.



## APHORISMS.

**ERYSIPELAS.**—Wet or cold applications are injurious in erysipelas.—*Stromeyer*.

**HERNIA.**—If a patient complains of tightness about the scrobiculus cordis, tenderness of the abdomen, constipation, and some nausea, look out for hernia.—*B. B. Cooper*.

**HÆMORRHOIDS** may exist with diarrhœa, as well as with constipation. Castor oil is extremely injurious in every case of piles.—*Fordyce Barker*.

**NEEDLES IN THE BODY.**—If manipulation does not determine their exact position, it should not be regarded as advisable to cut down at hazard, in hope of reaching them.—*E. C. Franklin*.

**THE IMAGINATION AND MEMORY** of the physician and surgeon should be occupied far more with *pictures of disease and clinical histories* than with theories.—*Stromeyer*.

**RACHITIS.**—I have never seen an infant, while efficiently suckled by a healthy nurse or mother, present any of the symptoms of rickets, even though the hygienic influences by which it was surrounded were in other respects unfavorable.—*W-st*.

**TRANSFUSION OF BLOOD.**—In any attempt at transfusion, the blood should be de-fibrinated before using. The neglect of this has been the great cause of failure.—*De Belina*.

**LESIONS OF THE LIVER.**—Clinical experience proves that wounds of the parenchyma of the liver are not so serious as might at first be supposed.—*Verneuil*.

**URETHRAL FEVER,** from the simple passage of a bougie or catheter, may assume any degree of intensity, from a rigor, and subsequent general *malaise*, to such serious prostration as may end fatally after some days.—*W. Mitchell Banks*.

**CONTAGION.**—The virus of an infecting chancre, when deposited upon a secreting mucous surface upon which there is no solution of continuity, *may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character*, and capable of producing constitutional disease in the patient, or of causing an infecting chancre in another person.—*W. A. Hammond*.

**WOUNDS OF THE CRANIUM.**—Trephining is contra-indicated in lesions rapidly or certainly fatal, or presumably curable by other means, as follows:—

1. When a foreign body, after penetration into the cranium, is lost in deep-seated parts of the brain, or has become inaccessible to instruments.

2. If blood or pus, effused within the cranium, does not appear to form a distinct deposit in connection with the aperture in the bone.

3. In every fracture, however extensive, if not complicated with fixed depression of fragments, nor prolonged symptoms of compression or paralysis.

4. In a condition of cerebral commotion, or of coma more or less profound, with or without localized lesion.

5. In non-persistent, undetermined, or epileptiform convulsions susceptible of cure.

6. In well-marked diffuse inflammation of the brain or its meninges.—*Baron Larrey.*

**FLAP OPERATIONS.**—In amputations make the flaps thin, and the cut in the integument at right angles with the limb, to avoid sloughing.—*W. Danforth.*

**THE NASAL DOUCHE.**—It makes one shudder to look over the list of substances recommended to be forced through the nasal cavities and sinuses by means of the douche. The simplest fluid—water, for instance—cannot be used with safety except with great care.—*T. P. Wilson.*

**EXOSTOSIS.**—Its treatment is always difficult, sometimes very dangerous, and often unnecessary.—*Vidal.*

**TRACHEOTOMY IN CROUP** should not be performed at an early stage, nor indiscriminately. In infants of tender age it is often fatal of itself.—*Fuller.*

**OVERFLEXION OF THE EXTREMITIES,** is a powerful means of arresting hemorrhage at all times and places. It is particularly useful in wounds of radial or palmar arteries.—*G. Y. Heath.*

**FRÆNUM PRÆPUTII.**—Twelve per cent of all males have the frænum of the prepuce too short, impairing erection, ejaculation, etc. Division of frænum should be practised in every such case.—*Jansen.*

ANTHRAX AND FURUNCLES of the face, and especially of the lips, are very grave affections, owing to frequent combination with phlebitis extending to the dura mater, or with purulent infection. Early and free incision is extremely important. — *Reveratin.*

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## CHEMISTRY AND PHARMACOLOGY.

E. P. COLBY, M. D., EDITOR.

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### CHROMIC ACID.

ANTISEPTIC PROPERTIES.— Of several experiments with chromic acid and various other substances, we select the following, which, confirmed by all the other experiments, give chromic acid the preëminence as an antiseptic: —

“ One ounce of beef-muscle was immersed for twenty-four hours in four ounces of a solution of chromic acid (strength 1-2000), then suspended in the air. In two days it was quite black, and in six days, as hard as wood, in which condition it remained for more than three months, without mould or taint. One ounce of beef-muscle was immersed in a like manner, in a solution of carbolic acid, and similarly exposed. In six days this latter specimen was much hardened, brownish-black, speckled with mould, and distinctly tainted. It appears that chromic acid acts as an antiseptic by coagulating proteine compounds; a property which it possesses in the highest degree, and to which I am not aware that attention has been hitherto directed, although it has been used for a considerable time in hardening animal tissues for microscopical examination. The coagulating power of chromic acid in albuminous solutions has been compared with that of most metallic salts, etc., and found to exceed them all. It has about ten times the coagulating power of carbolic acid, fifteen times that of nitric acid, twenty times that of bichloride of mercury, and a hundred and fifty times that of chloralum. . . . A portion of beef-muscle immersed in a solution of carbolic acid, retains a light, pinkish, somewhat blanched aspect; while the solution, remaining void of sediment, is reddish and hazy, but translucent.

"If to a portion of this fluid there be added a little chromic acid solution, not stronger than 1 to 1000, a voluminous deposit of albumen is at once obtained, clearly demonstrating the superior power of chromic acid over that of carbolic acid. A solution of two grains per ounce, at once indicates the presence of albumen in a solution consisting of one part of saturated solution of beef-juice in twenty parts of water; while one of beef-juice, in thirty of water, may be detected on letting the mixture stand for twelve hours."

"Chromic acid is also admirably adapted to determining, volumetrically, the presence of albumen in urine or any other fluid. An albuminometer may be constructed as follows: Fill a burette to a multiple of 100, with albuminous urine; add a solution of chromic acid — four grains to an ounce of water — in slight excess; shake the mixture; set aside for twenty-four hours, at the end of which time, read off the precipitate and multiply."

**DISINFECTING PROPERTIES.**—“Chromic acid combines simultaneously with ammoniacal products, and with nascent sulphuretted hydrogen, by virtue of its powerful oxidizing properties. Added to putrid blood, pus, flesh, urine, or fecal matter, the offensive odor is soon absolutely and permanently removed. Hoppe-Seyler has shown that ‘while in disinfection it is highly necessary to destroy the products of fermentation and putrefaction, yet the destruction of sulphuretted hydrogen and ammonia can have no more influence on the fermentative changes involved in cholera and typhus, than the removal of carbonic acid can have upon the process of alcoholic fermentation; and, therefore, the ferment itself must be attacked.’ Carbolic acid does not combine with ammonia, nor decompose sulphuretted hydrogen. This is of importance in a sanitary sense, when it is remembered that to these properties almost alone are due the disinfecting powers of sulphurous acid, nitrous acid, permanganate of potash, chloride of zinc, chlorine, etc.

“Carbolic acid seems to act as an antiseptic, solely by coagulating albumen. It does not preserve by absorbing and retaining moisture, like chloride of sodium, alcohol, etc., as practi-

cally it has no affinity for water. Chromic acid is the reverse of this. In a series of experiments by Dr. R. A. Smith, to determine the efficiency of powerful gases and volatile substances in preventing putrefaction, he claims to show that pieces of fresh meat, suspended in a bottle containing chlorine, bromine, iodine, hydrochloric acid, ammonia, protoxide of nitrogen, nitrous acid, and sulphurous acid, were fresh at the end of twenty-eight days; while a piece suspended in a bottle containing heavy oil of tar, and a piece in a bottle containing McDougall's powder, of which the chief ingredient is crude carbolic acid, grew slimy and putrid in seven days. The following experiment was then made: A piece of beef-muscle, a portion of beef-juice, of urine, and of infusion of hay, the three latter in separate vials, were suspended in a gallon bottle, which contained fully a pound of pure carbolic acid, about six inches from its surface. The bottle was kept open at a temperature of about 60°.

"On the fourth day the beef-juice was putrid and swarmed with bacteria, vibriones, etc. A portion of the same juice exposed to the air, was not more putrid on the fourth day than that in the bottle. On the fifth day, both the urine and infusion of hay teemed with life. On the sixth day, the piece of muscle was putrid and slimy.

"These facts would go far towards showing that the vapor of carbolic acid, even when most concentrated, fails to arrest putrefaction, and to prevent the appearance of germs; indeed, as seen with the beef-juice, it does not even delay these phenomena.

"In use, chromic acid must be dissolved in water; and except where a strong caustic effect is desired, in medical or surgical cases, the solution should not be stronger than half a grain to the ounce."\*

\* In the above article is included the report of Dr. R. A. Smith's experiment with carbolic acid. From the results being so unexpected, we were led to repeat the experiment with the infusion of hay and beef. Thus far, time has only permitted one trial to be made, and with the following result: at the end of six days no form of life could be discovered, but after twelve days (with a power of 900 to 1,000 diameters), very minute forms of organized cells, having a perceptible motion, were found in the infusion of hay, but no form of life was exhibited in the meat, neither was it in the least degree tainted.

Attention is called to the above statements, which are taken from a somewhat more extended article in the *Lancet*, by Dr. Dougall. It will be seen that chromic acid is of very great value as an antiseptic and disinfectant, and, with the strength of solution employed, is certainly pleasanter and more convenient to use than carbolic acid, being free from odor.

Chromic acid in solution can be safely and advantageously employed, as a lotion or as an injection, wherever it is desirable to arrest decomposition in organic tissues, or harden the surfaces with which it may be brought in contact.

It may also be used to disinfect fæcal and other discharges in typhus, typhoid fever, cholera, and other diseases supposed to possess a specific contagion. When used of full strength, its caustic power is well known, having long been used for removing warts, condylomata, etc. On account of its great oxidizing power, the crude acid should never be mixed with alcohol, for reaction takes place with such energy as to cause ignition if the circumstances are favorable, the chromic acid being reduced to sesquioxide of chromium; nor, unless diluted, must it be allowed to touch the person.

If a number of experiments of this character should corroborate that of Dr. Smith, it would overthrow the theory that the volatile particles of carbolic acid destroy the germs of life floating in the atmosphere; and upon this theory is based the claim of superiority of carbolic acid and its compounds over the less volatile disinfectants, to which class chromic acid belongs.

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#### NOTES BY THE EDITOR.

**EUCALYPTUS GLOBULUS.** — The Eucalypti are natives of the Australian continent, although now propagated in various other countries. The Eucalyptus globulus is a gigantic member of the myrtle family, having been known to grow as high as three hundred feet, with a trunk measuring twenty-eight feet in circumference. The leaves are erect, *i.e.* not presenting an upper and under surface, but receiving the light upon both sides alike; this is a peculiarity common to a large num-

ber of Australian species belonging to this family. On account of its supposed efficacy in marsh and other fevers, this tree has gained the name of "Fever Tree," in Spain.

By a recommendation from the Minister of the Interior, the Eucalyptus was subjected to analysis by Professors Vanquelin and Leiciana. They obtained an essential oil containing eucalyptol, or eucalypt-camphor, and an extract resembling resin of cinchona. This extract yielded a substance capable of neutralizing the strong acids, and forming crystalline salts.

The sulphate crystallized in stars, like sulphate of quinia; this induced them to try the action of chlorine and ammonia, and the green coloration of quinia was instantly produced; which fact led to the question if quinine is not produced in other trees than the Cinchonas. It is within only a comparatively short time that Eucalyptus has been much used in medicine; quite extensive experiments have been made with it, however, by prominent physicians in Europe.

The part of the tree most frequently used is the leaves, dried and powdered, although favorable results have also been obtained from the bark and even the wood.

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SAFFRON: CROCUS AND CARTHAMUS. — At the majority of the shops throughout the country the term *Saffron* appears to be used erroneously. In fact, the chances are more than even that on calling for Saffron, the florets of *Carthamus tinctoria* (safflower) will be obtained instead of the true saffron, the stigmas of *Crocus sativus*; and this mistake very naturally arises from the general employment of an infusion of *Carthamus* in domestic dosing, as "saffron-tea," to promote the more rapid appearance of some of the acute exanthemata; and in this way the false saffron has almost entirely taken the place of the true, which is much more expensive and much less pleasant to taste. This is another example of the many mistakes constantly arising from the use of common instead of specific names for members of the vegetable and animal kingdoms.

*Crocus sativus*, — Fall crocus, — is one of the Iris family, a native of Greece, and Asia Minor; it is also extensively culti-

vated for medicinal use in Spain, France, Egypt, Persia, and Cashmere. That which comes from Spain, is considered the best. In this country it is rarely cultivated, and then only as a garden flower. The flower is large, of a beautiful lilac or bluish-purple color, and makes its appearance in September or October, whence one of its common names, fall crocus, in contradistinction to the spring crocus of the garden border, so well known from being one of the first flowers to bloom in the spring, even sometimes forcing its way through the snow. The rich, brownish-orange stigmas are the officinal part of the plant; and when a bunch of true saffron is carefully picked apart, these stigmas, flat, somewhat curled and twisted, about an inch in length, are readily distinguished. In a very fine specimen of Spanish saffron recently procured, these stigmas are even longer.

It is brought to this country in two forms, called *cake* and *hay saffron*; the cake saffron, being quite moist, can be readily pressed into masses, while hay saffron, being dried loose and more thoroughly, is somewhat brittle, and does not readily cake upon pressure.

*Carthamus tinctoria*, Safflower, or Dyers' saffron, is one of the compositæ, and consequently as far removed from crocus as a dandelion is from a tulip. The officinal drug is from the florets of the heads; they are of a reddish-orange color, tubular, somewhat funnel-shaped, with the top of the funnel finely notched, forming five little teeth.

Crocus as usually found, is of a rather dull, brownish-yellow color, not having the bright-red tinge of *carthamus*. The odor of crocus is entirely different from that of *carthamus*, but cannot be well described. Crocus is intensely bitter when first taken into the mouth, while *carthamus* is much less so, Sulphuric acid instantly changes the yellow color of crocus to indigo-blue. Crocus, when thrown into cold water immediately colors it a bright yellow; but *carthamus*, under the same circumstances, remains a long time before imparting its color.

Bearing in mind the differences above mentioned, there can be but little danger of mistaking *carthamus* for crocus under the common name saffron.



**MODIFICATION OF PETTENKOFFER'S TEST.** — "The following modification of 'Pettenkoffer's Test' for biliary acids is recommended by M. Strasburg, of Bremen. Add to the urine to be examined a little cane sugar, and dip into this mixture a slip of filtering paper (white). The slip is now dried and a drop of pure concentrated sulphuric acid is touched to it with a glass rod or pipette. If even so minute a proportion as .003 be present, the characteristic violet coloration soon makes its appearance."

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**THE ENGLISH ROYAL SOCIETY'S MEDALS.** — Some idea may be formed of what is being done by European scientists in the domain of chemical research by the perusal of the following list of medals awarded during the past year.

"The Copley Medal, to Professor Frederick Wohler, of Göttingen, For. Mem. R. S., for his numerous contributions to the science of chemistry, and more especially for his researches on the products of the decomposition of cyanogen by ammonia; on the derivatives of uric acid; on the benzoyle series; on boron and silicon, and their compounds; on titanium, and on meteoric stones. A Royal Medal has been awarded to Professor Thomas Anderson, M.D., for his investigations on the organic bases of Dippell's animal oil; on codeine; on the crystallized constituents of opium; on piperin, and on papaverin; and for his researches in physiological and agricultural chemistry. A Royal Medal has been awarded to Mr. Henry John Carter, F. R. S., for his long-continued and valuable researches in zoölogy, and more especially for his inquiries into the natural history of the spongiæ.

"The Rumford Medal, awarded every two years, has been given to Anders Jonas Angstrom, For. Mem. R. S., for his researches on spectrum analysis."

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**ACTION OF BLUE LIGHT.** — At a meeting of the Phil. Agricultural Society, General Pleasanton read a paper on the effects of sunlight on plants and animals, when transmitted through blue glass.

Geraniums which had become unhealthy recovered their vigor and became more deeply colored when covered with blue glass; and branches of the same grape-vine showed a remark-

able difference in their growth of leaves according as they were or were not covered with blue glass, the leaves on the former having a diameter of six to eight inches, being of a deep green color and perfectly healthy, while on the uncovered branches they were only two inches in diameter, and of a pale, sickly, yellowish color, indicating a feeble vitality.

The paper also mentions a case of the wife of a Philadelphia physician, who had for some time been suffering from a complication of disorders which had baffled the skill of her physicians, and who, on the suggestion of Gen. Pleasanton, tried the following plan: Every other pane of glass in one of the windows of the patient's room was removed and blue glass substituted, and the patient required to expose her back and spine to the action of the combined blue and white light for thirty minutes each day at the same hour. At the commencement of treatment she was unable to sleep or eat, was in a miserable condition, and wasting rapidly. At the end of ten days there was a marked improvement in her general condition; in three weeks she was nearly well.

These phenomena are, without doubt, to be accounted for by the well-known fact that nearly all the chemical, or actinic rays, are found at the (violet) blue end of the solar spectrum; in fact, there are more of these rays beyond, than in the blue, and violet colored glass would undoubtedly have given as good results, or even better; and indigo and violet can be readily considered as deeper shades of blue. In other words, while blue and violet glasses arrest a large percentage of the heat rays, they are nearly transparent to the chemical rays. An experiment is mentioned in one of the text-books, where sunlight was passed through a blue solution so deep in color as to arrest all the rays perceptible to the eye, and yet the invisible chemical rays were transmitted to such an extent as to retain all the actinic power of unaltered white light.

Photographic artists take advantage of this law when they paint the glass of their sky-lights with some blue pigment, modifying the intensity of the light, but retaining all its chemical powers. Chemicals sensitive to light are by no means fully protected when enclosed — as they frequently are — in bottles of blue glass.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, APRIL, 1873.

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THE POWER OF INFINITESIMALS. — The *British Journal of Homœopathy*, for January, gives us an abstract of an instructive paper on Septicæmia, communicated to the French Academy on 17th Sept., 1872, by Mons. Davaine, of Paris. Experiments by Messrs. Cose & Feltz, in 1866, had shown that the virulence of putrified matter was intensified by transmission through a living organism; that is, that the blood of an animal that had died from septicæmia was more poisonous than the matter that had killed it. Davaine also had ascertained, in 1868, that less than a millionth of a drop of carbuncular blood would kill a guinea-pig; two, in fact, having been killed by the subcutaneous injection of a hundred-millionth.

In his present experiments, he found that ox-blood became so putrid as to kill by subcutaneous injection in less than five days; that after the tenth day it began to lose its poisoning power; and that in twenty-three days it became innocuous.

In the experiments he made centesimal aqueous dilutions, and injected them under the skin of rabbits, at the neck, with a Pravaz syringe. From the heart of the animal killed with ox-blood he would take a drop of blood, and rabbits killed with this he called the "second generation." With heart-blood from one of these he made the dilution which he injected into the "third generation," and so on to the twenty-fifth.

The blood of a rabbit of the first generation was diluted, and a ten-, twenty-, thirty-, forty-, and even fifty-thousandth of a drop killed, in from thirty-five to sixty hours. Of another rabbit of the first generation, killed with a hundredth of a drop of ox-blood, the hundred-thousandth, the millionth, and the ten-millionth of a drop proved fatal in from sixteen to twenty-three hours. The blood of the rabbit killed with the ten-millionth of a drop of blood from the first generation killed in twenty-four or five hours, five rabbits by injections in progressive decimal proportions from the hundred-thousandth to the trillionth of a drop. This was the third generation. Four rabbits of the *twenty-fifth* generation were injected with blood of the

twenty-fourth, in quantities from the trillionth to the quadrillionth (.000,000,000,001 to .000,000,000,000,001) of a drop. The second of these — the one which had received the ten-trillionth — died!

Now, a tank to hold ten trillion drops must have, according to Simpson, an area of 2,500 square miles, and a uniform depth of 300 feet. It might hold the waters of ten such lakes as Champlain; and one drop would be raised by it to the sixth centesimal dilution. With this testimony, who can longer dispute the power of infinitesimals? And the demonstration of its power to kill, if it does not show its curative power, at least relieves from the opprobrium of inertness. The *British Journal* closes its article as follows:—

“The question for us is, How far do M. Davaine’s results bear upon our use of infinitesimals, either as to their positive action or their comparative efficacy? Now, we cannot at all agree with our contemporary, *L’Art Médical*, that the inference to be drawn is that the septicæmic poison is the more active the more it is diluted. It has hardly, we think, weighed the supplementary experiments, by which M. Davaine shows that ‘*toute de suite*’ the virus acquires its utmost intensity, and the subsequent researches which prove that it is the rapid spread of putrefaction, which the animal organism allows, to which the sudden increase of virulence is to be ascribed. There is no analogy between the multiplication of an animal ferment and the mere dilution of a drug. The one is self-reproducing, or at any rate capable of catalytic transformation of its surrounding medium; and all that has been proved is, that the ultimate smallest complete particles or group of molecules competent for such action may be as small as the ten-trillionth of a drop. We cannot argue certainly from thence to the activity of a corresponding quantity of a non-reproductive or catalytic agent, like a drug.

“What M. Davaine has really done towards strengthening our position in this. He has shown — what has often been questioned — that matter can be carried by the homœopathic process of attenuation above the 7th centesimal degree without ceasing to be present or losing the activity proper to it. No scepticism need hinder our using such potencies, so far as its doubts concern there being anything at all in the tincture we prescribe. But whether trillionths of mineral and vegetable poisons can influence disease, or can do so better than tenths and hundredths, is a question to be reached by other considerations.”

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**POTENTIZATION.**— According to a communication from M. Davaine, upon the subcutaneous injection of the blood of an animal poisoned by putrid blood (a septicæmic injection), the virus acquires increased intensity and power by passing through the animal organism. This follows as the result of twenty-five series of experiments on rabbits and guinea-pigs; and the accumulated intensity of power became

so tremendous that "the blood of one rabbit killed by the one ten millionth part of a drop was injected into five rabbits in doses of one hundred millionth, one billionth, one ten billionth, one hundred billionth, and the trillionth of a drop; all died within twenty-five hours." — *Scientific Record, in Harper's Monthly, March, 1873.*

The foregoing experiments are at least suggestive. They are illustrations of the "great discoveries" made from time to time by certain so-called physiologists and pathologists who, in the light of our greater science to which they hang as parasites, plume themselves on their original discoveries, for which they have time to coin big words. Late in the day they help us to show the world what our science, aided by our experience, has already taught us, — the power of atoms (infinitesimals).

Again, as to the greater propriety of administering all medicines through the mouth. We have here exhibited the danger of the subcutaneous injection, which once performed, its material can be neither controlled nor eliminated. Let us not forget that, while water injected in small quantities into the veins has caused death, the venom of snakes may be taken into the stomach with comparative impunity. Our remedy *Anthracin* is powerful in its curative effects when given in a potentized form by the mouth, and what is this substance but decayed animal matter? Each of the nosodes, or morbid productions, contained in our materia medica, when further proven, must produce symptoms characteristic of each substance, and will be of the greatest importance in the cure and relief of disease.

Further, let us be careful to vaccinate with lymph of absolute purity. Many of us know that baneful influences have followed the use of vaccine virus, even from the cow. We are sorry to have met with such cases of late in our own practice. The advice given by some of the early vaccinators again asserts its importance, to use only lymph introduced on the spot, fresh from the cow, and free from blood or pus.

W. P. W.

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HOMŒOPATHIC MEDICAL COLLEGE IN BOSTON. — Sufficient progress has been made to ensure the establishment of this college as the Medical Department of the Boston University; and there is very little doubt that such a school, for the instruction of both sexes, will be opened in Boston next autumn. To make this complete in all its details, and thorough in its course of instruction, should be the ambition and effort of every homœopathic physician.

The organization of the Homœopathic Association of the Boston University as an adjunct of the college will be a means of giving it pecuniary aid, and of increasing the public interest in this institution. It may be made of the greatest service to the school, and by energetic work in the Association, our lay friends who have received so much of benefit from homœopathy may give some slight return to the science itself. Let every debtor thus have an opportunity of cancelling his debt.

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THE MASSACHUSETTS MEDICAL SOCIETY'S TRIAL.—The Supreme Court have decided, as we have elsewhere stated, that the Society may proceed with the trial, which will, of course, be subject, so far as concerns the rights of its members, to subsequent revision and decision by the Supreme Court.

This trial, as to whether physicians are guilty of "conduct unbecoming and unworthy an honorable physician" in practising homœopathy, and whether they are worthy of censure and even expulsion therefor, is to begin at the Society's rooms, No. 36 Temple Place, on the 29th of this month, when, judging by the past, another farce may possibly be enacted, equally interesting to the public with that of Nov. 21, 1871. We have called this "the Society's Trial"; perhaps it would be more proper to say the "Trials of the Society," for, notwithstanding the ridiculous exhibition before referred to, it seems that the Society, or at least these "commissioners," have again to go on "trial": 1st, before the accused; 2d, before the profession; 3d, before the public; 4th, before the Supreme Court; and, it may be, 5th, before the Legislature of the State. "It is hard to kick against the pricks."

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## CORRESPONDENCE.

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### HOMŒOPATHY IN PHILADELPHIA.

Boston, March 10, 1873.

As your readers are interested in the progress of homœopathy in its strongholds, I trust they will be glad to hear something of the observations and opinions of one of their number, who visited Philadelphia for the express purpose of seeing the homœopathic college, its professors, and the friends of homœopathy there, and of learning anything pertaining thereto that might be of special interest.

One of the incidents of the visit was a ride from New York to Philadelphia and back again, in a saloon car, with the President of the

Massachusetts Senate, Dr. George B. Loring. A chat of six hours is very likely to turn up a good many subjects, and in this case some of them would very naturally be medical ones. And I must say, that aside from the well-known geniality and generous spirit of Dr. Loring, his political life and broader views have done much to disenthral him from the bigotry and narrowness of his allopathic education and association. Towards homœopathy and homœopaths, as an acknowledged powerful body of scientific and medical men, he expressed the most kindly feeling.

It was near the last of February, when, in her journey northward, "gentle Spring" is supposed to have made her presence felt in the latitude of Philadelphia. But, to my surprise, I found the snow banked up in the streets in a way that almost equalled New York, and far surpassed Boston, — not because more had fallen, but because less had been carted away.

Making my way as best I could through the streets, I went at once to the college, in the same old building, cherished by the memory of many years. As I mounted the somewhat worn and hollowed steps, it occurred to me that the last time I had been over them was when, twenty years before, almost in my boyhood, I went with my class from this building to Musical Fund Hall, to receive that parchment dignifying me as *Medicinzæ Doctor*. A few changes in the building itself have been made since then, but the janitor was in his cosy little closet as of old, and addressed me in the same pleasant tones, — pleasanter, probably, because of the lunch which he had just finished. I looked into the lower lecture-room, where we were wont to listen to Prof. Small, still in vigorous maturity; to Helmuth, Sr., who has reached a ripe old age; to Semple, who, alas! now speaks only to the higher sensibilities. The same old stairway passes the museum, and leads to the amphitheatre, which is enlarged and somewhat improved.

Prof. J. C. Morgan was lecturing, on hernia, as I entered. The subject was an interesting one and was treated well; but as I sat there among the students, my thoughts wandered to other times, and I felt myself a boy again. I could not believe that in the profession my hair had grown gray, and my beard grizzled. I looked round for my accustomed associates, but among the crowd, busy with their notebooks as usual, I could not find them.

Alack! That was a delightful class of '53, but they are scattered far and wide, and their names have grown familiar to the world. There was Helmuth, and Angell, and Minton, and Cooke, and Wilkinson, and Brown, and a score besides, who have risen above mediocrity and made their mark in the profession. But reveries will not tell you the present status of the college. That I can best do by speaking somewhat comparatively. The museum, which from the first has been one of the best in our school, has, since I last saw it, more than doubled in size. Aside from the large models in papier maché, by M. Azoux, there is a very complete and beautiful collection of wax models; the charts and collections of various kinds for illustrating the different departments are almost innumerable; and the anatomical and the pathological cabinets are very extensive and interesting. There is also a library, which, aside from its very valuable array

of homœopathic authors, has many of the most noted works on general medicine, both ancient and modern. Connecting with the college, there has been erected a hospital, three stories in height, and capable of holding some fifty or sixty patients; nothing but lack of funds to support it prevents its wards from being filled.

Of the Institutes and Practice of Medicine, *Materia Medica*, Obstetrics, Chemistry, and Physiology, which have always been well taught here, it is sufficient to say that they are in the hands of such men as Guernsey, Smith, Gause, Stephens, and Koch. Anatomy is taught by one of the ablest and most enthusiastic anatomists of our school, Prof. A. R. Thomas. Clinical Medicine is an important chair, which has been established since our day; Prof. Martin is its occupant. Surgery has here, as everywhere else in the homœopathic school, made progress. Under Prof. Morgan, there is scarcely any point in the science of surgery but is developed, while Prof. Macfarlan, one of the most skilful of operators, illustrates practical surgery in his regular clinical lectures.

There are about 100 students in attendance the present session, and of these between 40 and 50 intend to graduate this spring, and will, I am sure, furnish many valuable additions to our numbers.

But while I look at the school as it is, and think of the progress which twenty years might have made in it, had its friends and those who should have been its friends earnestly united to build up, rather than tear down, I must confess to a feeling of sadness at a loss which falls not alone upon all the members of our school, but upon the entire community. I do not know what is in the future for this college, but I do know this, that with two hundred homœopathic physicians in Philadelphia, with so much ability and wealth at their command, they cannot afford to let this college, or the hospital, dwindle and eke out a miserable existence for want of an earnest, hearty, and united support.

It would be a delightful theme to touch upon some of the individuals of our ranks in Philadelphia,—of the old veterans, such as Hering, and Neidhard, and Kitchen, and Jeanes, and Gardiner, and Lippe; or of the younger and not less earnest and able men, such as McClatchey, the Jameses, Dudley, McLeod, and the Williamsons. (O! what a tender thrill the mention of Walter Williamson awakens in the heart of every homœopathist who knew him!) But such an attempt were useless, and we can only say that homœopathy never had worthier representatives in Philadelphia than to-day; and let us hope and trust that this ability, energy, and wealth will be united to build up the dispensaries, hospitals, and college of our school.

There is, perhaps, no city on the continent which exhibits a more kindly, social feeling than Philadelphia, and the short time spent there was crowded with pleasant events. We shall not soon forget the little social gatherings, one night at Dr. McClatchey's, and the next with the Faculty of the College and others at Prof. Gause's. At both the "wee sma' hours" were reached in our earnest and healthful conversation upon the future success and prosperity of homœopathy.

Next month we may have something to say of New York, another of the homœopathic strongholds.

REDACTEUR.



## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## AMERICAN INSTITUTE OF HOMŒOPATHY.

## CIRCULAR OF BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE.

In compliance with the resolution adopted at the last meeting of the Institute, this Bureau has selected the following subject for discussion at the next annual meeting:—

“What is the best diet for the sick in general, and what the best in particular diseases?”

By opening the subject of diet on this broad basis, it is hoped that the discussion may elicit much practical matter relating to this important question.

Papers pertaining to this subject, or to others connected with this Bureau, are earnestly solicited.

Communications should be directed to the chairman or to other members of the Bureau:—

Dr. A. R. Thomas, Philadelphia, Chairman.

Dr. J. D. Buck, Cincinnati.

Dr. S. S. Guy, Brooklyn.

Dr. R. N. Foster, Chicago.

## HOMŒOPATHIC ASSOCIATION OF BOSTON UNIVERSITY.

ON Wednesday, February 19th, the homœopathic physicians of Boston and vicinity assembled at Wesleyan Hall to consider a proposition for the establishment of a Medical Department in Boston University under the care of the homœopaths. After discussion, the proposition was unanimously approved. In order to make the college a success, it was deemed necessary to raise \$10,000 as an outfit, \$5,000 a year for five years, and in that time, a permanent endowment of \$200,000. It was also voted to form an organization of the friends of the college to further this object.

On Wednesday, March 6th, the physicians again met, and considered a code of by-laws to govern such an association.

On Wednesday, March 13th, the association was formed under the name of THE HOMŒOPATHIC ASSOCIATION OF BOSTON UNIVERSITY, having as its object “To aid in founding and supporting a Homœopathic Medical School for the education of men and women in the Medical Department of Boston University.” Its membership is open to any who pay into the treasury the sum of *three dollars annually*. A gift

of *thirty dollars* will constitute the donor a life member. At this meeting two hundred persons made themselves annual members, and forty. life members; and it is hoped that efforts will not cease until all the friends of this institution and of homœopathy have become members of this powerful auxiliary body.

The following officers were chosen :—

*President*, Alpheus Hardy, of Boston; *Vice-Presidents*, Otis Clapp, of Boston; Mrs. George R. Russell, of Boston; A. I. Benyon, of Newton; Rufus S. Frost, of Chelsea; *Treasurer*, Alexander Strong, of Boston; *Corresponding Secretaries*, David Patten, of Boston; Miss H. E. Stevenson, of Boston; *Recording Secretary*, J. Heber Smith, of Melrose; *Committee*, David Thayer, of Boston; I. T. Talbot, of Boston; Mercy B. Jackson, of Boston; Mary J. Safford, of Boston; J. H. Woodbury, of Boston; Conrad Wesselhoeft, of Boston.

Mr. Hardy has since been compelled to resign on account of his health, and his successor has not yet been chosen.

Subscriptions for **LIFE MEMBERSHIP**, thirty dollars, and for **ANNUAL MEMBERSHIP**, three dollars, may be forwarded to the Treasurer, **ALEXANDER STRONG**, at the **EXCHANGE NATIONAL BANK**, 28 State Street, or to **OTIS CLAPP & SON**, 3 Beacon Street, Boston.

## ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by N. R. Morse, M.D., Secretary.*

At the request of Dr. A. M. Cushing, of Lynn, the homœopathic physicians of Salem and vicinity were invited to meet the homœopathic physicians of Lynn, May 1, 1872.

At that meeting it was thought expedient to form an Essex County Homœopathic Medical Society. Drs. Sherman, Woodman, and Cushing were appointed a committee to draft a constitution and by-laws, to be presented at the next meeting.

An adjourned meeting was held at the house of Dr. S. M. Cate, in Salem, May 15th, at 3 P. M. Dr. Morse was called to the chair, and Dr. Cushing elected Secretary. The committee on constitution and by-laws made their report, which was accepted and adopted *seriatim*, with some slight alterations and amendments. Adjourned to meet at the house of Dr. N. R. Morse, in Salem, June 5th, 1872, at 3 P. M.

At the June meeting, Dr. S. M. Gale, of Newburyport, was elected President, Dr. B. F. Green, of Lynn, Vice-President, and Dr. N. R. Morse of Salem, Secretary and Treasurer. Adjourned to meet at the house of Dr. S. H. Worcester, in Salem, July 3, at 3 P. M.

At the meeting in July, the President, Dr. Gale, gave us an interesting account of the early history of homœopathy in Essex County. The first homœopathic physician was Dr. Francis Clark, of Andover, who died in 1848. In 1850, when Dr. Gale located in Newburyport, there were only six homœopathic physicians in Essex County, namely, John H. Floto, M.D., of Salem; Isaac Colby, M.D., of Salem;

Jerome Harris, M.D., of Lawrence; Daniel A. Johnson, M.D., of Lynn; J. Pitman Dinsmore, M.D., of Haverhill, and E. B. de Gersdorff, M.D., of Salem, who removed there from Andover, in May, 1850. James M. Cummings, M.D., removed from Salem to Portland, Me., in 1850.

"Scarlet Fever," a subject previously assigned, was discussed by Drs. Cate, Worcester, and Morse, of Salem; Drs. Cushing, Flanders, Green, and Haywood, of Lynn; Dr. Gale, of Newburyport; and Dr. Whiting, of Danvers. Adjourned to the house of Dr. Cate, in Salem, August 21, 1872.

At the meeting in August, each physician gave his experience and treatment of cholera infantum, the topic assigned, and also of the various bowel diseases of infancy and childhood. The afternoon was pleasantly and profitably spent in listening to each others' ideas of treatment. Adjourned to the house of Dr. Morse, in Salem, Sept. 18, at 3 P. M.

At the meeting in September, the subject presented, "typhoid fever," called forth an interesting discussion, showing a wide difference in its management and treatment. Dr. Lougee gave a detailed report of two cases then under treatment. Adjourned to meet at the house of Dr. Worcester, in Salem, the 3d Wednesday in October, at 2 P. M.

Dr. Moore, of Haverhill, and Dr. Conant, of Gloucester, were elected members. Dr. C. W. Scott, of Lawrence, and Dr. David Foss, of Newburyport, were proposed for membership. The subject for discussion was typhoid pneumonia.

Dr. Worcester had met with but few cases recently, but had found *Bryonia* useful in them; also, *Phosphorus* and *Phos. acid.* Dr. Whiting had seen no cases, except where it was intercurrent in typhoid fever. He mentioned *Arsenicum* and *Rhus* as useful, but almost any remedy may be indicated. He gives nourishment when needed, but seldom gives stimulants.

Dr. Haywood usually treats it as a pneumonia, with the addition of cerebral symptoms. *Bell.* and *Bry.* are frequently indicated. On the 7th, 8th, and 9th days, he employs stimulants, at which stage, also, *Stibium*, *Arsenicum*, and *Phos. acid* are useful.

Dr. Morse, of Marblehead, has not seen many cases; but in those he has given *Arsen.*, *Phos.*, *Rhus*, and *Veratrum viride*, with good results. He is convinced that *Rhus* is one of the most valuable remedies. He employs *Arnica* where micturition is frequent; and *Hyoscyamus* is often indicated by the cerebral symptoms.

Dr. Green has seen many cases. Few of them have proved fatal, and those were of persons advanced in life. *Tartar. emet.* in water, seems to him the most important remedy. He has always opposed excessive nourishment in fevers. In typhoid pneumonia, he uses typhoid remedies. *Aconite* is not needed more than two or three days.

Dr. Morse, of Salem, made an explanation in regard to the disease termed typhoid pneumonia, remarking that it did not occur in this section as an epidemic, and rarely sporadically; but that it was chiefly

limited to those cases of typhoid fever which took on pneumonic symptoms, and to those cases of pneumonia that ran into typhoid symptoms. The latter class occurred most frequently in advanced life.

Dr. Cushing believed that we have genuine cases of typhoid pneumonia, but more frequently pneumonia with typhoid symptoms. *Lachesis*, a remedy which has not been mentioned, is indicated by delirium, carpalgia, dry and black tongue which cannot be protruded. In the case of a young man with the genuine typhoid pneumonia, in which *Arsenicum* failed, *Lachesis*<sup>200</sup> produced an entire change.

Dr. N. R. Morse corroborated Dr. Cushing's views in regard to the value of *Lachesis*<sup>200</sup> in similar symptoms, both in typhoid pneumonia and typhoid fever.

Dr. Foss has used *Bell.*, *Rhus tox.*, and *Arsen.* Typhoid pneumonia has occurred infrequently in his practice.

Dr. Cate thought that almost any disease might be epidemic. In typhoid fever, when pneumonia supervened, he did not call it typhoid pneumonia, but regarded as such only those cases of pneumonia in which chills occur and cerebral symptoms follow. *Rhus* is the principal remedy. He has seen the abdominal symptoms subside when the pulmonary remedy relieves. When *Tartar. emet.* is required, he gives it in the 4th or 6th dilution.

Dr. Whiting gave as an indication for the use of *Bryonia*, "pains worse by motion"; of *Arnica*, "where the patient complains of the bed being hard — has to smooth out the sheets," etc.

Dr. Cate remarked that there were some cases where *Opium* was required, as in threatened paralysis of the nervous forces; but *Arsen.*, *Rhus*, and *Hyoscyamus*, controlled the delirium. He also remarked that Dr. Colby, of Wakefield, had used *Cypripedium*<sup>3</sup> for the delirium in typhoid fever, with marked success, — which fact his own experience had confirmed.

Dr. Lougee employs *Bryonia*, *Phos.*, and *Sulphur*. He uses *Tartar. emet.* in the early as well as the later stages.

Dr. Cushing called attention to the use of *Carbo veg.* in this disease.

Dr. Gale had met with a few cases of typhoid pneumonia, mostly in old people. He gives *Gelsemium* in the early stages, when *Phos. aggravates*.

Dr. Green had not used either *Phos.* or *Chamomilla* lower than the thirtieth dilution for several years.

Dr. Worcester moved an amendment to the By-laws, providing that students of medicine may become associate members, without the privilege of voting. Adjourned, to meet with Dr. Gale, Newburyport, 20th November, 1872.

At the November meeting, Dr. Scott, of Lawrence, and Dr. Foss, of Newburyport, were duly elected members. Dr. Moore presented the name of Dr. Sawyer, of Haverhill, for membership. The amendment to the By-laws, offered by Dr. Worcester at the last meeting, was read and adopted. The Society then proceeded to the consideration of "*Attenuated remedies, and the mode of administration.*"

The discussion was opened by Dr. Gale. He employs remedies mostly in the 3d attenuation, but sometimes gives as high as the 30th; occasionally uses *Hyoscyamus tinct.*, in water, to allay pain. He rarely uses the high potencies, and then only the 30th, in cases in which the patient is very susceptible to the action of medicines. He generally gives two remedies in alternation, and, in acute cases, repeats as often as from every fifteen minutes to one and two hours. In chronic cases, it is his custom to give a dose morning and night. In diphtheria he uses three remedies, *Bell.*<sup>3</sup>, *Gelsem.*<sup>3</sup>, and *Merc. iod.*<sup>3</sup>.

Dr. Cate generally administers the 2d, 3d, and 6th dilutions, but sometimes employs the 200th and 1,000th. Occasionally he uses remedies in a crude or undiluted state, as morphine in bilious and renal colic. He administers remedies in alternation in about one-half or two-thirds of his cases.

Dr. Morse, of Salem, remarked that he gives low potencies in acute cases more generally than the high; but that in chronic diseases he is more inclined to the high potencies. He uses all the way from the tincture to the 81,000th. In children's diseases he has used the 30th potency for a year past, almost entirely. He has seen remarkable effects in neuralgia from the use of the 200th, when carefully selected, and related two or three cases in which *Sulphur*<sup>1,000</sup> had produced marvellous results. He gives remedies alternately in about one-half of his cases.

Dr. Cushing remarked that he was called a high dilutionist. He invariably uses the high dilutions in croup, generally the 200th. In leucorrhœa, also, they are the most effective; a case of eight years' standing, was cured by *Sulphur*<sup>5,000</sup>. He related a case of tuberculous hæmorrhage of the lungs, with hectic fever; worse daily at 4 P.M.; the aspect of which had been entirely changed by *Lycopodium*<sup>200</sup>. In the asthma of his wife, with pain in the right lung, respiration very difficult and suffocative, *Arsenicum*<sup>82,100</sup> afforded prompt relief when the 3d, 30th, 200th, and 5,000th had utterly failed.

Dr. Conant remarked that he had given the 30th potency of *Merc. cor.* where it seemed to be indicated, without effect; but the 3d potency afforded prompt relief. He has seen good effects from the high dilutions. *Dulcamara*<sup>200</sup> cures urticaria.

Dr. Whiting gives both the lower and the higher potencies; the 30th more frequently than any other. He mentioned a case of gonorrhœa, of two years' standing, promptly cured by *Petroleum*<sup>200</sup>. He has seen aggravations from the high dilutions more frequently than from the low. Many cases are cured with one dose. He had seen cases, where the high dilutions did not work, cured with the low; but thinks we may cure our cases if we give the right remedy, whether we give the high or low dilutions.

Dr. Sherman was almost persuaded to be a high dilutionist. He had no experience with the high dilutions except in one or two cases. He usually gives from the 1st to the 6th dilution; the 3d being an average. *Aconite*, *Gelseminum*, and *Bapt.*, he rarely gives above the first dilution. The results are satisfactory.

Dr. Gale spoke of ice-water bandages in bilious colic as affording great relief.

Dr. Whiting related a case of obstinate vomiting and stoppage of the bowels, which had persisted for a week without relief. The patient was a lady of ninety. Examination disclosed a rupture; this being reduced by manipulation, the vomiting ceased; no medicine was given.

Dr. Morse, of Marblehead, uses both the lower and the higher potencies, but prefers the low dilutions in acute diseases, in adults; has seen marked effects from the high potencies. He mentioned the case of a child, five years of age, with a harassing cough, night sweats, hectic fever, etc., following measles. The child was failing every day, with all the symptoms of quick consumption, which *Sulphur* 8.100 changed entirely, and the little patient made a good recovery. In children, he is inclined to the 30th potency.

Dr. Green was much edified by the discussion, and glad this subject was selected. He has used the high potencies, but generally uses the 3d. He has seen as marked effects from the use of the high potencies as from any. In croup, he gives the low triturations, sometimes alternates three remedies, and hardly ever loses a case.

Dr. Moore remarked that his experience had been already narrated. His brother, with whom he studied, was not accustomed to give a lower potency than the 30th. He moved away, and came in contact with the low-potency men, and the result had been that he induced them to use the higher, and they in turn brought him down to lower dilutions. Lately he has been creeping upward again. He has seen as marked effects from the high as from the low potencies. To a case of scrofulous ophthalmia, he gave *Sulph.* 200, and the patient inquired if he had given him the itch. A student, to whom *Aloe* 200 had been administered, had all the symptoms of aloes in large doses. There is no use in giving high potencies where the tongue was tanned by the use of tobacco. He always gives one remedy, where he feels sure that he has selected the right one.

Dr. Sawyer thinks his friend, Dr. Moore, esteems high potencies more than he does. He never gives two remedies, if he has selected the right one. Has used the high potencies, the 200th, infrequently. He stated the case of his wife, where the 200th potency of *Sulph.* had warded off consumption for several years, when all other means had failed. He did not doubt but that the higher dilutions had a powerful influence, when rightly administered.

Dr. Cummings' experience was largely with the low potencies, generally from the 1st to the 6th decimal dilution. Occasionally he gives *Arsen.*, *Lachesis*, and *Phos.* in the 18th potency; he alternates. *Acon.* and *Bryonia*, given in alternation every half hour, are his "sheet-anchors" in a threatened fever. He endeavors to select the proper homœopathic remedy, and if it does not afford relief, gives it in another potency.

Dr. Foss has been accustomed to the use of the low potencies; but has tried the high. He was more interested to learn the experience of others than to narrate his own.

Dr. Moore believes that we may get good effects from medicines in their crude state, provided that we give them upon homœopathic principles. He was accustomed to prescribe upon that plan while in the army, with success satisfactory to himself.

Dr. Gale related a case of dyspepsia, of some sixteen years' standing; the patient was his niece. She had been able to eat only bread for several years past, and had grown quite thin; had a cough, pleuritic pain under the shoulder, etc. He advised a trip to the White Hills, and, much to his surprise, she accepted the advice, and undertook the journey in company with himself and wife. What is more surprising, she was enabled to complete the trip, and return in good health, and has had no difficulty since. She took no medicine; the mental stimulus alone did the work effectually.

Adjourned, to meet in Salem, Dec. 18th, 1877.

The meetings of the Society occur on the third Wednesday of each month. The number of members is now nineteen.

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### CLEVELAND HOMŒOPATHIC HOSPITAL.

THE new Homœopathic Hospital, 66 Huron Street, was formally opened on Tuesday evening, Feb. 12, 1873, and a reception of friends of the institution was given which was attended by upwards of two hundred.

The building which is now the new hospital, was formerly occupied by Mrs. Perry as a dwelling. It is two stories in height, of frame, about 40 by 60 feet, and stands on a lot which has a frontage of 80 feet and a depth of 250 feet, with an additional width of 40 at the rear. There are fourteen rooms in the house, seven of which will be occupied exclusively by the patients, of whom about twenty-five can be accommodated. There are ample bath-rooms, laundry, kitchen, dining and matron's rooms; and everything is arranged in a most complete manner, and ready for the reception of patients. The building and lot cost altogether \$25,000.

It is now some three years since the hospital was founded, through the efforts of the benevolent ladies of Cleveland. A building was at that time purchased on the Heights, and has since been used for the purposes of the hospital. Of late, however, it has been found that it was at too great a distance from the part of the city where it was most needed; hence the purchase of the present grounds and buildings.

No appointments of physicians of the hospital have yet been made, although there will be shortly. Mrs. George still continues as matron; she will, as in the past, be assisted by skilled nurses, at whose hands the patients will receive every attention that experience can suggest or their wants require.

## OUR COLLEGES AND COLLEGE COMMENCEMENTS.

## NEW YORK HOM. MED. COLLEGE AND N. Y. OPHTHALMIC HOSPITAL.

The commencement exercises of the College and Hospital were held in Association Hall, on the evening of Feb. 27th, before a large and extremely interested audience. Prof. Dowling, the Registrar, made an excellent report of the satisfactory condition of the College.

The degrees of the College were conferred by S. H. Wales, Esq., President of the Board of Trustees, upon the following gentlemen:—

Jas. E. Anderson, Florida;	Asa W. Jaynes, N. Y.;
R. Heber Bedell, N. Y.;	Wm. H. Krause, N. Y.;
W. W. Bennit, D. C.;	Geo. W. Lawrence, N. Y.;
Fredk. H. Bradner, N. Y.;	Chas. A. Libby, Mass.;
Chas. R. Brown, Mass.;	S. Corwin Osborne, N. Y.;
U. H. Brown, N. Y.;	Homer D. Ostrom, N. Y.;
Jos. H. Buffum, Pa.;	Wesley B Perkins, Me.;
Chas. E. Chase, N. Y.;	Geo. B. Ross, N. Y.;
L. W. Cole, Conn.;	Geo. W. Richardson, N. Y.;
C. M. Conant, N. Y.;	Francis R. Schmucker, Pa.;
Wm. L. Fleming, N. Y.;	Daniel Simmons, N. Y.;
John F. Griffin, N. J.;	Theo. V. Smith, N. J.;
Aaron H. Hasbrouck, N. Y.;	Geo. E. Tytler, N. Y.;
Dexter Hitchcock, Conn.;	Milton A. Wilson, N. Y.;
Barker C. Howland, Mass.;	Burdett Warren, N. Y.;
Dwight B. Hunt, N. Y.;	Henry Waters, Ontario;
Chas. E. Jones, N. Y.;	F. G. Welch Mass.;
	Howland A. Worley, Iowa.

The diplomas of the Ophthalmic Hospital were presented by Thomas C. Smith, Esq., President of its Board of Trustees, to the following candidates:—

Dexter Hitchcock, M.D.;	Claude R. Norton, M.D.;
Henry W. Westover, M.D.;	Dwight B. Hunt, M.D.;
	W. A. Phillips, M.D.

Certificates were given by Prof. H. D. Paine to the following students in the graded course, who have successfully passed the examinations on some or all the branches of the Junior Department.

G. A. Adams, N. H.;	C. S. Kingsbury, N. H.;
D. A. Babcock, Mass.;	C. J. Miller, N. Y.;
R. A. Bennett, N. H.;	H. C. Rounds, N. Y.;
L. L. Brainerd, N. Y.;	Wm. Silleck, N. J.;
E. E. Case, Conn.;	H. C. Smith, N. Y.;
L. B. Couch, Mass.;	E. P. Strunk, N. Y.;
O. H. Crosby, Mass.;	W. H. Tobey, N. Y.;
G. M. Flagg, Mass.;	J. E. Tufts, N. Y.;
Theo. Foote, N. Y.;	R. K. Valentine, N. Y.;
G. S. Farmer, N. Y.;	C. E. Vancleef, N. Y.;
H. Gilbert, Ontario;	J. P. Whitehead, N. J.



After the degrees had been conferred, Prof. Allen presented a gold medal to the author of the best original proving, Dexter Hitchcock, of Connecticut; subject, Buckwheat. A very fine proving was also made of Sulphate of Lime, by C. M. Conant, of New York.

The valedictory, by Prof. Allen, was an earnest and suggestive address.

The class is one of the finest that has ever graduated in this school. There have been 98 matriculants, and 35 graduates. Twenty-two juniors received their certificates, and five graduated from the Ophthalmic course.

#### THE NEW YORK HOM. MED. COLLEGE FOR WOMEN

HELD its tenth annual commencement at Association Hall, on Thursday evening, March 20. Prof. E. M. Kellogg presided.

After the yearly report was read by the Dean, Dr. Lozier, Rev. Henry Powers, made an earnest address.

The following ladies then received the degree of Doctor in Medicine:—

Lucy Almy Babcock, Potter's Hill. R. I.  
 Catharine E. Goewey, Albany, N. Y.  
 Georgia Merriman, Ohio.  
 Mary W. Noxon, New York City.  
 Phœbe C. Paterson, England.  
 L. A. Ren Dell, Sayville, L. I.  
 Ellen Brown Seymour, New Haven, Conn.  
 Anna M. Stiles, Montclair, N. J.  
 Sarah I. White, New York City.

Their intelligent, earnest countenances and true womanly appearance augured well for their success as women physicians.

Dr. Cardova followed with humorous and pithy remarks, commingling sound common-sense with happy hits upon doctors and strong-minded women.

Dr. C. S. Lozier read the names of six students who had passed their examinations in the graded course, preparatory to entrance into the graduating class of next year: Mary A. Clapp, Emma Onderdonk, H. Amelia Wright, Anna E. Griffith, Clara C. Plimpton, Mary H. Woodruff.

A prize of \$25 was awarded by Dr. Lozier to Mary H. Woodruff for best report of clinical cases in the hospital.

The valedictory in behalf of the class was delivered by Dr. Mary W. Noxon; that in behalf of the faculty by Prof. R. McMurray.

Between the exercises, there was fine organ music by Mora, and vocal by Misses Rushby and Somerville, and an unexpected solo by Antoinette Sterling, whose rich contralto voice electrified the house.

After the benediction, professors and students repaired to the residence of the Dean, Dr. C. S. Lozier, for a social reunion.

A pleasant little episode of the evening consisted in the presentation by the students of a case of post-mortem instruments to the Demonstrator, Dr. Mary H. Everett, as a slight mark of appreciation of her untiring efforts in the anatomical room.

### HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

THE Annual Commencement of this College was held at the Philadelphia Academy of Music, March 10, 1873. Music from Hassler's Orchestra, showers of bouquets, and a well-filled house, made the day an interesting one to the forty-seven graduates, a large number of whom, having in their examination taken more than 85 in a scale of 90, had the honor of being enrolled "DISTINGUISHED." The President of the College, Rev. Howard Malcom, D.D., LL.D., (formerly of Boston,) presided. The valedictory address was made by Prof. Macfarlan, and was well worthy of the occasion. The names of the graduates and the titles of their theses are as follows:—

- Jas. O. H. Banks, Philadelphia, Pa., Cholera Infantum.  
 Albert T. Beckett, Philadelphia, Pa., Diseases of the Eye.  
 A. H. Berdsall, New York, N. Y., The Sphygmograph.  
 Benj. F. Bronson, Albion, N. Y., Skin Diseases.  
 M. C. Bragdon, A.B., Chicago, Ill., Value of the Microscope.  
 I. B. Chantler, Pennsylvania, Hydrocele.  
 R. E. Caruthers, Pennsylvania, Repair of Fractures.  
 B. Climenson, Philadelphia, Pa., Labor.  
 D. M. Castle, Philadelphia, Pa., Future of Homœopathy.  
 C. D. Clawson, M. D., Canoga, N. Y., Cell Doctrine of Homœopathy.  
 H. B. Drake, Detroit, Mich., Typhoid Fever.  
 G. E. Davis, A.B., San Francisco, Cal., "Aude Sapere."  
 E. E. Dunbar, Erie, Pa., Dislocations.  
 N. T. German, Smyrna, Del., Ptelea Trifoliata.  
 J. Grosscup, Slatington, Pa., Typhus Fever.  
 F. P. Gregory, Derby, Ct., Autopsies.  
 F. Hines, Wilmington, N. C., Functions and Diseases of the Ovaries.  
 F. Hiller, Jr, San Francisco, Cal., Ideas on Spontaneous Generation.  
 R. L. Hoffmeier, Manchester, Md., Hydrops.  
 G. R. Knight, Somerton, Pa., Homœopathy.  
 W. F. Kennedy, Smyrna, Del., Dysmenorrhœa.  
 R. K. Kneass, Philadelphia, Pa., Cholera Infantum.  
 C. H. Leland, Boston, Mass., Anatomy, its Relation to Man.  
 S. Long, Norristown, Pa., Signs of Pulmonary Diseases.  
 E. Lippincott, Kirkwood, N. J., Homœopathy in Obstetrics.  
 J. D. Leckner, Philadelphia, Pa., Dieffenbachia Seguina.  
 A. L. Marcy, Chicago, Ill., Infancy.  
 F. E. Murphey, Butler, N. Y., On the Tongue.  
 J. N. Mitchell, Philadelphia, Pa., Menstruation.  
 S. R. Mowry, Centre Dale, R. I., Pneumonia.  
 J. C. McPherson, Mumford, N. Y., Scarlatina.  
 J. W. Pratt, Springfield, Pa., Leucorrhœa.  
 H. H. Pemberton, M.D., Ocean Port, N. J., Pericarditis.  
 S. H. Quint, Jr., Camden, N. J., Flatulence.  
 Jas. V. Roberts, Philadelphia, Pa.  
 S. S. Salisbury, Tonica, Ill., Pneumonia.  
 E. R. Smith, M. D., Nashville, Tenn., Direction of Spermatozoa.

E. B. Stephens, Philadelphia, Pa., Diarrhœa.  
 J. L. Seward, M.D., Orange, N. J., Rhus Poisoning.  
 C. E. Smith, York, Pa., Phthisis Pulmonalis.  
 L. D. Tebo, Philadelphia, Pa., Inherited Disease.  
 C. H. Thomas, Baltimore, Md., Infantile Mortality.  
 M. B. Tuller, Vineland, N. J., Homœopathy.  
 H. A. Underwood, York Springs, Pa., Scarlatina.  
 G. W. Van Derveer, Woodbury, N. J., Digestion.  
 C. E. Walker, Natick, Mass., Medical Education.  
 J. Wandell, Philadelphia, Pa., Green and Melænal Discharges from  
 the Bowels.  
 Total, 47.

### CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

THE Commencement exercises of the Hahnemann Society were held at College Hall, on Prospect Street, on the afternoon of Feb. 12, with a large and select audience. The divine blessing was invoked by the Rev. Henry Baker, after which the Rev. Dr. Bolles, of Boston, was introduced and received with applause. He delivered an interesting and eloquent address, which was listened to with marked attention throughout, and which we would gladly reproduce did our space permit. At the close, G. M. Barber, Esq., President of the Board of Trustees, conferred the degree of Doctor of Medicine on the following students:—

Joseph C. Anderson, of Ohio;	J. T. Van Horn, of Michigan;
T. G. Barnhill,	A. M. Woodruff,
G. G. Biggar,	E. W. Bryan, of New York;
H. E. Beebe,	D. G. Wilder, B.S.,
A. Gleason,	N. H. Haviland, M.D.,
Miss M. L. Green,	O. W. Lounsbury,
G. Harding,	Johnson Wright, of Pennsylvania;
W. L. McCreary,	W. J. Hamilton,
W. Murdoch,	J. W. Whitely,
C. F. Park,	Miss J. T. Furlong, of Indiana;
T. T. Spittle,	M. Stone,
A. E. Watson,	A. E. Eliot,
R. W. Walters, M.D.,	W. L. Parmenter, of Ontario;
Miss Kate Parsons,	H. A. Fick, A.M., of Mass.;
W. D. Clark, of Mich.;	C. F. Waggoner, of Minnesota;
O. Q. Jones,	Mrs. C. Hickox, of Iowa;
H. H. Lyons,	N. S. Clarke, Wisconsin.

A degree *ad eundem* was conferred upon C. B. Currier, M.D., of Vermont, and J. B. Massey, M.D., of Ohio; and an honorary degree upon A. O. Blair, M.D., of Ohio.

Mr. Barber accompanied the awarding of diplomas with some words of excellent advice to the graduating class.

An able Valedictory was delivered by Prof. A. O. Blair; it was full of that large-hearted advice which is suggested by the consideration that the field of our profession is the whole world.

The following prizes were awarded: first English scholarship, Mr. Will Murdoch — a scholarship of the college; first Baldwin prize, for best written examination, Mr. O. W. Lounsbury — a fine set of surgical instruments; second Baldwin prize, for second best written examination, Mr. C. T. Park — "Hodge's Science and Art of Obstetrics"; third Baldwin prize, for third best written examination, C. H. Waggoner — "Hull's Jahr"; best report of clinics for the term, M. T. Runnels — a scholarship of the college; second best report of clinics for the term, P. M. Cowles — the graduation fee of \$25; third best report, R. M. Knox — "Baehr's Therapeutics"; best prepared anatomical specimen, B. F. Connell — the graduation fee of \$25; P. Sanders, obstetric prize for best recitations, W. T. McCreary — a set of obstetric instruments.

In the evening two hundred guests, including the graduates, met at a banquet at the Kennard House.

During the past year, new college and hospital buildings have been purchased and fitted up, giving increased facilities for teaching. During the past session ninety-four students have been in attendance. Thirty-four graduated.

#### HAHNEMANN MEDICAL COLLEGE, OF CHICAGO.

THE thirteenth Annual Commencement took place at Central Hall, Chicago, on the evening of March 20th. The hall, which holds more than a thousand people, was filled by a fine audience. After the report of the Dean, Prof. Ludlam, the degrees were conferred by the President, A. E. Small, M.D., upon the following candidates, whose theses were upon subjects accompanying each name.

- C. W. Brown, New York, Entozoa.
- H. M. Bascom, Illinois, Entozoa.
- Geo. Bollen, Australia, Diphtheria.
- G. H. Breed, Illinois, Chorea.
- O. B. Blackman, Illinois, Digestion.
- Mrs. S. E. Boulter, Indiana, Obstetrics.
- Geo. E. Cogswell, Iowa, Variola.
- L. M. Currier, Illinois, Observation, as an Art, and its Application to the Science of Medicine.
- W. E. Clark, Michigan, Eucalyptus
- F. A. Dietrich, M.D., Illinois, Nervous Affections.
- N. B. Delamater, A.M., Illinois, Hay Fever.
- Miss G. H. Gravel, Ontario, Can a woman be a Physician?
- Thos. W. Gilbert, Ontario, Oxygen as a Medicine.
- F. B. Home, Iowa, Coryza.
- S. A. Johnson, Michigan, Lycopodium.
- A. W. Kanouse, Wisconsin, Bryonia.
- S. R. Kridler, Illinois, Bronchitis.
- R. M. Luton, Michigan, Fœtal Respiration.
- Miss H. E. Magee, Illinois, Iberis.
- W. A. Mellen, Illinois, Pneumonia.

E. G. H. Miessler, Illinois, Variola and Varioloides.  
 E. Manning, Illinois, Parturition.  
 J. P. Mills, Michigan, Gelseminum.  
 R. K. Paine, Minnesota, Morbus Coxarius.  
 Miss C. L. Parker, Illinois, The Nervous System.  
 E. H. Pratt, Illinois, Report of a Case.  
 J. P. Safford, M.D., Iowa, Burns.  
 Chas. E. Stinson, Illinois, Veratrum Viride.  
 H. C. Shouse, Illinois, Erysipelas.  
 M. C. Sinclair, Ontario, Gastritis.  
 Q. O. Sutherland, Wisconsin, Bryonia.  
 Abby J. Seymour, New York, Vaccinia.  
 F. O'Dee Springer, Ontario, Food and its Relation to Work.  
 Mrs. Emily Spork, Illinois, Cholera Infantum.  
 Thos. G. Vincent, Wisconsin, Stricture of the Urethra.  
 H. A. Whitfield, Michigan, Living Matter.  
 Rachel G. Williams, Ohio, Why Women should Study Medicine.  
 Miss A. M. Hawley, Penn., Scarlet Fever.  
 Chas. H. Vilas, Wisconsin, Hospitals.

The Valedictory was delivered by T. S. Hoyme, M.D., Prof. of Mat. Med. and Ther., and was full of kindly feeling and excellent advice to those who then took their rank as physicians.

The Class Valedictory was given by Dr. E. H. Pratt.

In common with the best institutions of the land, it has been the aim of this College, for the past five or six years, to advance the standard of medical education. From year to year the curriculum has constantly been extended. The suggestions made by the committee on medical education, in their report to the Am. Inst. of Homœopathy, have been complied with, viz. : the College has a suitable building, with laboratory, museum, and ample material for illustrating the different branches; the course of study is graded; the chairs are filled by able men; and the College has a corps of volunteer lecturers.

There have been eight Juniors, and five in the Partial Course, the past winter.

There will be no Spring term this year. The next session will commence Oct. 1, 1873.

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#### PULTE MEDICAL COLLEGE, CINCINNATI.

This new College promises well. Its recent session — its first — has been in all respects a success, which augurs well for its future. It is determined to be second to none in the country, either in regard to its appointments or its advantages to the medical student. It has already thirty-eight matriculants, and at its recent commencement graduated ten gentlemen, as follows : —

J. H. Lucas,  
 R. Dorsey Poole,  
 H. G. Linn,  
 E. H. Price,  
 George C. Garretson,

L. Hudson Hunt,  
 W. E. Green,  
 H. F. Baker,  
 G. D. Jenney,  
 T. J. Williamson.

The degrees were conferred by the President, Hon. Bellamy Storer, formerly of Boston, after which an address to the undergraduates was given by Mr. Charles S. Williams, which was received with warm applause. The address to the graduates, by Mr. Henry F. Baker, came next, when other degrees were conferred by Professor M. H. Slosson.

### HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

NEARLY a thousand persons assembled in the main hall of the Polytechnic Building, St. Louis, on the evening of March 3d, as listeners to the exercises and transactions incident to the Fourteenth Annual Commencement. Alderman H. C. Yeager presided. The Right Rev. C. F. Robertson, Bishop of the Episcopal Diocese of Missouri, made the invocation prayer. Mr. Yeager then conferred the degree of Doctor of Medicine on the following students:—

David E. Smalley,  
T. J. Dean,  
H. A. Barlow,  
E. L. Hillis,  
F. F. Knox,

William E. Starr,  
Lester E. Cross,  
G. M. Nippert,  
T. Henry Davis,  
L. N. Howard.

Dr. E. C. Franklin, M.D., Professor of Surgery, and the Dean of the Faculty, made the Valedictory address on the part of the College Faculty. His remarks were lengthy but entertaining.

He said that reason tells us that experience and observation were man's first guide towards the acquisition of knowledge, and subsequently, by continued observation and memory, the foundations of medicine were laid step by step. Instinct of self-preservation was the beginning of medicine as the art of healing. Its early and recent history is like a picture of rival and contentious factions, each dominating by turns, and neither acquiring permanent power.

The vagaries of medical practice were ludicrously set off by the following quotation:—

“Four doctors tackled Johnny Smith,  
They blistered and they bled him;  
With squills, and anti-bilious pills,  
And ipecac they fed him.  
They stirred him up with calomel,  
And tried to move his liver;  
But all in vain — his little soul  
Was wafted o'er the river.”

The early theories consisted in the efficacy of charms and amulets for the cure of disease. In the present age of refinement and culture, superstition is seen feeding, like a cancer, upon the rich stores of knowledge garnered within the human mind.

Some classes of physicians seem to construct the edifice of medicine upon the basis of the phenomena of disease, and not upon the action of drugs on the healthy organism.

Homœopathy has steadily progressed from year to year, until, now

less than a century old, it challenges its ancient rival for popular favor, and has already won the respect and confidence of the thinking world. Within the last twenty years its position and influence have largely increased; its colleges, asylums, hospitals, and dispensaries are scattered all over the land; its practitioners are found in every town throughout the civilized world, and its statistics speak trumpet-tongued success. It will continue to progress and demand its just rights in the army, navy, and in all hospitals dependent upon the people's money. In St. Louis nearly one half the public revenues are paid by the patrons of homœopathy, yet the system is persistently excluded from the public hospitals and asylums. All that is asked is for the "prevailing" school to give homœopathy the same privileges as the other school have in the wards of the public institutions.

St. Louis has taken the first step to break down the party lines dividing the schools of medicine, by the Board of Health admitting some homœopaths into the City Hospital to give clinical lectures and object lessons. The doors of all the public charities should be opened to all the schools of medicine.

He claimed that the science of medicine had progressed equally with other sciences and arts.

In directly addressing the graduating class, he exhorted them to make continued and well-directed exertions towards greater proficiency, to observe the constant operations of the laws of being, and not prescribe for symptoms alone, but acquire a knowledge of every phase of the case.

The Class Valedictory was delivered by Mr. H. A. Barlow, one of the graduates, and was a pleasing acknowledgment of appreciation of the new scenes and duties to which the class would be called.

Mr. E. L. Hillis, of Iowa, was so successful in his studies as to merit both of the prizes of the College — the one for chemistry and the other for surgery. The first was presented by P. G. Valentine, M.D., the Demonstrator of Anatomy, and the second by George M. Stuart, A.M., Prof. of Medical Jurisprudence.

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### DETROIT HOMŒOPATHIC COLLEGE.

THE second annual commencement of the Detroit Homœopathic College took place Tuesday afternoon, Feb. 25, in the main hall of the College, adjoining the Opera House.

The President of the College, Dr. Younghusband, conferred the degrees upon the graduating class, prefacing that ceremony with an eloquent and effective address to the students concerning their duty to themselves and to mankind in the profession which they had chosen. His remarks were pithy and pertinent, and will be likely to be long remembered by the students. The graduates were as follows:—

Asa H. Lovett, Maine;	Hollis F. Sigler, Michigan;
Frank Bond, Ohio;	George H. Peck, Ohio;
Oscar R. Long, Pennsylvania;	Luther I. McLin, Michigan;

19  
 Ephraim C. Fuller, Michigan ; Jacob Long, Ohio ;  
 Nancy J. Newcomer, Mich. ; James H. Wheeler, Ohio ;  
 Ann M. McGraw, Wisconsin ; Amos G. Chase, Michigan ;  
 \* Kate C. Devere, Michigan ; Durand Linkletter, New York ;  
 \* Albert F. Randall, Wisconsin ; Charles M. Odell, Michigan ;  
 \* Orrin D. Kingsley, New York ; John J. Defendorf, New York ;  
 Jason Turner, Michigan.

Honorary degrees were conferred upon Wm. B. Silber, M.A., Ph. D. ; Cornelius Ormes, M.D., and Charles H. B. Kellogg, M.D.

During the year just closed, the average attendance of students at the Detroit Homœopathic College has been 51 ; and it is believed the character of the students, in respect to proficiency and otherwise, will compare favorably with those of any other medical college.

The next session of the College will begin in October next, and continue five months.

By these reports of the various homœopathic colleges it will be seen that two hundred and three graduates have, in one month, been added to our list of homœopathic physicians, and that at least six hundred students have been in attendance at these eight colleges, during the past winter. As at the allopathic colleges there have been, at the lowest estimate, twice as many students of homœopathic proclivities graduated and in attendance, the whole makes a large increase in our numbers. If the present curriculum and status of our colleges shall be maintained, the number of students diverted from allopathic colleges to homœopathic will rapidly increase, and in the same proportion will our own colleges be improved by the accession. Let the influence of every homœopathic physician be in favor of our own colleges, thereby benefiting them, himself, and the profession.

## ITEMS AND EXTRACTS.

**HOMŒOPATHY** was introduced into Pennsylvania forty-four years ago, and there are now 435 physicians of that school practising in the State.

**PROFESSIONAL WOMEN.**— Five hundred and thirty women in the United States are doctors, twenty-four are dentists, five lawyers, and sixty-eight preachers.

**HALF AND HALF.**— Of the ninety-six inmates of the "Old Ladies' Home" in Boston, fifty-one have been married, and forty-five are single.

\* Diplomas withheld for a few months, to allow the graduates to complete the requisite "three years" study.



**HARVARD MEDICAL SCHOOL** — The degree of Doctor of Medicine was conferred on twenty candidates at the close of the recent spring examination.

**TOO FRANK.** — A man advertises for a competent person to undertake the sale of a new medicine, and adds that "it will prove highly lucrative to the *undertaker*."

**REMEDY FOR ALOPECIA.** — Wash the scalp twice a week with castile soap, then rinse thoroughly with tepid water and dry carefully. The same remedy is also used as a preventive to dandruff. As the scalp is cleansed, the hair soon grows rapidly, and you are well repaid for your trouble in seeing the fine new hair starting.

**DARWIN'S THEORY.** — It is no secret that Professor Agassiz is a strong opponent to the Darwinian theory of natural selection. Not long ago he was introduced to a lady whom he was quite sure of having met before. She told him that he was mistaken. He laughingly replied: "Well, we have known each other, but I presume it was when we were both toads!"

**CUNDURANGO**, found to have no power over cancer, is now on trial "as a powerful general tonic, and one unequalled in furthering plastic processes of growth and repair." If useless for this, might it not be found valuable in tanning leather?

**GUARANA.** — This product of *Paullinia sorbilis* is recommended for a beverage or an article of diet. It comes in cakes like chocolate. It is one of the four widely different shrubs that yield theine — caffeine.

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## PERSONAL.

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**W. B. CHAMBERLAIN, M.D.**, of Worcester, Mass., President of the State Society, under date of February 9th, writes: "I have decided to leave here the 20th instant for California, to stay three months, more or less. Dr. J. M. Barton has charge of my business during my absence. I much regret not to be at the next annual meeting of our State Society, but must content myself with leaving all in better hands. I am going with an invalid friend to the Isthmus and San Francisco, and thence to Southern California. I hope to come home in the spring ready for a new start, for twenty years more of work — the work I love so well."

**C. B. CURRIER, M.D.**, of Middlebury, Vt., was some months ago appointed Examining Surgeon for Pensions. He has since been elected President of the Board. This appointment will be more satisfactory to the pensioners whose interests he will serve than to the allopathic fraternity.

**A. F. SQUIER, M.D.**, of Boston, has received the commission of Assistant Surgeon of the 1st Regiment Massachusetts Volunteer Militia. This is the third medical officer of our school who has been commissioned by the State within the last year. Is homeopathy dying out?

F. W. PAYNE, M.D., of Boston, gives special attention to diseases of the eye and ear, as well as of the throat, as stated in the GAZETTE.

T. P. WILSON, M.D., of Cincinnati, the chairman of the Bureau of Ophthalmology and Otology (American Institute Homœopathy), makes a strong appeal to the profession for contributions to that department. So many homœopathic physicians are now giving their attention to diseases of the eye and ear, that we should have this Bureau well supported. All interested are solicited to present written articles at the next session of the Institute at Cleveland, in June next, or to send them to Dr. Wilson before the time of the meeting.

DR. R. F. BAKER, of Davenport, Ia., writes: "We are having a great deal of epidemic influenza, or humanized epizootic. Lying-in patients are having more complications than usual. Some of these have malarial, rheumatic, and peritoneal affections, and all have more general soreness and pain than usual.

H. C. SPALDING, M.D., of Hingham, informs us that West Scituate presents a good field for a homœopathic physician. He will be happy to furnish particulars concerning the place.

W. F. HOCKING, M.D., of Cleveland, writes us of the success of the college. Its change in location and arrangements has added greatly to the convenience and comfort of the students, as well as to the efficiency of the college. Ninety-five students are in attendance, thirty-four of whom graduate. Dr. Von Tagen succeeds Dr. Biggar as Registrar. The hospital has been removed into new and central quarters, within a stone's throw of the college. Dr. Hocking has been appointed House Physician.

He adds, "Cleveland is wide-awake, and will give a hearty reception to the American Institute."

CHARLES R. BROWN, M.D., a recent graduate of the New York Homœopathic College, has been appointed Resident Physician of the Massachusetts Homœopathic Hospital.

REMOVALS. — MILTON FULLER, M.D., from 85 Essex St., to 53 Warren Ave., Boston.

J. M. ANDERSON, M.D., from Danville, New York, to Rochester, Y. Y.

DANIEL D. LOOMIS, M.D., from Oneida, N. Y., to Canadota, New York.

S. H. COBURN, M.D., from Lyndon, Vt., to Springfield, Vt.

N. S. BAKER, M.D., from Cohoes, N. Y., to Newark, N. J.

DIED. — WILLIAM H. H. SISSON, M.D., at Omaha, Neb., on January 25, 1873, of typhoid pneumonia, after an illness of thirteen days. At a special meeting of the homœopathic physicians of Omaha, a series of appropriate resolutions of respect and sympathy was passed. Dr. Sisson was formerly a resident of New Bedford; he was a brother of Dr. E. R. Sisson. Wherever he was known he was greatly respected and warmly loved. His early death is a great loss to the profession.

JEHIEL ABBOTT, M.D., of Westfield, September 28, 1872, æt. 77. He was born in Tolland County, Conn., September 3, 1795. He studied medicine with the elder Dr. Woodward, of Worcester, and was for many years in allopathic practice. He was one of the earliest to adopt homœopathy, and for many years previous to his death was highly esteemed as a homœopathic practitioner.

AMORY GALE, M.D., at East Medway, February 20, 1873, æt. 73. He was born in Warwick, Mass., in 1800, and for upwards of forty years was in the active duties of his profession, the last twenty in homœopathic practice in East Medway. Always modest and unassuming in demeanor, he was firm and outspoken in advocating what he considered right, and was an early and active friend of the temperance, peace, and anti-slavery reforms.

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[VOL. VIII.]

CLINICAL MEDICINE.

S. M. CATE, M.D., EDITOR.

GRAUVOGL AND HIS WOULD-BE JUDGES.

BY CONSTANTINE HERING, M.D., PHILADELPHIA.

THE readers of the NEW ENGLAND MEDICAL GAZETTE ought to know what men who really have read Grauvogl, and really understand him, have to say about "A Layman's Opinion," printed in this journal, Vol. VIII, page 7.

We do not reject the opinions of laymen; on the contrary, we always like to hear what they have to say. But the conclusion of the Layman in the GAZETTE, p. 10, that "*to establish a law lies out of the reach of Grauvogl's mind,*" means in plain English that he is not a philosopher. This reminds us of a little anecdote too good to be lost.

A young man belonging to a homœopathic family, after his life had been saved by homœopathic treatment, as likewise that of many of his relatives, was to become a doctor, and of course a homœopathic one. He was sent to Germany, where, at a great sacrifice, he was kept for years, having had first to learn the German language. He came back full of learning, and the hope of the whole family. He declared, as the climax of his wisdom, that homœopathy was nonsense; and besides, that it was dying out in its own land, and would of course very soon die here also.

A zealous relative, sorry that an expected blessing of her family should become a disappointment, asked me what book

she might give him to read in order to convince him. "Grauvogl!" I said. "If he does not understand it, he is not a scientific man: let him try some other business; if he does, and he is not willing to make a few careful experiments, he is one who does not care to heal the sick; his moral qualities are to be doubted; he is governed by bad motives."

The young doctor promised to read the book from the first page to the last. After a few months he handed it back to his aunt. "What have you to say?" she asked. "Nothing," was his answer, "that is not homœopathy." She could not get another opinion out of him. What could he mean by this nonsense? He could only mean, Grauvogl's doctrine is not the scarecrow nor the bugbear that his reckless teachers — malignant calumniators and slanderers of the new school — had put into his head. And now comes a Layman, who very likely is a philosopher by trade, and says, "Grauvogl is not a philosopher!"

Our Layman talks about "facts" on page 8, line 10, and does not know *what a fact is!* Certainly not what is called a fact among scientific men. As often as he mentions the word, it is easily seen that he does not know its meaning. He might have learned it from Grauvogl, but he would not. He had not only buttoned up his overcoat, but also his head inside. The late Prof. Jackson, of Philadelphia, said openly in his lectures: "Facts are nothing; every quack has plenty of facts in his favor." We may say that the whole work of Grauvogl turns on this one problem: "What is a fact in science,— particularly in medical science?" Every one who loves the truth ought to read the golden words in Grauvogl's Text-Book, part II, page 193, lines 8-12.

In the midst of our Layman's criticism, page 9, line 17, he inserts, like a cutting diamond, the slanderous words: "*His [Grauvogl's] laudation of such a logician as Fries.*" What else could he mean by such a sneer, than that Fries was not such a logician as he or anybody else ought to esteem? If we hear what others have said about Jakob Friederich Fries' *System der Logik*, Heidelberg, 1811, second edition 1819, third edition 1837, we can only pity our Layman. We quote only

one, who is acknowledged as a historian of the greatest impartiality, — Dr. Leonhard Rabus, Professor of Philosophy in Speyer, Part First, 1868, p. 225.

“Considering the tendency of raising the acts of thinking to a rank of absolutism among the other activities of man; considering the danger of an arbitrary construction of the science of thinking; considering the despotism with which the received system of the Categories restricted logical thinking; considering the mixing up of logical thinking with the conception, it was of importance, that JAKOB FRIEDERICH FRIES (1773–1843), for instance, endeavored again to make logic conform with the process of thought based upon experience, and especially declared conception to be the basis of logical thinking.”

But never mind opinions. The slander lies not in the sneers at Fries, but in the charge of his *laudation* by Grauvogl. Where is that to be found? Grauvogl is not a follower or an admirer of Fries, but cites Kant, Schopenhauer, and particularly Apelt, as the men whom he follows in his philosophy. Schopenhauer is quoted in Part I, page 265 (overlooked in Shipman's Index), 280, II, 390, 400. We would on this occasion recommend our Layman to read particularly page 280 of the Handbook on *Stratagems*; and if he is able to read or study the original in full, we recommend him to read from Schopenhauer first: *Die Welt als Wille*, 3d edition, 1859, Part II, 112; next: *Parerga und Paralipomena*, 1862, II, page 25–34, and last, not least, in his *Handschriftlicher Nachlass*, 1864, page 3 to 35.

To return to the so-called “laudation.” Grauvogl, in the introduction, gives in his crushing manner, dashing his opponents to pieces, the striking proof, that “a logical manner of thinking is evidently strange to these opponents of homœopathy.”

The schoolboy's blunder, — saying “it is not so,” instead of “we do not know,” — induces Grauvogl to quote a “school-book.” He selected the most common, published from 1811 to 1837, and of which more than 5,000 copies had been published; a book which he had good reason to suppose every scientific man must have seen in his younger years, — a book

which had been in all their hands. Is this "a laudation"? Grauvogl means to say: It is a shame that we must quote a school-book to professors of our universities. He gives no names, because all our opponents make the same blunder. What our Layman says before and after this laudation-slander, gives it more influence with the ignorant reader.

First, he says in his letter a great many things which every one will either admit or very willingly allow others the doubt. But he goes on to say, page 9, line 12, "these propositions do not seem to me to be established." Who, among scientifically educated men, cares about what "seems," or "seems not," to our Layman? Who cares about the "seeming" to any man, while we have before us a scientific investigation on the results of which depend the welfare or the lives of men? It not only seems, but it is fully established, that such men, if they ever had a book on logic in their hands, did not read it; or if they read it, that they did not understand it.

It must have been the same with our layman as to Grauvogl's work, when he says, on page 9, line 15: "*The mystical, fanciful, mediæval, Helmont-like character of his speculations;*" this is in every word a falsehood. Grauvogl is evidently a philosopher who occupies the most opposite stand-point from Von Helmont. It is unnecessary here to make any quotation; the one about the pronunciamento from Brooklyn, Part I, page 201, is more than sufficient.

It is needless to argue against ill-will and ignorance. The writer of this, though holding an entirely opposite theological and philosophical creed from Grauvogl, esteems him, notwithstanding he differs from him in many points even as to homœopathy; but that cannot, of course, lessen his admiration for such a gigantic mind.

Grauvogl has never said a single word against the "great and original discoveries" of Liebig and Virchow; only their conclusions and practical rules he shows up in all their puerile, illogical nakedness. He does this with a most wonderful skill; he wields the weapon of logic with a dexterity heretofore unknown in our literature.

The so-called "unfavorable reference to Mill," p. 9, line 18,

is one of the shallow accusations slung about by our Layman as if he really was a judge, and able to give a decision to the public. On page 130 of Grauvogl's Text-Book, we read a passage of Mill quoted by Liebig, upon which he says: "Mill and Liebig here confound the art of observation with the mediate perceptions of the external senses." This is the main question in the medical sciences, and why should it not be allowable now to go some steps further than Mill did? Liebig had copied Mill without quoting him. Grauvogl, well acquainted with Mill, gives the quotation and proves the error of both, and by their own words. He quotes the remarkable passage of Mill, in which this highly esteemed philosopher confesses, that "the great problem of induction" had not been solved. Grauvogl adds, that the problem had been solved since, and by Apelt, in Jena. Our Layman has not the remotest idea what all this means, and how a truth can be, as he pleases to call it, "established." It is an impossibility to give a stricter proof than Grauvogl has given, of every doctrine of Hahnemann. We have no right to call it an "unfavorable reference" if Stuart Mill's Logic, in 1843, confesses to a want, and Apelt, in 1854, gives us this missing logic of induction. Grauvogl was fully in the right in correcting Mill, page 131, lines 19 to 23, and in explaining his correction by examples, as he does in the lines following it.

If Grauvogl had said of Wm. Whewell, that he tried to solve the same problem in 1847, and failed, that might have been called an "unfavorable reference"; but he does not say this; he knows how high Mill as well as Whewell stands in Germany.

The shallowness of the conclusions regarding an "unfavorable reference" drawn by our Layman after a superficial reading, becomes evident if we go a few pages further. On page 137, Grauvogl quotes Mill and says (line 17 from the bottom): "In all times, Mill everywhere *very pointedly* declares, men have inclined to conclude that where there is a name, there must be an entity." The signification of the German *treffend*, as used by Grauvogl, is very accurately given by the translator; but in the German it reminds every reader of the epithet *trefflich* (emi-

ment, exquisite). At all events, it cannot be called an unfavorable reference.

But in the second part of Grauvogl's work, which "it seems" our Layman, who hardly turned over many leaves of the first, has not even looked at, we find a passage where Grauvogl quotes Mill in the most commendatory way: "Now, because homœopathy is in every respect an incomprehensible subject to its opponents (and also to our layman), these opponents shall be set right; and that by an English writer. John Stuart Mill expresses himself rightly, and in an annihilating manner, in his System of Inductive Logic, with regard to such errors, arising from lack of comprehension, by the following example." II, p. 95, § 238. Here follows a gem from Mill's Works; we shall not copy it, as every physician ought to have Grauvogl, and every philosopher, Stuart Mill's Logic. Our Layman does not seem to have it; or if he has it, either he did not read it, or if he attempted to read, he did not understand it. How could he be "set right" by it? He lacks not only comprehension, but he lacks a scientific education; he evidently has not even the desire to be convinced of a truth; exactly as was the case with our young doctor mentioned in the beginning.

It would not have been worth while to answer this letter of a Layman, if it was not very important for our young men to learn to *criticise*. We have some authors among us with a similar lack of comprehension, who misapply philosophical words until they see misapplications all around, and not the simple clear truth.

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### LYCOPodium IN PULMONARY DISEASE.

BY A. M. CUSHING, M.D., LYNN, MASS.

Mr. B., aet. 40, has been exposed to night air very much for several years. On 19th July, he was suddenly roused from his afternoon nap by copious spitting of blood. An old-school physician was called, who administered powerful astringents. The hæmorrhage was checked after about a half a pint of blood had been raised.

July 20. — I was called, and found him feverish, restless, and



weak. Prescribed *Aconite*<sup>3</sup> in solution; two teaspoonfuls each two hours. In the evening I was called again; then he had raised about one pint of bright-red blood. The fever was much more severe, and he was quite weak. Gave *Millefolium*<sup>3</sup> in solution, two teaspoonfuls at a dose. The hæmorrhage was soon arrested by this remedy. He again took *Aconite*<sup>3</sup> and *Millefolium*<sup>3</sup> in solution, alternately, two spoonfuls each two hours. When the fever had abated, and danger from the hæmorrhage had passed, he was to take *China*<sup>3</sup> in solution, a dose each two hours.

July 21. — On examination, the upper portion of both lungs disclosed dullness, on percussion, with some bronchial respiration and mucous r le. The dullness was mostly on the left side, but the pain mostly on the right. There was constant hacking cough, with bloody sputa. He took *Ipecac*<sup>3</sup> in solution, two spoonfuls each two hours.

July 22. — The lungs seem some better, but he has a diarrhœa which came on last night, with pain in the bowels. Prescribed *Mercurius*<sup>30</sup> in solution, a dose each two hours.

July 26. — The discharges from the bowels were uncommonly profuse. He took *Podophyllum*<sup>3</sup> in solution, two teaspoonfuls each two hours.

July 29. — The diarrhœa is past, but he has swelling of the joints of the legs, most about the knees, and especially the right knee, and some of the joints of the feet. Prescribed *Rhus tox.*<sup>3</sup> in solution, a dose each two hours.

Aug. 1. — Trouble in the legs is better; but he now has sharp pains in the lower part of the lungs, most in the right side; pain very severe. He took *Bryonia*<sup>3</sup> in solution, a dose each two hours.

Aug. 3. — He is some better, but has considerable trouble still; prescribed *Bryonia*<sup>300</sup> in solution, a dose each two hours.

Aug. 5. — The pains in the chest were rapidly relieved after the last prescription.

Aug. 15. — From the last date the state of the patient has been quite unsatisfactory. By advice of counsel, gave *Sanguinaria*<sup>3</sup> in solution, two teaspoonfuls each two hours.

Aug. 28. — The above prescription had no good effect. The patient has taken *Pulsatilla* without relief.

Sept. 15. — Since the last date, the patient has taken *Lycopodium*<sup>200</sup>, *Arnica*, *Kali carb.*, and *Arsenicum*, but without relief.

Oct. 1. — He has had *Calc. phos.*, by advice of counsel. The prognosis both from myself and my medical adviser was very unfavorable; in fact it had been so, on my part, from the first. He is daily losing flesh; appetite very poor; much pain in the lungs; severe hacking cough; eyes bright and glassy; sunken cheeks; fever fits, with bright red spots on the cheeks; very restless at night; profuse night sweats; dull sound on percussing the top of both lungs. At 4 o'clock, P.M., each day, has a fever fit and is much worse. Prescribed *Lycopodium*<sup>200</sup> in solution, two teaspoonfuls each two hours.

Oct. 2. — He had a better night; perspiration less; feels much better every way. From this date the improvement was so rapid that at the sixth visit I suspended all medicine. Now, five months have passed, and he has been able to be out in all weather; but, by advice, takes extra care to guard against the influence of sudden changes.

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### EPILEPSY: OPIUM.

BY H. E. SPALDING, M.D. HINGHAM, MASS.

In March, 1869, I was called upon to treat Miss —, aged 15 years, for epilepsy. The trouble began more than a year before, and had continued to increase in severity, so that she was then having spasms almost daily, and sometimes several in a day or night. These came on without warning or apparent cause, and were remarkable for presenting at one time one class of symptoms, at another time, another. Now they were tonic, and again clonic; now general, again partial, affecting only the upper extremities, face and neck; now with episthotonos, again with opisthotonos. In short, I may say that at one time or another, she had all the symptoms with which hydra-headed *Epilepsia* has ever dared challenge drug symptomatology.

Now I was sure that *Cocculus* was the remedy; now *Bell.*; now *Ignatia*, now *Nux vom.*, now *Sepia*, now *Zinc. met.*;

and thus I tried, I may say, the *materia medica*. I would get a mitigation of the worst symptoms, and at times, temporary relief; but nothing that would continue for more than a few days. At length I determined to try the lauded prescription of Brown-Séguard; but that failed utterly, and I returned to the old remedies of homœopathy.

Thus I continued to treat her for more than two years. Disheartened myself, I only wondered that the patient had not been long before.

In December, 1871, the mother called on me, saying that she was worn out with the patient. For the past two months she had been growing worse; and for six weeks she had not had a night's rest with her. She begged that I might find some relief. To my joy she now gave me a new picture, or combination of symptoms to which one remedy would apply, and not leave many other marked symptoms untouched.

She had the fits only after going to sleep. She would not sleep ten minutes during the day or at night, before she would, with a sudden spring, become violently convulsed; foaming at the mouth, and bleeding from her bitten tongue; her face was puffed, and so congested as to look almost purple; her eyes dull and turned upwards; lids half closed; head hot; severe opisthotonos. The convulsion would last from ten to thirty minutes, when she would sink into a deep, heavy sleep, with loud snoring and rattling in chest. This respite would last seldom more than half an hour; sometimes not five minutes,—when she would suddenly go into another convulsion, as at first. Thus she would pass the entire night. In the morning, she would wake feeling lame and tired, but wholly unconscious of not having had a quiet night's sleep. During the day she seemed listless and drowsy; she complained of itching of the skin without an appearance of an eruption; was indifferent to what transpired around her; preferred to be let alone. These, with constipation, were her most marked symptoms, and they pointed to opium. I gave *Opium* <sup>6</sup>, one powder half an hour before going to bed. *Sac. lac.* was to be given after every convulsion, with orders to report the next evening.

The patient for the first time in two months passed a night

without convulsions, although restless, and often starting in her sleep. Continued the *placebo*, with orders to report to me the first convulsion she had. She continued well, gaining in strength and vigor for three months, when a sudden cold, with a narrow escape from pneumonia, checked in a measure her regular menstrual flow. This proved too much, and brought on a return of the old trouble, but with complications. There were many symptoms common to hysteria, accompanied by ovarian irritation; *Cimicifuga* relieved them. Then the convulsions took on more of their old form, but *Opium*<sup>6</sup>, in single or repeated doses, did not relieve it. The first attenuation, however, given every two hours, checked them promptly. She had no more fits for two months, when they again returned during sleep. I gave one powder of *Opium*<sup>12</sup>, to be taken before going to bed.

Since that single dose eight months have passed, and she has been perfectly free from fits, or signs of fits. Whether this may be called a perfect cure, as it now seems to be, or not, it at least shows the wonderful effect of a single dose, when given in conformity to the law of similars.

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### INDOLENT AND VARICOSE ULCERS.

BY J. H. SHERMAN, M.D., LYNN, MASS.

If the young practitioner has found the same difficulty in curing indolent and chronic ulcers of the lower extremities that I did in the first years of my practice, he will be glad to learn some easy and reliable method of treatment. I will report one case as a sample of many.

Mrs. B., aged about forty-five, applied to me for advice about a sore leg which had troubled her for seventeen years. She was somewhat emaciated, pale and feeble, and had but little appetite. She could walk but little. An ulcer, on the calf of the right leg, was three inches in diameter, and in the centre about three fourths of an inch deep; the edges were elevated, irregular, and irritable; it discharged large quantities of purulent matter daily. The leg was somewhat swollen, and

had a dark appearance, as of venous blood effused under the skin. There was but little pain or tenderness, except when walking. I carefully cleansed the sore with dilute carbolic acid, using a soft sponge. I then painted the ulcer with the tincture of muriate of iron by means of a camel's-hair brush. The leg was then bandaged smoothly and tightly from the foot to the knee. This treatment was repeated daily for six weeks, when the discharge from the sore had nearly ceased; the sore healed rapidly, until it was reduced to about half its original size. For the next two weeks it was dressed every alternate day; then every third day for two weeks, when the ulcer had entirely disappeared.

When there is a tendency of the limb to swell, I recommend the patient to wear an elastic silk stocking for a few weeks after the ulcer is healed. For constitutional treatment, I prescribe *Sulphur*<sup>3</sup> at night and *Silicea*<sup>6</sup> in the morning. I advise generous diet. The above course of treatment, thoroughly carried out, will, I believe, cure all cases of varicose and indolent ulcers. I cannot vouch for this kind of treatment for the so-called Irritable Ulcer, but I should try it with confidence if I had such a case to treat. This treatment is successful, and of course homœopathic.

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NOTE BY THE EDITOR.—An inquiry of Dr. Sherman as to his method of treating ulcers of the lower extremities, has called out the above paper, and we think it a very valuable contribution to the homœopathic clinic. Soon after receiving it we proceeded to put it in practice. It was applied in the case of an irritable ulcer on the left leg. The patient was about sixty, a widow, who had borne four children. She had been under treatment for six weeks, during which time she had taken *Sulphur* without much effect, and then *Antimonium crud.*<sup>300</sup>, with some improvement. Locally, compresses of cold water had produced considerable palliative effect. But the disease was palliated only, not cured. The ulcer, of the size of the fore-finger nail and a quarter inch deep, and very sore and painful, was on the outside of the leg three inches above the ankle. The veins of the leg were enlarged; and an inflamed spot on the lower

part of the calf had troubled her for some months. The ulcer was painted with tincture of muriate of iron and the leg bandaged closely from the toes well up towards the knee. *Ant. crud.*<sup>300</sup> was continued, a dose night and morning. In a few hours after the application of the bandage, the cutting and burning pains in the leg were much better. She bore the bandage much better than was supposed possible from the irritable condition of the ulcer. In two weeks the ulcer was healed, and the limb is in a fair way to a full recovery.

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**POLARIZED LIGHT.** — “We have all noticed that when the sun shines directly through a window hung with figured muslin curtains, the reflection of the pattern of the curtains in the window interferes with the prospect. When this reflected image is viewed through a Nicol’s prism, it disappears as the prism is rotated, leaving the prospect unobstructed. The experiment is very interesting, and can be performed by any person who has a polariscope attached to a microscope, and it is only necessary to observe that the image is viewed at the proper angle. The effect will possibly be best when the sun’s rays make an angle with the curtains and the glass nearly coinciding with the polarizing angle. Tyndall has mentioned a case in which the haze obstructing the view of a mountain-top, was rendered transparent by Nicol’s prism. The leaves of the ivy polarize light very completely.” — *The Lens*.

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A STRIKING piece of Homœopathy is found in a communication by Mr. Alfred Freer, of Stourbridge, Eng., on the use of ergot in abortion in the early months of pregnancy. He has given it in about 200 cases of threatened abortion with profuse hæmorrhage, with the happiest results. He says, “I can call to mind several instances where ergot being given to check uterine hæmorrhage, it has acted well, by causing not the expulsion of the ovum, but its gradual retrocession into the uterus.”

## MATERIA MEDICA.

CONRAD WESSELHOEFT, M.D., EDITOR.

A COMPLETE MATERIA MEDICA. SHALL IT BE RE-  
PROVED BEFORE PUBLICATION?

BY THE EDITOR.

At the last meeting of the American Institute of Homceopathy, a resolution \* was offered, asking the Institute to sanction and promote by its influence the publication of a complete Materia Medica, in the place of the abstracts and condensed hand-books hitherto in use. It appears that this resolution was not adopted, on the ground that the labor and expense of collecting all our provings would be too great, and that we should first consider the practicability of re-proving our remedies, under conditions calculated to separate the genuine from the spurious, the characteristic from the common, etc.

We do not intend to oppose, in the abstract sense, the spirit of improvement. We always stood committed to the necessity of improving our Materia Medica, and we have always endeavored to add our humble share to the work of re-proving, by urging what our excellent colleague, Dr. W. E. Paine, has aptly styled *verification of symptoms*. While the tendency of the times has been manifested by individuals in bringing forward new remedies, we have always considered it far more advantageous to take up some article of the Materia Medica already known to some extent, and to endeavor faithfully to extend its usefulness by re-proving, and thus confirming what was already published concerning it, and to add new and useful facts. The *Pulsatilla nuttalliana* and *Iris versicolor* will, we trust, speak in our behalf.

In offering some arguments, therefore, against the feasibility of re-proving all our medicines with any hope of soon coming into possession of a complete Materia Medica, we consider ourselves far from any motive or principle opposed to real progress, and though a member of the Bureau of Materia Medica

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\* See Transactions of the Am. Inst. of Homceopathy, 1872, page 552.

of the Institute, we deem it our privilege, as a physician, to make known our views upon the subject now.

There can be no doubt that we all desire and demand a complete *Materia Medica*. What do we mean by that? Certainly neither more nor less than that we desire a perfect, unabridged record of all that has hitherto been known and published regarding the action of drugs upon the living organism of man in health, as well as in disease.

And now it is proposed to re-establish by actual experimental proof, all that has been known and published with regard to *Materia Medica* since the publication of Hahnemann's works! Ideally, this would be right, were it practicable; but really, impossible. An experience of some ten years or more, during which we have labored to procure provers, has forcibly impressed us with the great difficulty of obtaining the required working forces. By creating a great stir and commotion by loud proclamations, by exciting the ambition of those eager to excel in public, we might, if we chose, furnish a large quantity of *factory* work; but that is not what is needed. On the contrary, we ask for the co-operation of intelligent, careful, and industrious workers. These are always modest and retiring, hard to seek out among the busy multitude, and if discovered, they never allow themselves to be driven or hurried; they insist on doing their work in their own way, in order to do it well, and are unwilling to furnish anything useless, or inferior in quality. Such workers are necessarily few in number. This is one point we would request our readers to remember.

Secondly, workers of the order above named will work slowly; and hence, the project of re-proving the whole *Materia Medica* before publishing it, becomes impossible if the present generation or the next is to derive any benefit from it; therefore, the practical impossibility of consummating the plan contemplated at the meeting of the Institute. We would urge that we cannot afford to wait till the whole is re-proved. The sick will appeal to us for relief; they cannot wait till we have acquired all the knowledge that is to be vouchsafed to future generations. Necessity imperatively demands that we should use, to the best of our ability, what we already possess. The



very imperfection of old therapeutics gave rise to the homœopathic method of cure. By means of it, the patient, though he may not always be saved, is never sacrificed, as often happens under the wanton methods of the Old School. Hence, there can be no objection whatever to collecting, arranging, and compiling a complete *Materia Medica* in the sense above defined.

Are we, then, to lose for practical purposes all our knowledge of *Materia Medica*, the work of more than thirty-five years, merely because we cannot test on a gigantic scale its absolute truth and usefulness? Shall it go on accumulating year after year, till the task of collecting it shall have become entirely impossible? Unquestionably there is the "spurious" mixed with the "characteristic" in the *Materia Medica*. Must it unconditionally be discovered now or never? And by whom?

Precisely the same necessity exists in all other branches of medical and natural science. Why are these not purified, once and for all, in the manner suggested in regard to our *Materia Medica*? We doubt if there is one single, absolutely-established principle, or undisputed fact in all physiological learning. With regard to pathology, we know as little about the course of disease as we did forty years ago. Anatomy, since it has merged into microscopic histology, where it borders upon physiology, is yet much shrouded in obscurity. Or else, if all these branches of science have been brought to perfection, why all this toil, and incessant experimentation with a view to their improvement? The researches in the field of physiology alone have exceeded almost every other in the last thirty-five years; fifty volumes of ordinary size would not hold even an abstract.

Many of these researches have been entirely useless,—a waste of time; some have established useless facts; others have tended to perpetuate what either is not true or may never be substantiated. Such are the natural chances of experimental inquiry; and yet, is the scientific world to cast away the physiological knowledge and researches of the past thirty or forty years, because it is supposed to contain, or does contain spurious or useless assertions, incorrect observations, misinterpreted facts? We think not. On the contrary, all that is known and on

record somewhere, has been carefully collected, and used for present needs and purposes, just so far as it admitted of being used. We cannot stand still, nor go backward; we must go on, using what we have, and improving the old by new applications.

Now, if it is impossible and useless to "purify" physiology, pathology, etc., etc.,—that need it quite as much as any other branches of science,—why should we endeavor to do what is impossible with our accumulated *Materia Medica*? The work of improvement will go on nevertheless, as it does, by slow but sure labor, in all branches of science. But wholesale scientific labors are out of the question; while the labor of collecting, arranging, and printing what is already known, can and should be accomplished now.

In fact, it already has been accomplished by one industrious, disinterested worker, in the past thirty years. We refer to the *Materia Medica* of Dr. Hering, alluded to by Dr. Payne in his appeal to the Institute. It certainly would be unnecessary to do over again the work that has already been accomplished by the most industrious, capable, and unselfish laborer in our ranks; who has repeatedly offered it for publication, and is now as ready as ever to publish it at a price barely exceeding the cost of publication. No abridgment or abstract can supply the place of a work like the one contemplated.

Such are several reasons for publishing a *Materia Medica* before re-proving the entire material. In view of the present status of homœopathy, and the frequent attacks it is called upon to repel, what could be more effective than the means afforded by comprehensive knowledge? To obtain such knowledge, a complete digest of the subject of *Materia Medica* is necessary. Abstracts, or condensed hand-books, will never accomplish as much; they will, on the contrary, confirm the old adage, that "a little knowledge is a dangerous thing." As for the means to that end, various methods may be proposed; for one, we would even gladly relinquish, for a time, the annual publication of the Proceedings of the American Institute, and apply the sum usually expended in that volume, to the publication of an unabridged *Materia Medica*.

Since writing the above we have received Dr. J.P. Dake's article entitled "Credulity and Incredulity," touching the same topic discussed in the preceding pages. Taking it for granted that our readers will desire to listen to both sides of an important question, we allow this article to remain as we wrote it, while yet without any other knowledge of Dr. Dake's views than as they were foreshadowed in the last report of the Transactions of the Institute.

### SULPHUR IN SEVERAL ACUTE DISEASES.

BY CONRAD WESSELHOEFT, M.D., BOSTON.

(Continued from page 121.)

**PNEUMONIA.**—Unquestionably *Sulphur* is applicable in cases of pneumonia where the condition of the lungs and bronchi furnishes the indications, which we interpret from the known pathogenesis of *Sulphur* to be briefly as follows: The dyspnoea is of a spasmodic kind, with periodical sensation of constriction; the breath is drawn in with a wheezing, whistling sound; the sense of suffocation may be intense, accompanied often with stinging pains in the back. The left lung is mostly the seat of pain, in the form of stitches. There is active congestion of the lungs, characterized by heaviness like a lump pressing upon the chest, with a sensation of throbbing, and also palpitation, with stitches and cutting pains. The cough is short and dry, sometimes with a crackling sound in the chest; it attacks the patient just as he is about to fall asleep.

The *locality* mostly affected, is, as a general rule, one side only.

The *time* of aggravation of the pneumonic symptoms is not so clearly marked in regard to the chest symptoms as in those of the fever, to be described below; but it appears as if the night, and especially midnight, were the principal times of exacerbation of dyspnoea, congestion, and pain, and consequently, of the cough also.

The *conditions* under which the symptoms are most apparent in light cases are — while walking out of doors, while speaking, in bending forward, and in sleep, during which the dyspnoea as well as the cough may appear suddenly.

In cases not complicated with febrile excitement, the above indications will have to be our only guide. But in febrile cases, especially if very acute, the character of the fever, that is, the peculiarity of the chill, the subsequent heat, the perspiration, and the time of occurrence of these stages, form, in our experience, much safer guides, not only in the selection of *Sulphur*, but in that of any other remedy.

We need only repeat here, that in acute febrile pneumonia we take as indications precisely the same symptoms which were described under "continuous remittent fever." By way of illustration we subjoin the following case:—

Dec. 16, 1872.—Mr. T. L., æt. 18, very healthy and perfectly strong, had been sick for a week with headache and general discomfort. Three days ago he had several chills lasting till afternoon; at that time intense heat began, increasing in the evening, with headache and thirst, calling for frequent mouthfuls of cold water. The night was spent in great restlessness; the pulse in the morning, after the heat had subsided somewhat, was 112; during the heat it was 130. The paroxysms of heat came every two hours, without any more intervening chills. Congestion of the lower half of left lung and lower two thirds of right lung was very distinct. Dyspnœa very marked, with short, troublesome cough. *Bryonia* <sup>6</sup> gave no relief.

Dec. 17.—All symptoms worse; the patient very anxious and distressed for breath. I prescribed *Sulph.*<sup>90</sup>, three doses, at intervals of three hours.

Dec. 18.—Pulse 72 this morning; he had a less severe paroxysm of heat last evening, during which the pulse was 112; he slept much more. The respiratory murmur is becoming audible in the inferior lobe of the right lung; tongue moister.

From this time the febrile paroxysms diminished, coming at first in the morning and evening; then only in the evening; so that by December 21 the patient was quite convalescent.

As the fever subsided, the dry, hacking, night-cough was very distressing; this was entirely relieved in about nine hours by a few doses of *Phosph.*<sup>90</sup>; so that it was very trifling that night, not preventing sleep at all. No other medicine was given.

**APHONIA.** — A fourth form of disease in which *Sulphur* has proved to act with very favorable results, is loss of voice from catarrhal inflammation of the mucous surface of the larynx, and especially of the vocal chords. The pathogenetic effects pointing to the relation which *Sulphur* bears to the larynx and vocal organs, are few, but extremely well marked. They are: great hoarseness, harsh voice, gradually ending in complete loss of voice, which, in persons predisposed to it, may last for many days, and even for weeks, if left to itself. In connection with the aphonia, there often is a troublesome cough, which either sets in at the moment the patient falls asleep, and thus proves an excessive annoyance, or it wakes the patient up, by coming on only during sleep, while it is not very troublesome during the day-time, or while the patient is awake. In cases of this kind, we have found no remedy to answer the purpose so promptly as *Sulphur*. Even in cases of many days' duration, *Sulphur* was followed by speedy relief, where all other medicines had failed. We quote one case in point: —

Jan. 28, 1872.—Mrs. B., subject to coughs, had taken cold, and had been coughing several days. The cough was attended with hoarseness, resulting in complete loss of voice; the tonsils and pharynx were inflamed and somewhat swollen; *Bell.*<sup>o</sup> was given without effect.

Jan. 29.—There being no change, and the aphonia being complete, I prescribed *Sulph.*<sup>oo</sup>, three doses, one each morning and night.

Jan. 30.—The voice was found to have been restored, and it remained so. The severe tickling cough, which unfortunately did not indicate the above remedy, and which troubled the patient at night, coming in long paroxysms, was relieved in twenty-four hours by a few doses of *Iodine*.

**ACUTE RHEUMATISM.** — It is well known that *Sulphur* has been in former years recommended by the old school as a useful remedy in chronic rheumatism. But it deserves more frequent trials in the acute form of the disease than it has had hitherto. Acute rheumatism, to be relieved by *Sulphur*, should present febrile symptoms like those previously described. The cases

in which *Sulphur* proved efficacious were quite severe, especially the inflammation of the joints, showing much redness, swelling, and excruciating pain on motion, as usual. The character of the pain is that of a severe sprain. All joints may be successively attacked; but the most characteristic peculiarity of *Sulphur* is, that the affection is apt to begin in the feet, and to pass from them successively to the upper joints; all pains are decidedly worse in the night, as a general rule.

In a case presenting the above peculiarities, which had lasted about eight days, and in which *Aconite* and *Bryonia*<sup>6</sup> were useless, *Sulphur* was administered on the thirteenth day of the disease, and was followed by an immediate, though gradual, abatement of all distressing symptoms; previous to the exhibition of *Sulphur*, the disease had shown a great disposition to relapses, attacking all the joints repeatedly. It had just recommenced in the hands when *Sulphur* was given, but it proceeded no further, and the febrile symptoms vanished. The patient was quite convalescent on the sixth day after beginning with *Sulphur*.

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#### RHODODENDRON.—A CLINICAL PROVING.

BY J. HEBER SMITH, M.D., MELROSE.

EDITOR OF GAZETTE: I am happy to furnish you, in a very few lines, an instance of the unquestionable efficacy of *Rhododendron* in the following symptoms: Tearing in the forearms, as if it were in the periosteum, during wet, cold weather. Violent, tearing-boring pain in the left shoulder joint, with a prickling sensation in the fingers, the pains are especially felt in the forearms and fingers, and resemble a cramp-like drawing.

Miss M. W., a chronic sufferer from rheumatism, was seized suddenly with the above symptoms, about 6 P. M., one cold, wet day in winter. They continued with increasing severity about two hours, extorting cries and groans. I found the patient walking the floor, her countenance indicating acute pain. Gave one dose of *Rhodo.*<sup>200</sup>, and in a few minutes she was completely relieved. There was no return of these symptoms for a year.

## LETTER ON LILIUM, FROM DR. LILIENTHAL.

[I take the liberty of presenting the following interesting symptoms of *Lilium*, in the form in which I received them. — J. B. B.]

NEW YORK, Jan. 6, 1873.

DEAR DOCTOR,— Reading your notes on *Lilium* in the January GAZETTE, p. 16, I take the liberty to give you one symptom which I relieved by *Lilium*. It is the symptom which I continually felt when proving it. "Sensation as if the heart were overloaded with blood, and it would afford relief to bring up a quart of blood." There is a *feeling of fullness* (not the constriction of *Cactus*) which must have vent by reducing the blood-mass in the heart. Hence the fullness of the head, with dull, confusing heaviness, the staggering, and feeling of intoxication, the ebullition in the chest, the coldness of hands and feet, — all symptoms as if the circulation were retarded by some obstacle in the arterial system, — as if the blood flowed freely enough from the veins, but its outflow is prevented.

I have twice had such a group of symptoms in male patients, and relieved them by *Lilium*.

O, we ought to prove more, as it is the only way of acquiring a full use of our treasures! Alas, life is so short, and the laborers so few, all the world over!

Fraternally yours,

S. LILIENTHAL.

To JAMES B. BELL, M. D.

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EXPERIMENTS WITH ANIMALS.— Some very interesting observations made by Dr. Cornelius Black, are recorded in *Braithwaite's Retrospect* for January, 1873, page 69. Young live trout were subjected to a microscopic examination in water containing a decreasing amount of oxygen, and an increasing quantity of carbonic acid. The heart's action and the motion of the blood were distinctly seen, and carefully studied and described. Might not this same method of study applied to various drugs, furnish a more exact knowledge of their effects upon the blood, and of the heart's action? I. T. T.

## OBSTETRICS AND THE DISEASES OF WOMEN.

MARY J. SAFFORD, M.D., EDITOR.

## PRURITUS.

BY THE EDITOR.

ACCORDING to my own observation, pruritus occurs more frequently in young girls, soon after the establishment of the menstrual period, and in women approaching, and past, the climacteric period. It may, however, appear at any age, and in all conditions of life—Hebra's opinion to the contrary notwithstanding. I have seen it as frequently among the well-to-do as among the poorer classes. In several cases I have known young girls to become onanists from the intense desire there is to produce friction upon the parts affected. I have been told by women of mature years that it required all the moral force they possessed to refrain from debasing habits. Whether induced by this condition, or as a cause of it, there is usually present a vaginal, utero-cervical, and it may be uterine, catarrh. There is frequently a restless, nervous state, and a despondent mental condition, a brooding over the trouble, and a desire to keep it to herself, as if it would reflect discredit upon her character. In these cases the sufferer has often been greatly relieved by explaining to her that it is a diseased condition for which she is no more responsible than for any other disordered state of the body.

The itching becomes more intense when the patient is warm in bed, or when chilly, and while walking and driving. The disagreeable friction attending the exercise sometimes prevents the patient from indulging in it.

The covering, or cuticle of the mons veneris and of the labia, is sometimes abraded, and even quite removed. When this is the case, the physician's suspicions as to the cause should be aroused; and sometimes it is the index that points to a habit that is rarely confessed with frankness. Not unfre-



quently the process of scratching, and of even tearing into the tissues, is carried on while the patient is asleep, and irresponsible for the act.

There may be excoriation, a papular eruption and pustules; and these from scratching become converted into dark, heavily-scabbed sores.

Pruritus is often an accompaniment to the first stages of cancer of the uterus. Voit says that it is found in diseases of the bladder and kidneys, where it is analagous to that which attacks the glans penis in cases of calculus of the bladder.

In the case of a young woman who died of phthisis, in the hospital at Vienna, after a lingering illness, and who had suffered continually from pruritus, the ureters were found, on post-mortem examination, fairly clogged with bacteria.

In examinations of the secretions from normal vaginæ, I have not unfrequently found those insinuating life-atoms. I have never found them wanting in the secretion of patients suffering from pruritus, and they are usually very abundant.

I remember to have seen a case of this most annoying disease in a young girl who had suffered intensely at her menstrual periods. As there was no favorable response to remedies given, an examination was considered necessary. The hymen was found to almost completely close the vulvular orifice; a slight crescent-shaped incision made in it was followed by a profuse flow of dark, offensive-smelling blood. Her menses followed normally, and there was a cessation of the pruritus.

A woman *æt.* 40, married for twenty years, sterile, active, and with former robust health, consulted me. She had always menstruated regularly, but for two years had suffered from an increasing dysmenorrhœa. For a week after the flow ceased there was a watery discharge, sometimes slightly tinged with blood, and this was followed, during the menstrual interval, by a glairy, yellowish-tinged, excoriating discharge and an almost continuous pruritus. I found the vulva and vagina unusually narrowed; the uterus slightly retroverted and enlarged; the cervix with a normal appearance, save that neither sight nor touch at first revealed any os uteri. Under a slight fold of membrane was finally discovered an opening so minute that only the finest

silver-wire probe would enter it; and this met with obstruction, so that it was impossible to pass it through the internal os. There was no cicatrized tissue about the neck. She had never been examined before, and did not remember to have had any inflammation or suffering in this region. So one could but infer that the condition of the os was congenital. Why her menstrual periods formerly had not been attended with suffering, seemed inexplicable.

I gave the remedies most relied upon in such cases, in potencies from the 30th to the 200th, without marked relief, and believing the mechanical hinderance too great to be overcome by remedies administered internally, I performed hysterotomy, by Dr. Sims' method,—two lateral incisions extending through the internal os. For three days sea-tangle tents were kept in the cervix, and a pledget of cotton was applied to it saturated with a weak solution of carbolic acid and glycerine.

There was no hæmorrhage of any consequence attending the operation. The woman was more quiet for a few days than usual, but kept up and about the house. The wounds healed readily, and the cervical canal remained open sufficiently to introduce a medium-sized sound. The dysmenorrhœa was completely cured as well as the pruritus, and she now enjoys her former robust health.

Still another case, is that of a plethoric unmarried woman æt. 38, who had suffered for some years from pruritus, during the menstrual period. For a year it had not been limited to this time, and was now almost continuous. And so intense became the suffering at night, that she was often forced to leave her bed and walk the floor. From an unconscious friction, which she thought must have occurred while asleep, the external organs were covered by a fine vesicular eruption. For this I prescribed *Rhus tox.*<sup>300</sup>, with cool sitz-baths, and at night an application of cold to the parts affected. The eruption disappeared and the itching, but for a time only.

There was a milky leucorrhœa which *Calc. carb.*<sup>300</sup> removed; the irritation, though somewhat ameliorated, still remained. Warm baths were tried with only temporary relief.

Finally a solution of *Carbolic acid* and water, five drops to

the ounce, was used as a wash, and applied upon a compress at night; as there was considerable burning and redness of the parts, *Carbolic acid*<sup>30</sup> was at the same time given internally. Unbroken rest was enjoyed in a short time, and there has been a perfect cessation of the trouble since that time.

If these cases had come under medical advice early, it is very probable that they might have been reached by a proper system of bathing, or by a simple application of warm water at night if it gave more trouble at that time. But delay usually leads to a general derangement of the genital organs, and a decided nervous prostration.

The following unusual form of pruritus during pregnancy, I translate from Schmidt's *Jahr Bücher*, No. 11.

A nervous woman, æt. 34 years, the mother of six children, had a slight attack of gastritis in her seventh month of pregnancy, followed by a severe facial neuralgia. When all remedies failed to relieve her, a change of air was recommended. During the journey she suffered intensely, but upon arriving in Glasgow, the neuralgic pain disappeared. In its stead she was annoyed by a troublesome itching all over the body, at first only at night, later uninterruptedly. No change was observable upon the skin.

Bromide of potash was ordered, and a wash of borax, morphine, and glycerine, with free exercise in the air; all was to no purpose. To the most sensitive portions of the skin was then applied an emulsion of bitter almonds and prussic acid. The itching ceased, and the neuralgia returned with a slight attack of gastritis. These again gave place to the pruritus, now extending to the mucous membrane of the mouth, nose, and trachea. Weary and nervous, unable to sleep, chloral was given with favorable results. The external application above mentioned was continued. She had a normal delivery, after which the use of chloral was discontinued. The pruritus was slightly felt ten days after delivery.

I have no doubt that *Arsenicum*, *Nit. acid.*, *Sepia*, or *Sulph.*, with due attention given to bathing, would have brought more speedy and sure relief than the emulsions and mixtures given in this case.

## COMPLETE INVERSION OF THE UTERUS.

BY MARY J. SAFFORD, M.D., BOSTON.

MRS. —, of Vermont, æt. 25, has been married three years. Nine months after her marriage she had an abortion at six months, and was delivered by instruments, which were considered necessary, owing to excessive flooding. The child weighed two pounds, and lived five weeks. The flowing continued six weeks after delivery; but in the fourth week, although very much reduced in strength, she attended to household duties.

Previous to her marriage the menses had been profuse and irregular, usually anticipating a week. After confinement they continued as profuse, but often with six weeks' interval between the periods. She did not regain her usual strength, had leucorrhœa, and a dragging, heavy sensation in the hypogastric region. Her attending physician, an allopath, applied a pessary for prolapsus uteri; this seemed to increase the leucorrhœa and gave no relief. Iron and other tonics were given her.

Twenty-one months after her first confinement she was delivered of a second child, at full term, with a speedy and normal labor, followed by severe flooding, which produced syncope. The placenta was adherent, and was removed an hour after delivery, by force, which gave her intense pain. Tampons and cold injections into the vagina controlled the hæmorrhage somewhat, although it continued more or less severe for six weeks.

After this, while at stool, she felt something internal give way, and profuse flowing followed. Her physician was sent for immediately, and upon examination, found in the vagina what he termed a polypus, which he told her he had felt during her labor, and that he would remove it as soon as the flow ceased sufficiently to allow of it. Soon after that I chanced to be in Vermont, and was called in to see the patient, and upon careful examination found the doctor's polypus to be the uterus, completely everted, and like a flabby sac, lying in the vagina, the cervical portion elongated and narrowed, with only a margin of cervix to be felt, which was in so relaxed a condition that I at first hoped reposition possible by mere manip-

ulation. But after a prolonged effort, in which I used as much force as I considered prudent, I was obliged to leave the case as I found it, not having any instruments with me, and remaining in the place only one day.

Soon after this, Dr. K., a physician of some reputation, came to the place and was consulted, and verified my diagnosis, in face of the ridicule it had received from her family physician. Dr. K. placed the patient under the influence of ether, and after manipulating two hours, was obliged to cease further effort without being able to restore the organ to its place.

Severe flooding followed, with great prostration and a slight attack of peritonitis. A few days after this the patient began to flow suddenly at night, and with such severity that death seemed imminent. Tampons of ice were introduced into the vagina, and sulphuric acid was given internally. The patient, before anæmic, now seemed almost bloodless. Tonics, iron, and quinine were again administered.

Two weeks after the first attempt at reposition, Dr. K. made a second, but futile attempt. Under the influence of ether the heart's action became very irregular, and attacks of syncope followed for several days.

This occurred the latter part of June, 1872. An almost incessant flow continued till September, when it ceased for six weeks. In the meantime there was a profuse and watery leucorrhœa. After this the menses occurred every six weeks, continuing from one to two weeks.

In December, the flow was very severe, and the patient was much prostrated by it. She suffered continually from pruritus, and the external genitals were somewhat eroded. There was a continual tendency to constipation, a sore dragging sensation across the lower portion of the abdomen, with shooting pains in the ovarian region.

January 8, 1873, she came to Boston and placed herself under my care. It would not be possible to conceive of a more thoroughly anæmic patient. From the fatigue occasioned by the journey, the menses returned with severity two weeks after the cessation of the previous flow.

Upon examination I found the uterus in very much the same

condition that it was when I examined her the previous June, except that it was even more relaxed and patulous. The leucorrhœal discharge, which was continuous, varied very much in appearance; sometimes watery, again a thick, yellowish slime, or dark in color and very offensive in its odor. Water, as warm as could be borne, sometimes with castile soap, again medicated with carbolic acid or hydrastis, was used as a cleansing injection, and *Helonias*<sup>30</sup> given during the first attack of flooding. After that *Nux vom.*<sup>300</sup> at night, and *China*<sup>300</sup> in the morning, were given for two weeks, then *Sulphur*<sup>300</sup> daily for a week. This was followed by *Calc. carb.*<sup>300</sup> a week.

The menses occurred again in four weeks, again profuse, with an exceedingly offensive odor. *Bell.*<sup>30</sup> was given. Between this period and the next,— six weeks,— she had a small but very painful abscess in the lower portion of the rectum. This caused some fever and restless, sleepless nights. Remedies were given to meet the symptoms. At the appearance of the next monthly period *Secale*<sup>300</sup> was given, and the flow was slight compared with previous ones. *Sepia*, which had been given from time to time before, was again tried.

A rubber bag was now introduced into the vagina. After its introduction it was filled with air and left to press against the uterus; this was worn till the menses returned, when the pressure could not be endured. The flow was slight, and the patient was better in every respect than during the previous periods.

Being convinced that reinversion of the organ could not be accomplished merely by pressure of the air bags, and never having seen, in Europe or America, any instrument that seemed suited to such an operation, one was invented for the purpose by Mr. Gorham Blake and myself. It consisted of a rubber cup two inches in diameter and three fourths of an inch in depth, with a thin soft rim, thickening towards the base, where it is attached to and communicates with a curved tube of hard rubber seven and one fourth inches in length, with an internal diameter three sixteenths of an inch. In the outer or lower end of the tube are rings through which run elastic straps which are fastened to a belt about the body, and hold the instrument in place. A silvered wire twelve inches long extends through

the tube; upon the end of it is a pear-shaped bulb of hard rubber, half an inch in diameter, fitting down into the cup. On the external end of the wire is a rubber button to be screwed off for removal of the bulb from the cup.

(Instead of the hard-rubber bulb and wire it might be an improvement to have a soft-rubber ball, capable of being inflated with air or water, attached to a small metallic tube with a stop-cock at the lower end.)

I introduced this instrument on Wednesday morning. The patient kept a reclining position, as she has done most of the time since she has been under my care. At first a slight pressure was made, but gradually the elastic straps were tightened, as the patient could endure it. It remained in position till Friday morning, when the desire for a stool became so urgent that I removed the instrument. A very fetid discharge flowed from the vagina. I gave a cleansing injection of warm water with a few drops of carbolic acid. The uterus was firmer to the touch, but unchanged in position. The instrument was reapplied, and worn as snugly as possible till Sunday morning.

Before again removing it, I pressed firmly and slowly upon the end of the wire connected with the bulb, till it was pushed up at least three inches. Dr. Williams, who had assisted me with the case from the beginning, held firmly the external end of the wire, while I introduced the digital finger of the right hand into the vagina and placed my left hand upon the abdomen. I now had the cup removed by Dr. Williams, and found that the anterior portion of the womb, being pressed upon by the bulb, was reinverted by this pressure; but the posterior portion had become engorged and jutted over the cup. There was now a margin of cervix an inch in length to be felt.

The instrument was again replaced, and gradually tightened, until about six inches had disappeared within the labia.

Tuesday morning the patient began to have regular pains, as if in labor. Towards evening they became quite severe, and then we proceeded as before, to remove the instrument. Upon introducing the index finger as high as possible, I found the body of the cup had been grasped by the cervix, and was held fast within the womb. Fearing that the reinversion was

only partial, the bulb being held firmly in position, I compressed the cup as much as possible, and by slipping my finger under the cervix succeeded by slow and gentle movements in withdrawing the cup, still keeping the bulb firm lest the organ might slip back. As I could not reach the fundus with my finger, and as the bulb was in so far, I concluded the reposition to be complete; I withdrew the bulb, and immediately filled the vagina closely with cotton tampons saturated with glycerine and carbolic acid.

There was some soreness felt in the uterine region, but no severe pain and no reaction such as often occurs at the time of reinversion.

There has been no flow since, and but very little leucorrhœa, so that I can but hope that after thirteen months of unceasing suffering, she will soon be restored to health and strength.

I believe this instrument to be the best yet invented for such cases. Should any physician desire any further particulars in regard to it, I should be happy to furnish them.

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#### NOTES.

**HYDROCEPHALUS.** — The following novel cure for hydrocephalus is from the *Journal für Kinderkrankheiten*: —

A boy five years old had gone through the usual list of mercurials and vesicatories to no avail, and his father, in despair, gave him a pinch of maccaboy snuff which produced violent sneezing, that caused a decided flow of clear water from the nose. This was continued from time to time with like results, and by the aid of another exciting remedy, which unfortunately is not mentioned, the child recovered.

Another case is given of a child four years of age, who, after a fall from a window, was attacked by hydrocephalus and recovered without medical aid by a spontaneous and profuse flow of water from the eyes.

In another case a large sac was formed at the base of the skull, which broke and discharged a clear fluid, and restoration followed.

Other cases are given in which spontaneous discharges from the ears resulted in perfect recovery.



**BABES IN FRANCE.** — Dr. Créquy says, in the *Gazette des Hospitaux* for January, that in 1867–8, he obtained from two midwives the following data: Of 299 cases observed, 235 were nursed at the breast; 25 died, or 10.63 per cent. Of the other 64, who were fed by hand, 33 died, or 51 per cent. Again, of 181 nursed by the mother, 15 died, or 8 per cent, while of 54 suckled by nurses at their homes, 10 died, or 18 per cent. The means for procuring suitable food for infants being in every way so limited, with mothers worn down by fatigue, excitement, and deprivation, often with only an empty breast to offer their hungry children, it was one of the most difficult questions to know what means to devise to save infants from starvation. In every instance where it was possible, the mother was advised to nurse her own child, and even under circumstances so very unfavorable, statistics show how much better the chances are for children reared in this way. The death-rate among those nursed by their mothers during the fearful period of the siege of Paris, was only 1 per cent above that noted in 1867–8, in observations made in both instances, in the same quarters of the city.

**FETAL SURVIVAL.** — The *Gazette Medicale* cites the following: —

A woman in Vienna, arrived at full term of pregnancy, died of cholera. The attending physician was arrested for not performing, as the law directs, Cæsarian section, post mortem.

The College of Medicine and the faculty of Vienna decided that as the doctor did not arrive till an hour after the mother's death, no doubt remained as to the death of the child, as the fœtus could not survive the mother's death more than five or six minutes, and besides, it has been proven that in cholera the death of the infant precedes that of the mother. The doctor was honorably discharged.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, MAY, 1873.

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**LIBERTY IN SCIENCE.**—At the last meeting of the Massachusetts Homœopathic Medical Society, a step was taken to remove what has been a stumbling-block in most, if not all, of our medical societies. These societies have usually been associations of physicians who practise medicine according to the formula *similia similibus curantur*, but who as a society have no well-defined or clearly-expressed object in their union. Under such conditions there has been too often a lurking feeling among members that they were responsible for the good practice, as well as good character of their associates. This feeling has kept some of our best men out of our societies, or made them very uncomfortable in them, until they come to believe that if they were to stand entirely alone they would be responsible only for their own faults and short-comings. It was evident that this had an injurious effect upon many members, and upon the progress of our science. The remedy for this was the adoption by the Massachusetts Society of the following article in its by-laws:—

This society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects.

The objects of the Society and of its members are declared to be:—

“The development of the *Materia Medica* by proving drugs upon the systems of men and animals: the improvement of methods of administering medicines thus proved to the sick in accordance with the formula *similia similibus curantur*; the encouragement of special studies and reports calculated to improve its members in the collateral branches of medicine.”

Whoever is willing to sustain these objects, if he or she possesses a good moral character, and has been properly graduated in medicine, may join the Society. To this is welcomed every scientific physician who wishes to learn of homœopathy, or who has any offering to lay upon its altar. As there are now certain expressed objects in the Society, every member takes upon himself an obligation to assist in

accomplishing them. - And in assuming these obligations, he is released from all responsibility in regard to the acts or practice of his associates, who, like himself, are entirely free to do everything in their power for the welfare and curing of their patients. Should the broader platform adopted by this society prove as valuable and as secure as it now promises, we shall hope to see it adopted by every homœopathic society; and that the school or sect which was the first to give a law to medical science, shall also be the first to give it perfect LIBERTY.

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**THE AMERICAN INSTITUTE OF HOMŒOPATHY.** — We call the special attention of our readers to the Secretary's notice of the approaching session, to be held at Cleveland, June 3d to 7th, inclusive. The meeting will undoubtedly be a large one. Those who went last year to Washington and had so pleasant a time, will be quite certain to go this year to Cleveland, while those who could not go last year, will make extra effort to attend now.

The place of meeting is a delightful one, and convenient of access; and if it were a wilderness instead of the "Forest City," the warm-heartedness of our Cleveland physicians would make for the members a pleasant sojourn there. But numbers alone will not make an important meeting, nor must members rely too much on the inspiration of the moment to speak words of professional wisdom. Every member should in the course of the year, either make some original investigation in one or more of the departments represented by the various bureaus, or he should note down some of his most interesting cases and carefully report them; or he should make a special study of one of the subjects selected for discussion, and at the time of the meeting be prepared to advance well-matured and well-expressed views. By any of these methods, not only would the meeting be greatly improved, but the individual members who thus carefully prepare themselves would derive still greater benefit.

The members should also remember that this is a homœopathic association; and while they may do everything in their power to improve and advance medical science, yet in the sessions of the Institute, we should all aim at the improvement of homœopathy. Though it be true, we do not care *here* to be told that caustic has been applied to indolent ulcers, that morphine has been subcutaneously injected to relieve pain, or that diarrhœa has been controlled by laudanum injections. Such information we can get from other sources. But we

do want to have the best and most successful homœopathic treatment clearly set forth in the most scientific manner, and the members will be capable of making all the modifications necessary in practice.

There is still another point which we desire to impress upon the members. We are not experienced in legislation, and if we attempt much in the four days' session we shall make poor headway, and the time will be worse than wasted. The tinkering of by-laws and the constructing of machinery—which should always be of the simplest kind in a scientific body—should, if necessary, be perfected by a competent committee and presented in an acceptable form; and then spend as little time in wrangling as possible.

Let us hope that this session will be an improvement on all the preceding.

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#### HOMŒOPATHY IN MICHIGAN UNIVERSITY.

As early as 1855, the legislature of Michigan enacted that "There shall be at least one professor of homœopathy in the Medical Department of the University at Ann Arbor." From that day to this, homœopathy has never wanted friends in the legislature; but that friendship has borne, as yet, no useful fruit. The ordinance did not execute itself; and the Regents showed no haste to execute it. After a patient waiting of eleven years, the friends of homœopathy applied for a mandamus to compel the Regents to obey the law. This was refused. Next, the compliance with the law was, six years ago, made the condition of the receipt of certain funds much needed by the University. The Regents provided for the establishment of a homœopathic college,—not at Ann Arbor,—applied for the money, were refused, sought it in vain by mandamus, and *did without it*. At the instigation of the American Medical Association, threatened and even actual resignations of the professors of the Medical Department met the first serious proposition of the Regents to admit homœopathy to the University. The stubbornness of the faculty conquered at last, and the University, without obeying the law, obtained its money from a subsequent legislature.

The Annarborean obstinacy was aided by a division of sentiment among the homœopaths. The University had for them but one place, or at most, two; a separate Medical Department entirely under homœopathic management would furnish more, and might call some of the ablest of the profession to Michigan. But however acceptable this scheme might be to the professors of both schools, the tax-payers and the legislators had other views of the matter.

This is a question which can be finally settled in one way only, and because it is more just and proper as well as more economical to provide for it in this manner, the Michigan legislature is again resolved to introduce and provide for the teaching of homœopathy in the University. After the subject had been discussed in all its varying phases for more than twenty years, in the legislature and out of it, the question came up squarely, and without any compromise or evasion, and by a more than two-thirds vote,—55 to 23 in the House, 23 to 5 in the Senate,—the following was passed, and it has now become a law.

*MICHIGAN LEGISLATURE, SESSION, 1872-3. — Bill to provide for the appointment of two Professors of Homœopathy in the Department of Medicine of the University of Michigan.*

*Section 1.* The people of the State of Michigan enact: That the Board of Regents of the University of Michigan shall, on or before the 15th of July, 1873, appoint, install, and thereafter maintain, two professors of homœopathy in the Department of Medicine of the University, to wit: one professor of Theory and Practice, and one professor of *Materia Medica*, who shall receive the like salary and be entitled to all the rights and privileges of other professors in said Department of Medicine.

*Section 2.* All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

In carrying this measure through the legislature it was contested by the allopaths at every point, and they resorted to all those little devices of delay, amendment, recommittal, etc., by which minorities can often thwart majorities, but with no avail; the majority showed determination as well as numbers.

This bill is as strong and positive as its most earnest friends could wish, and the homœopaths of Michigan have now one paramount duty — TO SEE THAT THIS LAW IS EXECUTED. No matter what may have been their previous opinions, or how divided as regards a "chair" in the University, or just outside, or at a long distance from it; these are all matters of the past, to be entirely laid aside. Every homœopath who cares for medical science or the advancement of homœopathy must throw off all personal feeling, must forget self, and give all his influence to the completion of this triumph. Work will be required, perhaps surgery may be called in. Some of the Regents will have affections of the knee-joints, which will require splints and bandages; others will have weakness of the backbone, which will need strengthening, or even replacing with a stiffer one. The professors may resign. Let them do so, and fill their places with better men

from our own ranks, as in the noble example of the New York Ophthalmic Hospital. The American Medical Association will again fret and fume, and perhaps pass threatening resolutions; but what matters it? It is an old trick so often repeated, that they have already, in the opinion of their friends, *assimilated* themselves to animals with long ears whose inane brays scare nobody but themselves. Let our Michigan friends, one and all, in a solid, unbroken phalanx, demand that this law be carried out to the letter; and perchance the whole medical department of Michigan University may, like fruit fully ripe, fall into the hands of the advanced school of medicine.

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## CORRESPONDENCE.

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### HOMŒOPATHY IN NEW YORK.

Boston, March 1, 1873.

DEAR GAZETTE:— Perhaps in my last letter it was enough to say of the streets of New York that in February they were more impassable than the streets of Boston. If I were to go into the hygienic conditions of this great city, I fear it would swell your pages to an immense volume. But is it not a strange thing that a million of people can allow themselves to be blockaded in winter and jostled over half-paved streets in summer, for the sake of filling the pockets of some avaricious contractor? But to my theme.

Homœopathy was peculiarly fortunate in New York in having as its first convert a man of such intellectual culture and force of character as JOHN F. GRAY. And well was it, too, that the early accessions were such men as Hull, Channing, Wilson, Joslin, and others, whose names will be still better known as time rolls on. But medical men are apt to think—and the narrow circle of their practice fosters this idea—that wisdom concentrates around their individuality. Hence cliques and sets and parties, founded on no other grounds than present likes and dislikes, are very apt to spring up in the medical profession. And if I am correct, the first forty years of homœopathy in New York was no exception to this general rule.

In 1866, a social club was formed from worthy members of all these different parties who, ignoring their antagonistic notions and practices, resolved to cultivate a fraternity of good feeling and united action for the benefit of homœopathy. Up to this time medical societies had only been formed to be broken up; dispensaries were established to further individual interests; of hospitals there were none; and the college,—well, the less we say of the early history of that, the better. But often the "eating of salt" together has a favorable

effect; and so the society meetings of these men of diverse views caused them to act together harmoniously for the general good and the welfare of science. Since that time the dispensaries have flourished; no less than three hospitals have been established; and two colleges—one for women and another for men—have taken a rank second to none.

The history of the Ophthalmic Hospital is, perhaps, familiar to your readers. This institution was, under allopathic care, in a languishing and almost dying condition, and its success in medical and surgical treatment was not such as to warrant its trustees in making any special effort for it. By accident it was discovered that fifteen out of eighteen of these trustees were homœopaths, and they said, "If we employ homœopathic treatment for our own families, is n't it our duty to provide it for the poor?" Action quickly followed thought, and the allopathic physicians and surgeons were soon replaced by men of homœopathic faith.

New life and energy at once entered the institution. Patients flocked to it in increased numbers; its quarters became too small and inconvenient, and its demands for greater facilities were met by a charitable public. The dollars came by hundreds and thousands. In the midst of this activity a donation of one hundred thousand dollars for the erection and completion of one of the finest structures in New York was given by Mrs. Henry Keep.

The New York Ophthalmic Hospital has been made familiar by descriptions and illustrations, and each year must add to its honors and its usefulness. From thirty to sixty patients daily come to its rooms for treatment, and under the care of such men as Allen, Liebold, Houghton, and others, there is no doubt of the success. The dispensary rooms are fitted up with every necessity and convenience for both physician and patient. The hospital for ophthalmic patients equals in all respects that of any other institution of the kind, and its wards are constantly well filled.

In this same building are the commodious and spacious rooms of the New York Homœopathic Medical College. The amphitheatre and lecture rooms are as much superior to the former accommodations of this institution as the college now is to what it formerly was. It was my good fortune, as well as pleasure, to spend a few days in New York during commencement week. The class in the college numbered about one hundred. I saw and conversed with many of the students, and have rarely met a more intelligent and earnest set. One of the novelties, if I may so call it, was the "Students' Commencement," which took place at the college on Wednesday evening, February 26. At this there was an oration by one of their own number; diplomas were conferred upon those students who had honorably comported themselves; and there was an address by Professor Helnuth, in which was included much practical advice, given with his usual brilliancy and inimitable manner, and which could not fail to produce a good effect upon the future of the whole class. Between these principal parts were class singing, solos, and instrumental music, which gave life and piquancy to the occasion.

The commencement exercises proper were held in Association Hall on the following evening, Thursday, February 27. A large and interested audience was present, and some delightful instrumental music at intervals cheered the occasion. The Rev. Dr. Thompson, of Christ Church, a man whose appearance indicates that he would not fear responsibility, opened the exercises with an earnest and devout prayer for the progress of science and of this institution. After him came the genial, warm-hearted Registrar, Dr. Dowling; and his very appearance was enough to tell a stranger that the college was in a flourishing condition. He gave a splendid report of the progress of homœopathy, of the Ophthalmic Hospital, and of this college during the past year. But we thought it rather significant that he should feel called upon to state the reasons why women were not admitted to this college. It seemed a little like whistling to keep one's courage up. "The woman who hesitates is lost," says the old adage; and we fear that there is some doubt and hesitation among the Faculty, and that the modesty — some think prudery — which will not permit women to hear their lectures, is hesitating, and will ere long be lost to the New York Homœopathic College.

There was an increase of thirty students over the preceding year, and there were graduated thirty-five as well-educated and promising students as ever received the worthy parchment. Professor Paine presented certificates to twenty-two of the junior class, who had filled all their requirements in the college. Valedictories were given by Dwight B. Hunt, M.D., on the part of the class, in which he incited his fellows to take a high position in the profession; and on the part of the Faculty by Prof. T. F. Allen. This was one of the most stirring and encouraging addresses we have ever heard, and we hope it will be published.

The diplomas of the Ophthalmic Hospital were conferred upon five graduates. Prof. Allen presented a gold medal to the member of the class who was adjudged to have made the most thorough and complete proving of a drug. This was obtained by Dexter Hitchcock, of Connecticut, for the proving of *Fagopyrum esculentum* — buckwheat. Honorable mention was also made of the proving of Sulphate of lime by C. M. Conant, of New York. After the commencement exercises, students, professors, and a few invited guests repaired to the Hoffman House. And it were well worth while — could we do justice to the occasion — to tell of the good things which there transpired; the delicious repast, the brilliant speeches, the humorous stories, the fine singing, and the genius of Conant, who, by his ventriloquism, filled the adjoining room with a variety of characters, from the good-natured old Tom, — we have forgotten his other name, — to drunken Bill, tired Molly, crying baby, the wood-sawyer, and dogs, cats, pigs, and other animals innumerable. The memory of this social gathering will ever remain with those who participated in it.

A visit to the Woman's College gave us a pleasurable disappointment. The building is large, airy, and eminently respectable. It was examination day, and most of the students were closeted in the green-room; but I was shown over the college, through the adjoining



hospital, dispensary, and anatomical room. Of this latter, or dissecting room, I must say a word. There was an abundance of material in various stages of dissection, and many very beautiful preparations showing the skilled handiwork of the ladies who have been in constant attendance here. But in one thing these rooms far surpassed any that I have ever seen: it was the neatness and order that prevailed, under the superintendence of the accomplished and charming demonstrator, Dr. Mary Everett. In this she could give valuable lessons to the strong-minded sex.

I intended to have spoken of the Surgical Hospital connected with the college and under the excellent care of Dr. Helmuth,—of the Hahnemann Hospital, which has “great expectations,”—of the four or five dispensaries, which are thronged,—and of the fraternity generally, who rank so high in public esteem. But these themes must all be passed over in a letter already too long, and I must conclude by wishing that the same growth, success, and prosperity which attend our school in New York, might extend to the various sections of our country.

RÉDACTEUR.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### TWENTY-SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirtieth anniversary and twenty-sixth session of the American Institute of Homœopathy will be held in the city of Cleveland, Ohio, commencing Tuesday, June, 3, 1873, and continuing four days. The usual *preliminary meeting* will be held at the residence of Dr. N. SCHNEIDER.

There is every reason for believing that this meeting will be largely attended, and that the reports of the various bureaus will be more than usually full, interesting, and valuable. In accordance with the plan of the Institute,—that each bureau shall select a special subject for presentation and discussion,—the following bureaus have notified the General Secretary of their selection of the annexed subjects:—

*Bureau of Materia Medica, etc.*,—Provings of Eucalyptus. Verification of symptoms.

*Bureau of Clinical Medicine*,—Phthisis Pulmonalis.

*Bureau of Obstetrics, etc.*,—Leucorrhœa.

*Bureau of Surgery*,— Diseases of Bones, and their Medical and Surgical treatment.

*Bureau of Anatomy, Physiology, and Hygiene*,—What is the best Diet for the Sick in general, and what is the best in particular diseases?

*Bureau of Psychological Medicine*,— Vital Dynamics.

*Bureau of Ophthalmology and Otology*,—

*Papers upon these subjects are solicited by the various bureaus.* Papers upon other subjects are not intended to be excluded, but are likewise solicited. All papers upon medical or surgical subjects should be forwarded to the chairman of the appropriate bureau, or to the General Secretary.

Officers of homœopathic medical societies and institutions are earnestly requested to send a written report of the condition, etc., of said societies or institutions, in advance of the meeting, to Dr. W. M. WILLIAMSON, No. 29 North Eleventh Street, Philadelphia, Chairman of the Bureau of Organization, etc.

It is hoped that physicians will make strenuous efforts to attend this meeting of the Institute, and do what they can to make it subservient to the advancement of medical science.

The Institute will be hospitably entertained by the physicians and other citizens of Cleveland, during the session.

A *circular* will shortly be issued by the General Secretary, in which further information will be given, including that relating to railroads.

Members of the association wishing blank *applications for membership* will be promptly supplied by applying to

ROBERT J. MCCLATCHEY, General Secretary,  
No. 918 North Tenth Street, Philadelphia.

## BOSTON HOMŒOPATHIC SOCIETY.

*Reported by F. W. Payne, M.D., Secretary.*

### VARIOLA AND ITS ANTIDOTES.

JAN. 16, 1873. — At a regular scientific session of the society, this subject was discussed according to previous assignment.

Dr. T. S. Scales, of Woburn, said he did not fully believe in the efficacy of revaccinations; he had been revaccinated several times, nevertheless he contracted varioloid a few years since, while attending a small-pox case. At that time he vaccinated himself and it took well, but the precaution did not protect him from the malady.

Dr. C. Wesselhoeft thought no rule infallible; in one individual repeated vaccinations may take, but not so in another. Persons have sometimes small-pox more than once. If variola cannot thoroughly protect against itself, why should vaccination invariably protect? He considered vaccination and revaccination necessary precautions. No vaccination had taken on himself since the first time, during childhood, at which time cow-pox lymph was used. He has revaccinated

himself at various intervals since. He has frequently exposed himself to the confluent form of small-pox, but never has taken it. He believed the cow-pox lymph to be the only proper agent to use. It is procured from a disease which originated in, and is natural to, the cow. Humanized lymph is the result of an experimental procedure, attempted by some enterprising persons simply at a venture, and for the purpose of gain. It is apt to convey impurities, for we can never tell by the looks of a child what germ of disease may be latent in it. In the confluent form of variola he has frequently used *Vaccinæ* internally; it prevents scars. He has obtained good results from *Vaccinæ* procured by placing an ivory point, with the cow-pox lymph upon it, in a vial containing a little water. By shaking it the virus is washed off; this solution he carries up in alcohol to the third potency.

Dr. T. S. Scales agreed with Dr. Wesselhoeft, that *Vaccinæ* is truly homœopathic to all cases of small-pox. He uses the same preparation as Dr. Wesselhoeft. He thinks the protective power of the vaccine virus diminishes in efficacy by being passed through several human systems. Such virus usually reproduces the pustule in the patient, but changed in its character, for it was originally a disease peculiar only to the cow, and the humanized virus must necessarily differ materially from the original.

Dr. Holt, of Chelsea, said he had had several cases of variola and varioloid during the present epidemic. He distinguishes between varioloid and small-pox by the presence or absence of secondary fever, and by the degree of severity. He had recently treated a fatal case, to which he was called early in the morning, having taken simply a cup of coffee before leaving home. He remained in the patient's room till she died—about half an hour. No vaccination had taken on him since childhood; and the fact of his not having eaten anything before visiting this patient, rather tends to overthrow the idea that one takes a contagious disease more readily on an empty stomach.

Dr. C. Wesselhoeft said,—The medicine often indicated for and relieving the terrible headache which accompanies variola and varioloid, is *Glonoine*. The symptoms calling for its use are stinging pains in the temple, fullness of head, with pain as if the brain was expanding itself, and heavy pulsations throughout.

Dr. Thayer asked,—What remedies relieve the dyspnœa so often present in small-pox? He recently relieved a case readily with *Verat. vir.*

Dr. Holt has heard patients say that they feared the combined effects of the vaccine disease and variola; and for this reason they objected to being vaccinated; they felt afraid that the system might not be able to withstand both diseases together. He considers this a popular error.

Dr. F. W. Payne said that variola and varioloid might be anticipated by seasonable vaccination; the disease might either be arrested altogether or very materially modified in severity. The effects of vaccination become apparent in the system several days before those of variola show themselves after exposure. The time of incubation

varies in different cases, and also that of cow-pox lymph from the humanized matter. Cow-pox vaccination usually shows itself about the ninth day, and the effects of the humanized matter anticipates this by two or three days. He has not used humanized matter for about two years, nor since he has been able to procure the virus from the heifer; he considers humanized virus a dangerous agent.

The subject was laid over till the next meeting.

Feb. 6, 1873.—Dr. T. S. Scales never knew a person to have variola after a vaccination has taken from cow-pox lymph; but he knows of several instances where it has occurred after the use of the humanized matter.

Dr. E. P. Scales, of Newton, said his wife's vaccination has taken three times during the last fifteen years, but his own has never taken but once during thirty years, although he has repeatedly revaccinated himself in the interval.

Dr. Sanders' first vaccination took when he was thirteen years of age. He has revaccinated himself many times during the last thirty years, but it would never take till this year. Last year he had several cases of small-pox, but he was not affected by it; notwithstanding this, however, vaccination took well during the present winter.

Dr. Pease has noticed that many of the cases of sickness this year, developing into whatever type they might, have been, as a rule, preceded or accompanied by headache, backache, etc., as predominant symptoms, so as to suggest to one's mind the possibility of an attack of variola.

Dr. Underwood wanted to know if any physician present ever had the modified symptoms of variola, through sympathy, when treating a case. He has had the varioloid, but with each and every case that he has treated subsequently, he invariably has headache, backache, etc., lasting for a few hours, that simulated the condition of his patient.

Dr. Gambell has not had many cases of variola to treat. He would keep his patient comfortably warm, with the room at a uniform temperature, notwithstanding small-pox is said to rage more in cold weather than in warm. In olden times it was customary to give small-pox patients a steaming; but this treatment was very fatal; many died from it.

Dr. E. P. Scales has relied mainly upon *Vaccinine* in the treatment of his cases, during the present epidemic. He keeps the room comfortable in temperature, and his patients on a moderately nourishing and stimulating diet. He does not believe in the efficacy of *Digitalis*, in the treatment of small-pox; he thinks the effects of *Sarracenia* have often been ascribed to *Digitalis*. He has seen good effects from *Sarracenia* in some cases of variola, but *Vaccinine* has worked admirably in all cases in which he has used it during the present season. He used carbolated lime as a disinfectant, and also for the purpose of fumigation afterwards.

Dr. T. S. Scales had been fortunate — or unfortunate — enough to have had patients to treat who had never been vaccinated; he has used many remedies in previous epidemics, selected with great care,

but with indifferent success. But under the use of *Vaccinine*, in the present epidemic, all cases have done well. The patients begin to improve immediately after commencing its use; the pustule seems to be arrested, and the absence of pitting to be very marked. Lately he has given nothing but *Vaccinine*, and considers it strictly homœopathic to the disease.

Dr. Harris said, Dr. Hering recommended *Vaccinine* taken internally as a prophylactic, when an epidemic is prevailing. It should be taken occasionally, and also at the time of any known, direct exposure.

Dr. Pease has had considerable experience in the army with variola, but not so much in private practice. He there used the humanized virus altogether, for the purpose of vaccination, as he was obliged to make use of whatever agent was furnished by the government. It was forwarded in the form of the scab, which he rubbed up in glycerine for use; sixty or seventy per cent of the primary vaccinations took. In the treatment of the disease, he used first *Sarracenia*, both in decoction and dilution, but it did not do well. To other patients he gave nothing but cold water, that he might test the effects of *Sarracenia*. He did not perceive that the one class were sicker than the other. Afterwards he gave *Thuja* and *Vaccinine* with good effect. Thirty patients who took *Sarracenia* were very sick, and two died; about four hundred took *Thuja* and *Vaccinine*; all these cases were mild and recovered. In those cases where the eruption did not appear readily, he found that *Verat. vir.* tended to bring it to the surface much better than *Acon.* He has used *Vaccinine* in all his cases this year. It relieves, entirely, and almost immediately, the terrible stinging and burning; it usually either prevents pitting, or renders the pits very shallow, so that they disappear in time. During the epidemic in the army, he chose for nurses those men who were the most deeply scarred from the effects of small-pox.

One of these men had the variola in its confluent form, a second time. When he complained of being sick, small-pox was suspected, and *Verat. vir.* was given. By night, the eruption had made its appearance, covering him completely from head to foot. He recovered, and lost his former scars, his skin becoming as clear and smooth as if he never had had the disease. (One of the members of the Society laughingly suggested, that his skin probably became one general pit, thus obviating the irregularities of the many former scars.)

Dr. Pease distinguishes varioloid from variola by the absence of secondary fever, the severity of the disease, etc. He keeps the room as comfortable as possible, and at an even temperature, and never lets the patient perspire from an undue amount of artificial heat.

Dr. Sanders considers the condition of the contents of the eruption in variola and varioloid as the diagnostic feature between the two diseases; in the former, the pustules are at first filled with serum, which afterwards changes to pus; in varioloid the serum does not become purulent; this difference he distinguishes by means of the microscope. Another differential feature is the absence of permanent scars. His treatment always has been, and is now, to give first, in the febrile

stage, *Tart. emet.*; in the next stage, *Merc.*; and when the crusts begin to loosen, *Sulph.* The diet should be both stimulating and nutritious; he advises diluted champagne, beef-tea, and mutton-broth, if the stomach will bear them, in preference to gruel. Temperature of the room should be kept at 70 degrees, and the air changed and kept as pure as possible. He gives *Thuja* previous to vaccinating his patients, thinking it facilitates the susceptibility of the system to the vaccine disease.

Dr. Gambell uses in this disease, similar treatment to that of Dr. Sanders.

Dr. T. S. Scales had a patient on whom the terrible itching was immediately relieved by the use of *Vaccinine*. After relief, he discontinued its use for a few days, and the itching again commenced as violently as before; it was immediately allayed by the use of the medicine a second time.

Dr. Pease has never seen salivation in a case where *Vaccinine* was used from the first, and it always arrests it when present.

Dr. E. P. Scales also had seen salivation averted in his own practice by *Vaccinine*.

An informal conversation then ensued.

The President appointed Dr. Underwood to prepare a paper upon any subject which he should choose, and this was to serve as a basis for discussion at the next regular meeting.

## WORCESTER COUNTY HOMOEOPATHIC MEDICAL SOCIETY.

*Reported by J. M. Barton, M.D., Secretary.*

THE Society held its quarterly meeting at the Lincoln House, in Worcester, February 12, at 10½ A. M. The President, Dr. Whittier, on assuming the presidency for the coming year, delivered an interesting address, in which he recommended several reforms in the method of conducting the meetings of the Society. He suggested that better order and decorum should be maintained in the meetings, so that confusion and loss of information might be avoided, and there would be less difficulty in keeping a correct record. He also suggested an improvement in the methods of making clinical reports. The plan of giving more time to studying the *Materia Medica* in each particular case, in order to decide with more certainty upon the one remedy required by the patient, was strongly recommended. In illustration of this, he gave the analysis of two interesting cases. He suggested that a certain hour be appointed as a consulting hour, at which time members could present their cases for consultation.

It was voted that the hour from two to three P. M., or the first hour after dinner, be fixed as the consulting hour.

A discussion arose upon the comparative value of symptoms and pathology in prescribing.

Dr. Slocomb thought that symptomatology and pathology could not be separated, but that in studying the symptoms we must necessarily take some note of the pathology.

Dr. Brown mentioned the case of a medical student in New York, who, while riding, had what appeared to be a hernia come on suddenly. Various prominent surgeons in New York pronounced it to be a hernia. It could be reduced, as was thought, but no truss would hold it. The student died, and upon post-mortem examination a psoas abscess was found. Dr. B. remarked that symptoms would not always show clearly the pathology.

Dr. H. K. Bennett, of Fitchburg, was invited to participate in the discussions.

Dr. Chamberlain spoke of using *Ovalate of cerium* in headaches, especially those which accompany the nausea of pregnancy, and during the menses. In a case of menstrual headache and vomiting, usually lasting from two to three days, which *Puls.* and *Ipec.* had formerly relieved in a measure, one to three grains crude *Cerium ox.*, given fifteen to thirty minutes apart, brought perfect relief within an hour, or an hour and a half. The patient usually had a movement of the bowels in half an hour after taking the *Cerium*. It cures headache, with nausea and pain in the right temple, when all else fails.

Dr. C. spoke also of the use of *Paullinia* and *Dirca palustris* for nervous headaches; for congestive headache, *Melilotus*; and for sun headaches, *China*, first or tincture, during the remission, and *Nux vom.* every half an hour during the pain.

Dr. Bennett has used *Carbolic acid*, second or third attenuation, for sick headache, with success.

Dr. Chamberlain spoke of a case of puerperal convulsions to which he was called in consultation by Dr. Foster, of Shrewsbury. It was successfully treated with *Kali brom.*, resulting in the birth of the child and recovery of the patient.

Dr. Bennett used *Cimicifuga*<sup>3</sup> in a case of suppression of the menses for three months; the flow came on in six hours. Another lady, æt. 29, whose menses had gradually decreased until they had made no appearance for three months, took *Cimi.*<sup>2</sup> in water every hour. The flow came the next forenoon.

Dr. Whittier said the sitz-bath would sometimes bring on the courses without other aid; but when both baths and medicines are used, we do not know which to credit with the effect. He related a case of a nursing woman who had had her courses at three and four months after confinement, but they stopped at the fifth. He advised sitz-baths (there were no symptoms beside the suppression) once or twice daily. In five days the flow came.

Dr. Warren read a carefully-prepared report of a case of the gastrodynia of pregnancy.

The censors reported favorably on the application of H. K. Bennett, M.D., of Fitchburg, for membership.

The appointments for the next quarterly meeting were:—

Paper on Diseases induced by Atmospheric Influences;—*Dr. C. C. Slocomb.*

Paper on Bronchitis in Children and Eruptive Diseases of the past quarter;—*Dr. J. M. Barton.*

Clinics;—*Drs. Foster, Baker, and Bennett.*

## REVIEWS AND NOTICES OF BOOKS.

THE CHARACTERISTICS OF THE NEW REMEDIES. By Edwin M. Hale, M.D. Third edition, remodeled and rewritten. Detroit: E. A. Lodge, publisher. Pp. 518, octavo.

Dr. Hale has in this edition compiled observations of 163 remedies not known to, or imperfectly treated in older books. The work is supplementary, therefore far more space is devoted to some drugs than to others of equal importance. Both the excellencies and the imperfections of this book, which has cost a vast amount of labor, are suggestive of a complete *Materia Medica*, already too long postponed. *Jahr's Manual* is now thirty or more years old, and is out of print. We have here a new and elaborate supplement to a book that cannot be found in the market, when we ought to have had that book's successor long since.

Commendation of Dr. Hale's work is needless. No reader of the *GAZETTE* is ignorant of his painstaking fidelity. We shall do a better service to him and the profession, who cannot do without the book, by pointing out kindly some of its short-comings. It shows how difficult minute accuracy is, to state that *Ptelea*, of which shrub Dr. Hale it would seem ought to know all that is known, is all the way through written *Ptelia*. So too the Hypophosphite of lime is given Hypophosphate, while the name of the potassic hypophosphite is correctly written. The importance of absolutely identifying the substances we use is illustrated by a synonym of *Cerasus Virginica*, which the whole world for a long time supposed was the Linnæan name for the common wild, black cherry, *Prunus serotina*, sometimes known as the "rum cherry." But Linnæus' tree was a small one, or a large shrub, well known as choke-cherry, with dark crimson fruit; and its present name is *Prunus Virginiana*. Now here are three trees confounded together, for the red, wild cherry is *Prunus Pennsylvanica*. Dr. Hale expressly says that his plant is "Wild cherry (red)," p. 540. *Zizia aurea* is another instance of incertitude, at least. There is a species of *Thaspium* that very few can tell from it except when the fruit is nearly ripe.

One security of a *materia medica* is to avoid a needless change of name. *Natrum muriaticum* is now known to the chemist as *sodic chloride* and to allopathic pharmacy as *Sodii chloridum*. But since Hahnemann applied his name to this medicine it has also been *Muriate of soda* and *Hydrochlorate of soda*, and then *Chloride of sodium*. Homœopathic pharmacy has escaped all these changes. So, too, we retain *China* for *quinine*, though the ignorant miscall both names. Now while for new remedies we rightly adopt the best authorized name, unless drawn from it by the analogies of our own nomenclature, we ought not to needlessly straggle from that nomenclature, settled as it was deliberately by the American Institute of Homœopathy, the largest homœopathic body in existence and the oldest national organization.



Where its names and analogies are followed, we more readily find a drug in its alphabetical place; but here we have *Zincum valerianicum* under *V*; *Ammonium bromicum* under *B*; *Calcic hypophosphite* under *H*; *Camphor bromide* under *M*; *Santalum* under *O*, etc. What we say of names is more or less true of abbreviations, there will be fewer mistakes if we are tolerably uniform in these. The official nomenclature, that adopted by the American Institute, probably gives us as brief ones as are safe. *Bol. lar.*, is put down here as "*Polyporus officinaiis*," no doubt correctly, but why the change? Smaller deviations are seen in Dr. Hale's abbreviations, for *Carb.*, *Sul.*, *Card. ben.*, *Cupr.*, *Ars.*, etc. But for every change in the name of a medicine there should be something more than a reasonable excuse; there should almost be a necessity.

**AMERICAN AGRICULTURIST.** New York: Orange Judd & Co. Price, \$1.50 per year. 44 pages. Large quarto monthly.

We tried to get along without this valuable agricultural monthly, but we missed its well-printed and amply-illustrated pages, and, indeed, felt that our farming operations were "going to the dogs" without it; so we welcome back our old friend and adviser, and beg to say to our readers, that if any of them are fortunate enough to possess a wee bit garden, they will get ten times the worth of the yearly subscription by attentively reading and following the common-sense advice given in its pages. Few men are so wise, or possess such keen perceptions but that in the space devoted to "sundry humbugs" alone, knowledge may be gleaned of possibly very great pecuniary value.

**VICK'S FLORAL GUIDE.** While upon an agricultural subject, we may say, that no seed catalogue comes to our table that is more acceptable or valuable than this beautifully-printed and elegantly-illustrated pamphlet. Mr. Vick shows an enterprise and liberality in the method of conducting his business, which at once inspires confidence and ensures success. We have tested many varieties of his seeds, both flowers and vegetables, and can confidently recommend them to our friends, with the suggestion to be very careful to follow his explicit directions for seed planting, so liable are we to neglect the primary conditions of success in all our pursuits. In the substitution of flowering for what are known as foliage plants, we notice many old names appearing in new dresses, as the *Celosia Japonica*, or New Japan Cockscomb, which we commend to our readers.

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### OUR NEW JOURNALS.

SOME one has compared the literature of a science with the heart's circulation in the human body. On this basis, homœopathy was never stronger than to-day. All of its journals established within the last few years are greatly improved, and in a more prosperous condition than ever before, while within the past few months there have been established in this country no less than three important monthly journals, and one additional quarterly, a monthly in New Zealand, and another quarterly in Europe. All these we cordially welcome to our table, and from all we glean words of cheer.

*The Medical Union* (C. T. Hurlburt, 898 Broadway, New York), \$3 per annum, double column, large octavo, 24 pp.) attempts, while advocating homœopathy, to occupy an independent position in medicine. This is an extremely difficult part; but it is ably filled by its editors, Drs. Egbert Guernsey, J. C. Minor, C. E. Blumenthal, and A. E. Sumner, names well known in our profession. In the editorials and articles there are sentiments alike creditable to their intellect and heart, and which physicians of every school might peruse with benefit.

*The New York Journal of Homœopathy* (Carle & Grener, 25 Broad Street, New York, \$3 per year, octavo, pp. 48) is under the auspices of the New York Homœopathic Medical College. With our highly-esteemed old-time friends, Drs. Wm. Tod Helmuth and T. F. Allen, as its editorial committee, there can be no doubt that this is a journal which should be upon the table of every homœopathic physician. Let each one subscribe for it at once.

*The Cincinnati Medical Advance.* With the establishment of a new college in Cincinnati, on a substantial pecuniary basis, there was no doubt but that a new medical journal would come into existence; and here we have it in a handsome octavo of 64 pages, monthly, for \$3 a year, published by E. W. Fish. While, in this journal, "many hands make light work," we see the genius as well as labor of our editorial friend, T. P. Wilson, M.D. On our western prairies and in our western cities, expansive force can take its broadest sweep; and while giving cordial welcome to this new candidate for professional favor, we feel assured that it will well fill the niche prepared for it.

*The Michigan Journal of Homœopathy.* This is a small quarterly of 32 octavo pages, emanating from an important State, edited and published by E. R. Ellis, M.D., Detroit, at fifty cents a year. Neither persons nor things are always measured by their size; and the life, force, and *fight* contained in this little journal may make it a more powerful antagonist than the boy who, with his sling and smooth stone, slew Goliath. It is abundantly able to defend itself against its personal enemies, as well as the foes of homœopathy. If it continues to improve in its successive issues as it has from the first to the third, we shall always gladly welcome it.

*The Internationale Homœopathische Presse*, edited by Clotar Müller, M.D., in Leipzig, is a handsome quarterly of 64 octavo pages. This seems to be a purely scientific journal, and from its pages we hope to glean a large amount of golden grain.

*The New Zealand Medical Gazette.* Far away, in what we have been taught to look upon as the uncivilized world, homœopathy has made such advances that here we have a monthly journal advocating its claims and disseminating its principles. We would advise New Zealand allopaths that, if they wish to "nip it in the bud," it is now or never with them, for in a few years homœopathy will acquire a growth and strength then which will make it as difficult to manage as it now is in the old Bay State.

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\*.\* PERSONALS and much important matter is necessarily left over.

THE  
New England Medical Gazette.

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No. 6.]

BOSTON, JUNE, 1873.

[VOL. VIII.

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THOUGHTS FOR THE TIMES.

*An Address delivered before the Massachusetts Homœopathic Medical Society.*

BY J. HEBER SMITH, M.D., MELROSE, MASS.

*Gentlemen:* —It is fitting that the hours set apart from ordinary duties for this annual meeting, should be occupied mainly with the interchange of the gleanings of another year's work. But I hope that you will bear with me, for the time usually allotted to this address, while I pass briefly in review some of the errors of medicine, and the prospects of its future advancement.

We have entered into the labors of the fathers, to whom descended those weighty secrets of physic, "whereby a man might preserve his body in health, or cure himself being sick"; to whom every tender floret seemed to harbor the warm influences of Venus or the martial fire of Mars, and every goodly and tall tree stood sentinel under some planetary sign, potent against witch and devil, thunder and lightning, and the cold humors and destroying fluxes of mortality. We have entered into the labors of the fathers indeed, but their works and curious devices are following them to the chambers of oblivion. They abased medicine in deifying it; in bringing it down to its proper plane, we are seeking to ennoble it. They ignored facts in the construction of pretentious theories. But the age of theories is fast passing away. We have become gleaners of facts. Simplicity and eager questioning to-day characterize the labors of the student of medicine. Nature delights in rewarding his

patient, imploring search. Medicine, the oldest, though perhaps not the most changing and uncertain of the learned professions, having at length assumed the attitude of humility, there is hope for its future.

It was written by the poet Æschylus: "Time, as he grows old, teaches all things." But time has everything to teach. Some of his pupils have not, in the past, been very docile scholars; and among them may be numbered whole generations of physicians. Hippocrates aptly compared the practice of physic to a fight, and also to a farce, acted between three persons, — the patient, the physician, and the disease. It is a mistake to look for the immediate apprehension of medicine as a science. Its phenomena are too involved; and not only is there in most cases an absence of faculty, subtle enough to grasp its complex phenomena, but there is mostly an absolute unconsciousness that there are any such complex phenomena to be grasped. Our ideas have been framed out of experiences gathered within comparatively narrow areas, and with our judgments biased by preconceived notions. We have lacked that plasticity of the conceptive faculty that may enable coming generations to bring order out of confusion.

Nor will medical truths be readily adopted. Men are not unchangeable, nor do they change easily. We must remember that human nature is only changed in the slow succession of generations, by social and mental discipline. The very truths, to us so vital and paramount, that are now making such slow head against class-prejudice, may come to be viewed as so unquestionable, and even rudimentary, that the names of the elect few who established them will have passed to oblivion. Their names indeed may perish, together with whatever is false or valueless; but it is a source of reverent gratitude that not one of their thoughts pregnant with truth shall ever die. These shall live, not in monumental crypts or storied urns, but in the unquenchable and pervading brilliancy of truth, whose fires are ever consuming the dross, and revealing the form of whatever is pure, as "one of the sons of God."

Said the learned physician and courtier, Baron Stockmar:

"The king complains of medicine. I can write no apology for the art, because I have learned to know the exact limits of its power." A declaration so seemingly modest would not at first be seen to embody the most absurd self-assertion. Ten years of the study of medicine in the universities of Würzburg, Erlangen, and Jena, and a few more as hospital and regimental surgeon, had qualified him, it seems, to declare that only in the prevention of maladies can a good and great physician be really of use. But while it may be a salutary conviction that time and nature are the best allies of the physician in the treatment of physical disease, as well as of the social evils of mankind, it is painful to note the apathy with which so many eminent men have rested here, with folded arms. Nature spreads out before them a neglected field.

It is an instinct of organized life to seek remedial aid. Must this instinct, so universal, ever follow a blind search? The universal prevalence of a belief is an axiomatic argument for its truth. The ethnic religions of the world, embracing the belief in a future state and a Supreme Being, having their origin in the rudest conditions of savagery, and culminating in the liberty and strength of Christian thought, suggest that, as the litanies of nations exhibit man in search of spiritual life, so the general attention and homage paid to plants, show man in search of bodily health. Out of the depths of humanity, in its prehistoric developments, came the thought of cure; and the medicine-man, with his fantastic dress and horrid orgies, gave place to the more refined cruelties of the modern empiric.

It is not strange, in view of the absurdities of ancient medicine, and the divisions of its present disciples, that sceptics have multiplied, who assert that nature intended that the expenditure of life should be supplied by genesis alone; that she has provided man with defence against everything but disease; that death must come through the breaking down of organic tissues, and that we may not, with our drugs, triumph over him, or pluck out his sting. "For thee the field has no medicinal leaf, and the vexed ore no mineral power."

What a melancholy view is this to take of the provisions of

our Mother Nature! She whom we have thought the benign parent of things, becomes the cruel and veiled Isis, of the unmoved countenance, whose rod disposes the mournful silence of the dead.

The more complex and highly endowed a creature, the more numerous are its enemies and its resources. It must then be that man, the crowning work of creation, whose thought pierces the hills, spans oceans, and girdles earth with sentient fire; whose foes are the elements, the unseen things of air, and the forces that balance the universe, or array themselves against him in the mimic world of a drop of water, — it must be that a being of such surpassing capabilities has been provided by the Genius of Life with the means of combating disease. The wild beast that drags his emaciated form to some mineral spring on the mountain-side, or laps the salt-lick of the plain, teaches man the lesson of cure.

In healing, we delight to see the Mind that formed nature again in operation. Healing is a natural work, as much in harmony with nature's plan as is organic reproduction. It is a law set in opposition to the unceasing forces of segregation and disintegration. It is the expression of conservation; the knot in the thread of creation.

The more complex the laws that form organic structures, the more difficult of comprehension are the forces that operate for their conservation. From this thought arises the condemnation of the former systems of medicine for their childish simplicity and puerile completeness. Let us beware of theories that cover too well the facts already known. They will be found insufficient to answer the discoveries of the future.

I come now to a statement of the underlying principle of the homœopathic school of medicine.

The French scientist, Dumont, has truly asked: "Can one imagine, in the recesses of an organ, a single cell, a single element which is not fighting for existence?" It is recognized, as one of the fundamental facts in biology, that in organic or life-structures it is inherent to resist disintegration. We, as homœopaths, recognizing this inherent stubbornness of life, seek

to rouse it, in the sick, to active opposition to forces kindred to its natural enemies. By this vital opposition are overcome, in one struggle, both diseases and their kindred remedies. In the application of this principle to the treatment of the sick, as expressed in the familiar, though unsatisfactory formula, *Similia similibus curantur*, medicine advanced at once almost to the dignity of a science. From it grew, as a logical sequence, the practice of proving drugs on the well, adding certainty to experiment, and removing half its terrors from the visitation of disease. The principle of the similars, when practically applied, necessitates the attenuation of the dose, lest the opposition aroused by the remedy be too violent, or lest the powers of the system to resist a force so kindred to the disease, be overborne and paralyzed. Perchance the truth of this law would have been more generally accepted, had it been clearly shown that the attenuation of the dose stands as a necessary corollary to the law itself.

As one unprejudiced, and made familiar by the daily use of the extremes of potencies, I would suggest that we may have carried the attenuation of the dose beyond the necessities of the case, although matter would seem to be indestructible by almost infinite division. But, in these days of materialism, we must not adopt this faith as a *Shibboleth*, or give it undue prominence. There are men whose minds are not constituted to receive it. These materialists have gone out into the wilderness of medicine to see a reed shaken by the wind. Their ear is not attuned to hear the still, small voice of nature.

The experiments conducted by M. Davaine, of Paris, with septin, upon rabbits, by injection within the veins, — reported Sept. 17, 1872, to the French Academy of Medicine, — demonstrate the power of a poison, even when diluted to the one-trillionth of a drop, to cause death in twenty-four hours. But according to this almost startling report, so confirmatory of the efficiency of infinitesimals, this was the limit of the transmissibility of septicæmia. The one-quadrillionth of a drop, from the blood of a rabbit that had died from the one-millionth of a drop, did not, in every instance, destroy life. He has thus proved

that matter can be carried by the homœopathic process of attenuation above the ninth centesimal degree without ceasing to be present or losing the activity proper to it. Beyond this limit there doubtless lies a still wider reach of curative efficiency with the same poison, in cases suggestive of its use. But may there not, even in respect to its curative range, be found a limit of dilution beyond which the attenuation of a remedial agent ceases to be advisable? The latitude of belief, and the contagious enthusiasm of a few, suggest an interrogatory form for a thought that cannot long be seriously questioned by scientific men. We must either cut away from the known laws of matter, however closely it verges on spirit, or candidly admit that there is a point of attenuation, sufficiently removed from the limit of toxication, yet requiring for its attainment the widest separation of atomic constituents, and the highest development of the specific forces of the agent that can be consistent with the susceptibility of the diseased organism; and this limit of attenuation lies doubtless in the golden mean between crudity and nothingness. It seems hardly disputable that this remove from the limit of toxication need not be very great, in the preparation of remedies for many forms of acute diseases. It was the thought of Hahnemann to attain the smallest dose that would cure, without a serious aggravation of symptoms. That the *Master* often found this dose among the highest ranges of attenuations, neither demonstrates their universal applicability, nor excuses the short-sightedness of those of his disciples who adhere to their exclusive use. Indeed, it is hardly a matter of question that this exclusive use of extreme attenuations by many of our influential physicians has deprived the profession of the fullest reward of their efforts, and the results obtained have not enabled us to recognize in such a procedure the inductive method of the natural sciences. The great law of the similars we cherish as fondly as they; but in our anxiety to hasten its general recognition, we deprecate the prominence that has been given to spiritualistic opinions and hasty deductions. We would not load our law with irons, nor seek to invest it with unreal wings.



We are guardians of a principle that must not die. Too young to protect itself, too lovely to perish, our law of cure stands by the shore of the Dead Sea of ancient medicine, like Aphrodite when she sprang from the ocean's foam, to be received by the gold-filleted Seasons, and led to the assembly of the immortals. We pledge ourselves to the advancement of this law, until the white pellet, the badge of our derision, shall have a place in all the homes of the world, baffling the snow-wreaths of the North, keeping company with the moving tents of Arabia, and the dusky children of the tropics, the admiration of the subtile minds of Asia, and, in Greece, the long forgotten Panacea, daughter of the god of medicine. Who is able to foretell the triumphs of homœopathy in America? Light is covering the land; from the east it travels with healing in its rays.

Let us, who have so lately been charged with "practising according to an exclusive dogma," show the people our catholicity, and our eagerness to accept reform. And here let me allude to our position regarding the admission of women to membership in this Society. There is in our by-laws at present nothing for or against their membership. But I shrink from recalling your past exclusiveness or indifference. The world moves fast, and some of you have recently shown, by the most generous magnanimity, your freedom from prejudice. Woman no longer asks of man the right to heal the sick. Her future position in medicine is assured. Knocking at the outer portal of knowledge, standing in divine humility in the hall of preparation, woman waits the judgment of this century of assize. The verdict has already gone forth: "You that have waited without, pass in." The angel of the household becomes not only the cherisher of infancy, but the patroness of science, the savior of society. The subject of numberless medical experiments and surgical abuses, her hand has at last seized the scalpel, and her cunning fingers measure the currents of life. Vivified as by the touch of a spirit, medicine already begins to feel the pulses of a new life. Her quiet ministrations in the sick-room, and her intuitive observation of nature, will never merit

the sarcasm of that cotemporary of Cicero, who termed the physician's watch of his patient "*the study of death.*" Let not our school of practice be slow to enlist her aid. We can never have a full and trustworthy materia medica until women, educated and refined observers, assist in the proving of drugs. Hitherto we have been fighting death single-handed. Women are, by constitution and temperament, sensitives, trembling and vibrating to the unseen, like the magnetic needle, and as true to the polar star of duty. Only such are fitted for the highest usefulness in our profession. Let them prove their vocation by devotion to science.

The past year has been the most eventful one in the history of homœopathy in America. The animosity so long cherished by "the established school of medicine," has, in this Commonwealth, culminated in an attempt at a general expulsion of homœopathists from the Massachusetts Medical Society. We sought the protection of the Supreme Court, but have learned that its judges cannot interfere, by injunction, to correct irregularities in the pleadings, in procedure, or in the constitution of the Board of Triers. Let them proceed, if they will, with this farce, with this mediæval trial. They shall discover who is on trial at the bar of public opinion. Their "*Væ victis*" is changing to "Wo to the victors!" They begin to see a handwriting on the wall: "Another such victory and you are undone."

Who are the individuals to be tried? Gentlemen whose professional conduct has ever been worthy that honorable name. Their diplomas, stained only with time, were granted by allopathic colleges. They practised, some of them, many years according to the principles of the old school; and because they claim to have found a better way, even though planted with the thorns of fraternal hatred, they are to be held up before their fellows for censure, and the ignominious ordeal of dismissal. Thrice armed in a just cause, we raise the gauntlet of defiance that these redoubtable knights of the lancet have thrown into the arena. The battle, begun in their own asylum, under secrecy of guarded doors, shall break forth to the gaze of men.

Great is truth and mighty above all things. If we have acted hitherto on the defensive, we shall no longer rest satisfied until we have stormed their strongholds, and secured their high-places of public trust and distinction.

It needs no prophet's eye to see the drift of events. Under the influence of homœopathy, old physic is throwing off its garb of senility, and its marks of decay,—like Faust transformed by the draught of Mephistopheles into the strength and freshness of youth. It may never acknowledge us as disciples, or accept our law of cure under its present name. But as sure as truth is with us, the old and new schools of medicine must, in practice at least, gradually become alike. We claim for the principle of the similars, that it is the crowning law of cure, that may in time render therapeutics a science. In no other essential do the two schools differ. Recent advancement in the collateral branches of chemistry, physiology, surgery, and to a limited extent, of pathology, we accept with just appreciation, as a common good. The time is approaching when the old school must openly avow its respect for the law of cure, now observed only in the secrecy of private practice. We ask only that it may have a trial in the great public hospitals, in the tent and on the field, by educated observers.

But amid the pleasant hopes of this hour, and into this assembly of living men, comes the invisible spirit of one whose form we can never forget. He stands among us in his accustomed place, drawn hither by his devotion to truth. Above the meed of praise or the clamors of hate, he lends his influence to our deliberations. In the fullness of a well-rounded life he speaks to us, and from the cerements of death. When we met, in the autumn, to pay the last sad tribute of respect to the memory of SAMUEL GREGG, we were reminded by the sere leaf, and by that venerable and lifeless form, that we may not escape the summons of death. But as we approach the budding of spring into the fullness of a new life, let us think of our late companion as one who has conquered death, and is now developing the perfections of moral and intellectual growth. He fell as one of our leaders, great in action and counsel, in the

very arena of strife. Would that the loss of such a man to the city that loved him so well, to the State of his early choice, and to his fellows, of either Society, might serve to end fraternal discord, and stay the unwarranted proceedings that embittered the last months of his life. The names of his colleagues may yet be stricken, unjustly, from the roll of the Massachusetts Medical Society; but who will answer when he is called? Of him it can only be said, that he fell in the discharge of duty, thus relieving that honorable body of the stigma of dismissing one, who, in all the relations of life, proved himself for fifty years a gentleman and an honorable physician.

The indignity offered to medical reform has redounded to its rapid advancement in public favor. Our school of practice is, in a moral point of view, threefold stronger in this State to-day, than before the intolerant proceedings of our opponents one year ago. We care little should they at length, without the hinderance of law, carry the manifestations of bigotry to its extremest limit. Fellowship with a body of men who cling to the follies of the past, and seek to fetter knowledge, has become a questionable honor. In the light of the nineteenth century, and among a people pledged to liberty of thought, we dare them to proceed. How long, think they, will Boston, the national fountain of intellectual and moral agitation, tamely submit to the usurpation by a class of the right to administer to the sick in the retreats provided by the public funds? How long will her citizens consent to be taken from their homes, during the visitations of a pestilence, and hurried from the ministrations of homoeopathic attendants to the houses of death? To what pitch of indignation must the people of Massachusetts be taxed for the maintenance of asylums for the insane, in which no one can enjoy the benefits of rational medicine, and whose doors open only inward for their wretched victims?

If we are alive to the responsibilities of the hour, let us not rest until we have brought our constituency, which represents so largely the intelligence and wealth of New England, to a proper understanding of its rights. Not for ourselves alone we stand or fall; but as the representatives of thousands, we are

deputed to demand the removal of unjust preferments, not only in the medical department of State institutions, but also of the national government.

At the fair so lately held in this city, for the purpose of establishing a State homœopathic hospital, our friends proved their devotion to principle, and poured out their money like water. In every village, however remote from the exigencies of metropolitan life, busy fingers, unused to toil, plied the needle, and art proved herself once more a handmaid of mercy. The success of that memorable enterprise has taught us what may be accomplished by organization and persistent effort.

You are familiar with the history and objects of the Homœopathic Association of Boston University. This young and promising institution, one of the principal educational enterprises of a denomination noted for its efforts in securing the education of the people, has allied itself with homœopathy. Before homœopathy was known, a follower of John Wesley stood under the Old Elm on Boston Common, and maintained "man's moral freedom and his capability of God," before an enraged mob, set on to acts of violence by the representatives of sectarian bigotry. After the lapse of a century, there have arisen in this city more than a score of churches holding the faith of Jesse Lee; their taper spires point heavenward, and their bells ring an unbroken peal of joyful triumph. To-day the University founded by this powerful and wealthy denomination to meet all the requirements of New England culture, recognizes homœopathy in its Department of Medicine. In this fateful union, we behold the flowing together of two streams for the healing of the nation, — the bridal of two reformations.

This college that we seek to endow, springs into being like the fabled creations of Eastern romance. But its foundations are historic, and are sunk deep in the three hills of a city known in all the world as the birthplace of civil and intellectual freedom; known widely also for its generosity, which is commensurate only with its gathered wealth. In this city we purpose to establish, not a feeble and ephemeral school, pinched with want and riven with internal dissensions, but one that is rich in

means, ample in curriculum, and liberal in policy, a credit alike to homœopathy and the University whose name it bears.

And for this Society, it only remains to go forward, cherishing ever the true law of cure, welcoming the fellowship of all good physicians of either sex, renouncing the errors of the past, loyal to the principles of our departed leaders, and firm in our demands for justice. Truth shall bear the victory.

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### COSMOLINE.

BY J. K. WARREN, M.D., PALMER, MASS.

IN June last I was called to a child about a year and a half old, who had turned a boilerful of hot tea over its head, face, and neck. When I reached the patient, some hours after the accident, it being out in the country, I found the face badly swollen, so that one eye could be opened but a very little, the entire scalp presented a partially cooked appearance, and the neck was also badly blistered. I gave the child *Arsenicum*, and made an external application of *Cosmoline*. In an hour or so the child became quiet, and apparently suffered very little, if any, pain after I continued the use of the *Cosmoline* until the burn was healed, and now, four months after, the head is covered with a new growth of hair, and there is only one slight scar noticeable, on the right side of the head.

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INDIAN RUBBER CORKS, it is announced, may be cut or bored with as much facility as true cork, if the knife or cork borer be dipped in a solution of caustic potash or soda. The strength of the solution is of little consequence, but should not be weaker than the ordinary reagent solution. Alcohol and water both answer a good purpose, but are much less efficacious than the soda lye; and if a tolerably sharp knife be moistened with this substance, it acts upon the rubber quite as easily as it would upon cork. In boring holes in rubber corks, to avoid the contraction of the diameter at the bottom, the stopper should be held firmly against a flat surface or common cork, until the rubber is completely perforated.

## NOTES ON SURGICAL CASES.\*

BY S. H. RAMSBOTHAM, M.D., EDIN., M. R. C. S., ENG.

*From the Monthly Homœopathic Review for June, 1872.*

I FEEL considerable diffidence in thus addressing, as it were *ex cathedra*, so many of my professional seniors; but as you have done me the honor to elect me your president, I must endeavor to fulfil the duties of that office to the best of my ability, and trust to your kindness to bear with my shortcomings.

I have decided to read to you the records of a few surgical cases, not with the view of bringing forward any novelties in treatment, but rather to add some slight contribution to that substratum of fact which we are gradually accumulating, and on which may hereafter be built a sound system of practice.

## FRACTURE OF NECK OF FEMUR.

The first case to which I wish to draw your attention is one of fracture of the neck of the femur, which presents some rather unusual features. The subject of the accident was a young lady, aged nineteen, well developed, stout, and muscular. Whilst out for a walk with her younger brothers and sisters, they got to playing about some railway sidings, and in trying to run along a rail her foot slipped, and she fell, twisting her foot under. She nevertheless walked home, a distance of nearly a mile, with her brother's assistance, and, moreover, managed to walk up-stairs. Her belief was that she had dislocated her ankle, to which joint she referred all her pain. When I first saw her she was sitting on a sofa, just as she had come in; her feet hung side by side, and the legs appeared to be equal in length. The right foot and ankle were much swollen from the effects of the sprain. It was not until the next morning, on seeing her in bed, that I observed the right leg to be nearly two inches shorter than the left, inverted, with the toes resting on the tarsus of the opposite foot. The tro-

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\* Read before the Northern Homœopathic Medical Association, at Manchester, May 10, 1872.

chanter major was thrown somewhat upwards, and the limb presented the appearance usually seen when the head of the femur is dislocated upon the dorsum ilii. I was obliged to defer any attempt at reduction for a few hours, when my father saw the case, and, agreeing with me that it was a dislocation, pulleys were applied, but it was not until considerable force had been exerted that the limb returned to its usual position with a slight jerk. As soon, however, as the pulleys were loosened, the trochanter went up again, shaking our faith considerably in the correctness of our diagnosis. After many patient trials, a slight crepitus was elicited, sufficient, however, to give evidence of a fracture. Viewing it as a case of fracture through the neck of the femur, probably external to the capsule, the following treatment was adopted: The bone being again got into position by means of the pulleys, and held there by their aid (the muscularity of the patient rendering manual traction insufficient), a wide Gooch splint was placed on the external aspect of the limb, from the crest of the ilium, half-way down the thigh, and on the internal aspect, a shorter but equally wide one from the perineum to a corresponding point; these were carefully tied together with looped bandage, the external splint at its upper end being secured by a handkerchief passed round the pelvis. Over all was fixed a Liston's long splint, retained in close apposition to the limb by means of a folded sheet passing along its entire length, the upper end bandaged to the side, the lower tied to the foot, and foot and splint together firmly fastened to the lower edge of the bedstead.

A few drops of *Symphytum*<sup>1</sup> were mixed in half a tumbler of water, and the patient directed to take a dessert-spoonful three or four times a day. This remedy she continued to take throughout the treatment. The splints were kept on for a month, during which time she experienced no untoward symptoms; and when they were removed the two legs were equal in length, the limping from stiffness which at first occurred soon wore off, and at the end of six weeks from the date of the accident, she went into the country to visit some friends, one of whom, a surgeon, refused to believe the limb had ever been



broken, as, he said, it could not possibly have been so successfully reunited. The young lady being the daughter of a Wesleyan minister, I lost sight of her soon after, when her father was removed from that circuit, and I have not had any further opportunity of inquiring into the state of the limb.

There are several points of interest connected with this case. Fracture of the neck of the femur is a very rare occurrence in so young a person: her age rendered dislocation the more probable accident of the two. Then the limb was inverted — an infrequent position, eversion being much more usual. The cause of the fracture was apparently very slight. The girl fell whilst running on the metals of a railway. She could not tell that she had struck her hip against the rail in her fall, the only theory on which we felt able to account for the fracture, nor was there any ecchymosis in evidence of her having had a blow there. Again, it is very singular that after such an accident she could walk home. The fractured end of the neck probably got jammed in some way between the trochanters; and this would also be the reason why no crepitus was elicited at our first examination. The separation of the two pieces of bone would further explain the jerk felt as the limb resumed its natural aspect, and deluded us for a few moments with the pleasing fancy that we had accomplished our task.

Lastly, her recovery was rapid and complete. In Holmes' 'System of Surgery' (1st edition), it is stated that while bony union is the rule in cases of fracture of the femur external to the capsule, it is a very slow process, and two or three months is spoken of as the average time an adult will require to remain under treatment, six weeks to two months the time for a child; the first half of the time to be passed in bed, and during the latter half, liberty being given to the patient to move about with apparatus applied to keep the limb immovable. At the end of six weeks in this case no further support of any kind was needed.

To this happy result no doubt the *Symphytum* materially contributed. Very little, however, is said about this remedy in our standard works. Hughes, in his *Pharmacodynamics*,

and Hempel, in his *Comprehensive Materia Medica*, do not even mention its name, although in the *Therapeutics*, Dr. Hughes alludes to its claims to consideration. Dr. Henriques, in a lecture on Fractures (*British Journal of Homœopathy*, Vol. X), passes it by in favor of *Ruta*, which he indicates as our chief agent in promoting bony union; Helmuth dismisses it curtly as "one amongst others"; and even the usually copious Jahr can only find time to say of it that "it has been employed to promote bony union in cases of fracture," adding, "it is said in some cases to have been successfully employed." We can hardly expect to find this action of *Symphytum* detailed in any proving, and must be content to study it *ex usu in morbis*. In other cases besides the one just related, I have found it of service, and have been so well satisfied with the results obtained, that I have had no temptation to desert it for other remedies. It is, too, or was, a well-known popular remedy. Many years ago, my father, when visiting a lady residing near some large iron-works, remarked a quantity of *Symphytum* growing in a corner of the garden. Knowing that she was frequently applied to by the work-people to prescribe for their ailments, he inquired to what use she put it, and was told that when any one broke a bone at the works, a messenger was despatched for a supply of *Symphytum*, of which an infusion was made, and administered to the patient. "They call it knit-bone," she added.

"*Symphytum*" in Greek, "knit-bone" in English. Surely it is a coincidence worth noting, that in both languages the name of the plant should afford so marked an index to its healing virtues.

#### MORBUS COXARIUS.

If this case is interesting because of its rarity, the next, one of *morbus coxarius*, is so because of the greater frequency with which we meet with such cases in our ordinary practice.

H. S., aged nine years, of strumous diathesis, caught cold by lying out on the grass in spring, playing with some pet animals. A few days thereafter, I was asked to prescribe for a pain in her knee, thought to be rheumatism. As she entered

the room her peculiar walk directed suspicion at once to the hip-joint, and but little further examination was necessary to elicit the truth. The predisposing and exciting causes were both favorable to hip-joint disease; and the apparent lengthening of the limb; its position, the foot of the affected side slightly in advance of the other, with the toes everted, when the child stood at rest; the pain felt in the joint on pressure or gently striking the hip; the character of the pain, worse always at night, preventing sleep, with marked remission during the day, — left no doubt as to the nature of the disease. Rest in bed, with the long splint to secure immobility of the limb, were the surgical means advised; but her parents wished that she might not be separated from the family circle for a few days longer, if the delay would not be injurious. There were no signs of active inflammation; there was little or no swelling about the joint, and the child's general health did not appear affected. I therefore deferred to their wishes, and a week elapsed, during which various remedies were tried. *Acon.*, *Bell.*, *Calc. carb.*, and *Mercurius*, both *sol.* and *corr.*, alike failed to produce any curative effect, or procure any marked decrease of the nocturnal pain. The child did not get worse, but she certainly got no better. The loss of rest was beginning to tell upon her health, when reflection on the neuralgic character of the pains suggested *Colocynth*. This was given with almost magical results. The child had after its administration the first good night's rest she had enjoyed since the commencement of her illness, and next morning she appeared so much better that hopes were excited in her parents' minds that she might not after all require to undergo the dreadful confinement in bed. However, after the lapse of a few days more, I put on the long splint, discontinuing for a time all remedies to watch the effect of the rest thus secured to the joint. The pain did not return, and I therefore administered constitutional remedies only, *Calc. carb.* and *Silicea*, while the splint was on. After keeping the child thus confined for a month, the splint was removed, but the result was not quite so satisfactory as had been hoped for. The pain on pressure remained, and there was still a slight

apparent elongation of the limb. Her parents therefore desired me to obtain a surgical opinion as to what further means could be devised for her relief; and acting on the advice given, the splint was reapplied for a fortnight, this time with a 4-lb. weight attached to its lower extremity, and allowed to hang over the foot of the bed. Thus for another fortnight the joint was kept at rest, and at the expiration of that time I had the satisfaction of finding all pain gone from the joint, even on striking it pretty forcibly, and the two limbs very nearly equal in length. I kept her for some time longer on *Calcarea* and *Sulphur*; and now, nearly a year from the time of the illness, she continues in good health, is as straight as an arrow, and has not the very slightest limp perceptible in her walk.

I do not wish to claim too much credit for homœopathic treatment here, as I well know how much may be done by the "long splint treatment" alone. I cannot doubt, however, that the remedies, local as well as constitutional, greatly aided the cure. My principal reason for alluding to this case is to illustrate the power possessed by *Colocynth* of controlling severe neuralgic pains in the lower extremities, even when these proceed from a local affection to which that remedy has no specific affinity.

#### CARIES.

I have never yet had the satisfaction of curing a case of fully developed *caries* by homœopathically-selected remedies alone, though great success has attended their use in remedying the constitutional dyscrasia, when once the offending member is removed by operation.

For eighteen years, J. K. had suffered from caries of the tarsus, and during that time had hardly ever known the pleasure of a night's rest. Many a night she spent in wakeful restlessness, often rolling on the floor in the agony of her sufferings. At the time she came under my care, the foot was swollen, distorted, and discharging from three or four openings a thin, ichorous, offensive pus. A probe passed into these openings, entered deeply into the diseased and softened bone. The middle finger of the left hand was red and swollen, as if caries

were attacking that also. Her eyes looked weak, the lids red and tumid, and I learnt that she often suffered from sub-acute scrofulous ophthalmia. Her health was so much impaired that I advised immediate removal of the foot; and accordingly, assisted by my father and Dr. Scott, of Huddersfield, I performed amputation at the ankle-joint, on Syme's plan. She lost a large quantity of blood from oozing of the vessels a few hours after the operation, and I was obliged to take down the dressing and sponge out the cavity of the stump. Notwithstanding, she made an excellent recovery. *Calendula* assisted the healing by first intention of the greater portion of the wound; and the operation having been performed on the 11th of November, she returned home on the 22d December, to join her family at their Christmas gathering, in better health than she had enjoyed for years. She remained under treatment for the ensuing six months, taking *Merc. corr.*, *Hepar*, and *Sulphur*; and the threatening disease of the finger and the affection of the eyes gradually subsided. This was in 1862-3, and a short time ago I heard that she continued well and healthy, and, aided by an artificial foot, was able to take ample walking exercise, and a fair share of her household duties.

#### NASAL POLYPUS.

The next case is by no means such a serious one as those we have been considering. I bring it before you as a case of true, uncomplicated homoeopathic surgery.

Early in July last, a gentleman consulted me for a large mucous polypus, occupying nearly the whole of the right nostril, interfering with his comfort in breathing, and extending almost to the exterior orifice of the nares, where it was plainly visible. I recommended evulsion as the quickest means of obtaining relief; but said he, "I came to you in order to avoid an operation; can you not cure me without it?" Accordingly I gave him *Sanguinaria*<sup>2</sup> internally, and a small quantity of Keith's sanguinarin, diluted with flour in equal proportions, to be used as a snuff. He continued under observation for about three weeks; the size of the polypus greatly diminished, — large shreds often coming away after the application of the snuff. At the end of this time he could breathe with nearly equal free-

dom through both nostrils, so that although he has never been to report himself "cured," I feel no doubt as to the result.

#### CONTUSIONS.

The admirable action of *Arnica* in cases of surgical shock is a fact so well established that it may seem almost a waste of words to dwell upon it. I should like, however, with your permission, briefly to relate two cases which strikingly illustrate its usefulness. The first is that of a young man who, by the giving away of the tackle of a "lift" or "hoist" worked by hydraulic power, fell in the lift from top to bottom of a warehouse four stories high. I did not see him until some hours after the accident, when he had been taken home and got to bed. Although rendered insensible at the time, he had sustained no injury beyond a severe shaking, was quite calm and collected, and said his only painful sensation was that his chest felt as if it were crushed in till he had no room to breathe. I mixed a few drops of *Arnica*<sup>s</sup> in half a tumbler of water, and directed him to take a dessert-spoonful every hour. After the second dose his breathing became quite easy, he fell into a sound sleep, and slept through the night, awaking next morning much refreshed. He was confined to the house for about a week, and has never since felt any inconvenience from the effects of his fall.

The other case is that of a railway guard, who, whilst engaged in shunting some wagons, was caught between the buffers, and his chest severely crushed. Happening to be on the platform of the station when the poor fellow was brought in, the station-master asked me to take charge of him as far as Leeds. He was cold, his pulse small and thready, and I was told he had, immediately after the accident, spit up a quantity of blood. I obtained a tumbler of water, mixed with it a few drops of *Arnica*<sup>s</sup>, and during our fifty minutes' journey, let him take an occasional drink. On arriving at Leeds he was at once conveyed to the Infirmary, and I lost sight of him, but was told next day by his "mate," who travelled with us, that he had expressed great gratitude for the relief from pain afforded by "the stuff you gave him to drink, sir." I heard the other day that the man had recovered.

## PSYCHOLOGY AND MENTAL DISEASES.

SAMUEL WORCESTER, M.D., EDITOR.

## SHALL WE HAVE A HOSPITAL FOR THE INSANE?

BY SAMUEL WORCESTER, M.D., BURLINGTON, VT.

At the present time there are some sixteen hundred inmates of the State hospitals for the insane at Worcester, Taunton, and Northampton, and at Tewksbury, — all under the care of the State. There are also about three hundred and fifty at the McLean Asylum and the City Hospital, at South Boston.

When the Northampton Hospital was built, the cry was raised that it would never be filled; but to-day every hospital in the State is crowded beyond its proper capacity. Patients are daily refused admittance; their treatment is delayed, or their removal to hospitals in other States becomes necessary; in either case much harm is inevitable. The number of the insane is increasing, and will continue to increase from year to year, both from the natural growth of the native population, and from the large number of emigrants. The present legislature has appropriated \$120,000 to enlarge the Taunton Asylum, and there is also a renewed agitation of the project to build a new and elegant hospital to take the place of the old institution at South Boston. Even if both these plans are carried into effect, the demand will be but temporarily and partially supplied. It seems a mistaken policy for the State to enlarge the already existing hospitals to any great extent. The wisest course is to erect, from time to time, smaller hospitals in the counties where they are most needed.

Among the principles of hospital construction, none are more fully established, or more clearly based on common-sense, than the following: the hospital should be located so as to afford the utmost facility of access from the territory from which the patients are to be derived; and second, that the number of inmates of an asylum for acute cases should not exceed two hundred and fifty, while a hospital for both acute and chronic

cases should admit but five hundred at the utmost, and that only under certain circumstances; but to my mind this latter number is too large to enable a superintendent to give proper *personal* care to each case.

It is acknowledged that there is immediate need of a new hospital; and, as is clearly shown by Dr. Pliny Earle, in the Seventeenth Annual Report of the Northampton Hospital, this new hospital should be located in the northeastern part of the State, at some point easily reached from Boston, Lowell, Lawrence, Salem, and Gloucester.

The next hospital for the insane that is established in Massachusetts should be placed under homœopathic management. The practitioners of homœopathy and their patrons are sufficiently numerous and powerful to carry out a plan so obviously just as this. The believers in the homœopathic law are among the most intelligent citizens and largest tax-payers in the Commonwealth; and it seems right and just, that when afflicted with insanity they should have the opportunity of employing the treatment to which they are accustomed at home, and in which they have confidence. Other diseases may be treated at home, and the patient remain under the care of his family physician; but when attacked by insanity, he must be carried away to a hospital and placed under the care of physicians in whom he may have no confidence, and who would speak of his usual attendant in terms of contempt. At the hospital, if he receives any medical care at all, it will be such as he considers far more injurious than beneficial. There are many patients in the Massachusetts asylums who have learned by long experience to dread the worse than useless medication of "regular physic," but if perchance they refuse to swallow the nauseous and deleterious doses prepared for them, it is regarded as a fresh proof of insanity, and they are ordered to take the opiates, cathartics, stimulants, and tonics, under penalty of having them poured down their throats. In a hospital for the insane, anything like independence of thought or action on the part of a patient is not encouraged; there is one general law for the government of all, and it is rarely that variations are allowed.



The State of New York is now building a hospital for the insane at Middletown, Orange County, which, by the terms of its charter, is to be under homœopathic control; and it is hoped that by fall, the institution will be in readiness to receive some patients. A letter from Dr. Horace M. Paine, of Albany, who has done much to promote the enterprise at Middletown, says, "The Wisconsin State authorities are about to change the mode of treatment hitherto adopted in the State Asylum for the Insane, by the appointment of a homœopathic Superintendent."

A newspaper paragraph states that the Governor has signed a bill for a new State hospital near Boston, and that with the advice of the Council, a commission to locate and build has been appointed. This commission consists of C. C. Esty, of Framingham, from Middlesex Co., S. C. Cobb, of Boston, from Suffolk, and Edwin Walden, of Lynn, from Essex. The "Springfield Republican" says, "The name of Mr. S. C. Cobb, who will probably be the chairman, recalls the long-standing Boston quarrel over the building of a city lunatic hospital, in which Mr. Cobb took the side of economy and of Dr. Howe. He was then in a minority, but now he has a chance to see his views carried out; for the success of the State hospital project is the defeat and indefinite postponement of the plan for a city hospital. The site of the new structure is not yet determined, but the commission will proceed at once to choose one, either in Essex or Middlesex."

In such an important matter, the great State of Massachusetts ought not to be behind her sister States. Our State and county medical societies should take immediate steps to urge our claims in the management of any new hospital that may be built.

## PSYCHOLOGICAL DISORDERS.\*

BY J. H. P. FROST, M.D., DANVILLE, PA.

THE following paper consists of cases observed and treated by myself; the discussion of the nature and origin of such disorders must be reserved for some other occasion.

CASE I. *Hallucinations with Perfect Sanity.* Mrs. K., aged about thirty-five, of strong nervo-bilious temperament, with black hair and dark eyes, a full-sized, hearty woman, in comfortable circumstances, has had ten children, all living but one. In her last confinement, seven weeks ago, she had to help herself, to some extent, the next day after her babe was born. When her babe was two weeks old she began to see forms around her, and to recognize in them persons of her acquaintance, both living and dead. She heard also their voices, and understood what they said, — not disagreeable things. She sees, for instance, the forms of her children when she knows they are not in the room. This is the second time she has been afflicted in this way, — *only when nursing*. On the other occasion she saw before her the form of a daughter who died the year previous; also that of her mother, deceased now long ago, and many others. She was surprised and delighted at the changed and improved appearance of her mother; the old feebleness and infirmity were gone.

These visions come to Mrs. K. at night, when she goes to bed, and, indeed, everywhere in the dark, greatly to her annoyance, for they prevent her from sleeping. And even in the daytime they will start up before her whenever she closes her eyes. In the night she hears noises also, and knockings, so that she is constrained to rise and go over the house to make sure that her children are safe, and that no strangers are within. At the same time she is perfectly sensible, but does not know to what

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\* *Psychological* is set down by Dungllson as identical in meaning with *Psychical*; but there is an important difference. *Psychical* relates simply to spirit or mind; while *psychological*, from usage at least, involves the idea of the mind or soul in its connection with the body. *Vide* "Human Intellect," Introduction, p. 6, by Prof. N. Porter.

to attribute these visions and sounds which so disturb her, and which she is aware result from no human or other agency perceptible to her family; and although not actually alarmed, she grows anxious and melancholy on account of them, is being worn out from loss of sleep, and fears she will become insane if the difficulty is not removed.

This woman was a great coffee drinker.\* She was directed to abstain from coffee; and with the aid of *Nux vomica* and *Natrum muriaticum*, she soon recovered so that she could sleep without being disturbed.†

CASE II. *Hallucinations with Insanity*.—Mrs. C., aged about twenty-six, with blue eyes and light hair and complexion, is of rather incomplete development; pale, thin, of delicate constitution, gentle disposition, and nervous temperament. Upon recovering from an illness so severe that I was obliged to visit her two or three times a day for four months, she was found to have acquired an aversion for her husband and children, two fine little boys, to whom she had been tenderly attached. She disliked having them come into the room where she was, saying that her husband was “nasty,” and that the boys were “not nice.”‡ She was evidently not right in her mind; but her derangement assumed the form of a mild *affective insanity*.§ At the same time she had no control over herself; she would suddenly

\* *Dr. David Hartley* — “Observations on Man,” London, 1810; Vol. I, p. 409 — dwells upon the effects of darkness in producing illusions, and mentions the influence of coffee in causing delirium.

† *De Boismont* — “History of Dreams, Visions, Ecstasy, Apparitions, Magnetism and Somnambulism,” Phila., 1853 — cites twenty-seven cases of “hallucinations consistent with reason,” principally of sight and hearing (illusions).

*Helvetius* — “De L’Esprit; or Essays on the Mind and its several Faculties,” London, 1809, p. 327 — quotes a remarkable example of hallucination, that of King Lodbrog, one of the disciples of Odin, when dying on the battle-field.

‡ See *De Boismont* — “History of Dreams, etc.” — Hallucinations of Smell; p. 94.

§ *Maudsley* — “Physiology and Pathology of the Mind,” New York, 1867; p. 302 — describes under this name a similar perversion of feeling and affection.

put on her bonnet and go out — to a neighbor's, for instance — not because she desired to, but because she was irresistibly impelled to go, she knew not whither. So she afterwards explained to me the meaning of actions that at the time appeared strange; although from her quiet and gentle manner her conduct excited less remark than it otherwise would have done. Mrs. C. was also subject to hallucinations of sight and hearing; even in the day-time she would see a whole room full of apparitions crowding into her apartment, some being shut out by others when there was no longer room for more.\* Many of these would assume the appearance of persons still living and well known to her, and with these she conversed for hours in the quiet of her sitting-room. She also distinctly heard them talking among themselves. What was peculiar to this lady's case, and to which I can find no parallel in the one hundred and eighty-one instances of hallucination related by De Boismont, was the custom the apparitions had, individually, of personating, in form and feature and conversation, some one in particular of her friends, and of thus keeping her company for hours. She would both see and converse with the forms sitting beside her; nor was she always able in these *seances* to distinguish the semblance from the reality.†

These apparitions had entire control over this lady, — even separating her from her family. During this period she resided with her father and mother; and from the conversation of her father, who was of a religious turn of mind, — like Jacob Böhme a shoemaker, and like him also tinged with *mysticism*, although in a much less degree, — she derived much comfort in her isolated condition. These apparitions would lead her about as they pleased; oftentimes they were playful and trifling, but never mischievous. Frequently they would make her think there was

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\* *Nicolat*, the celebrated bookseller of Berlin, records a similar experience of himself, — "Human Intellect," p. 349.

† Some might be disposed to call these *reveries*; but even then they would so much the more disprove Aristotle's assertion that "all our ideas, even such as are most abstract, most strictly intellectual, have their origin in our sensations." *Vide* "Outlines of an Historical View of the Progress of the Human Mind," by *M. De Condorcet*; London, 1795, p. 107.

some one at the door trying to come in; she would seem to hear the handle of the door turn, and go to open it only to find herself fooled, as she subsequently told me, and laughed at by the apparitions.

In this manner this lady led a very retired, innocent, and not unhappy life, for several months. To her family and friends I explained that it was best to indulge and gratify her in everything; that none of her fancies or notions were injurious to herself or others, and that I had good hopes of seeing her eventually restored to mental health,— even as I had been the means of recovering her from a physical illness so profound and protracted that people called me crazy because I expected to get her well again.

For some time I watched the case with principal reference to the improvement of her still delicate health and the restoration of her wonted strength. And when at last I saw my way clear to make a psychological prescription, I gave her *Veratrum*.<sup>\*</sup> Under this single remedy she improved in mental and moral condition; became again an affectionate wife and mother, and a happy member of a reunited and happy family.

A few words relative to the earlier and later history of this amiable lady will throw some light upon her psychological disorder. When she first came under my care, two or three years before the time at which the above account commences, she had been for months almost entirely confined to the house by a sort of general debility, such as results from what is called "spinal irritation." After having taken a few doses of *Arsenicum*<sup>2</sup>, she was attacked with a violent eruption of *large, raised, and burning blotches*, but not confined to any particular part; a form of urticaria which was nearly as severe as acute erysipelas, and much more painful.† When this was cured she be-

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\* The famous "Hellebore" of the ancients; *Vide* Hahnemannian Monthly, Vol. VII, p. 362.

† *Seguin* — "Idiocy; and its Treatment by the Physiological Method," New York, 1866, p. 381 — gives a case of profound idiocy with furfuraceous diathesis.

*Hahnemann* — Organon, Nos. 210, 230 — shows in brief the relation of psora to mental disease.

came better in health than for several years previous, and able to walk down town and back again without injury. A development of this same psoric element in her constitution, in the shape of a slow and painful fever, formed the long sickness already mentioned, — and to which the psychological disorder immediately succeeded, — constituting a psychical manifestation of the same hereditary taint in the system. And while this latter influence was never wholly eradicated, her recovery from the mental and moral derangement was complete and permanent, as shown by her subsequently passing the ordeal of pregnancy and parturition, with less trouble than falls to the lot of the majority of women. After having remained under my care for eleven years she removed to a neighboring city, where she finally died, as her friends declared, “all eaten up with canker,” — internal scrofula.

CASE III. *Epilepsy, with Frenzy and Suicidal Mania.*— Miss A. H., aged about twenty-two, of a pleasant, easily-yielding disposition, had a sad and but too common history which may be summed up in a single sentence: easily led astray, betrayed and deserted, she had taken to the streets, had contracted syphilis, and found her way to the almshouse. Here she had been “cured” allopathically, — and reclaimed socially and morally. For although she had thrown herself away in her despair, she had not become depraved. I found her a member of the Superintendent’s own family, where all were much interested in her welfare. Apparently in the enjoyment of perfect health, she was subject to epileptic attacks, consisting of spasms of the body and limbs, with foaming at the mouth and loss of consciousness. These attacks, with intervals of repose, in which consciousness returned while the insanity remained, would last all night, and require the united efforts of half a dozen persons to prevent her from injuring herself and others.

The convulsions were no doubt hysterical in their origin; since she is believed to have experienced them for the first time, after severe local treatment — repeated cauterization of the os uteri — for venereal disease. This opinion was con-

firmed also by the manner in which the attacks would be brought on at any time, by physical and mental excitement, — especially running up-stairs to her room when she saw company coming in. But no purely epileptic spasms could be more violent or dangerous, — characterized as they were by furious efforts to bite those around her, and by ingenious attempts to commit suicide. Momentarily diverting the attention of the by-standers, — by pointing to the window, for example, and exclaiming “who is that out there?” — she would slip her handkerchief over her head, holding one end in each hand, when with a rapidity of motion which the eye could scarcely follow, her hands would be crossed under her chin and her throat constricted as with an iron band.\* And so violent and determined were these efforts to destroy herself, that her eyes would be starting from their sockets, and her breath almost gone, before the maniacal ligature could be removed. At such moments she certainly presented a most fiendish and diabolical appearance; while in her usual state she was gentle, docile, pleasant, and conscientious.

By careful and persevering treatment for three or four months, this young woman was restored to complete health. For a much longer time afterwards she continued under my observation, perfectly well physically and psychically; and she subsequently married and bore children without any return of her former symptoms. I employed various remedies, some to antidote the combined syphilitic and mercurial influences remaining in her system; but *Belladonna* was the most efficient in making this remarkable cure.

CASE IV. *Trance, with Trismus and Minor Spasms.*—Miss P. V., aged about twenty, was a seamstress of estimable character. Called to visit her in 1850, in company with her attending physician, I found her lying in bed and unconscious; her jaws were set firmly together, and at short intervals, day and night, she would be subject to a certain convulsive movement

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\* *Forbes Winslow* — “The Anatomy of Suicide,” London, 1840 — gives numerous instances illustrative of the diabolical cunning and ingenuity which are so characteristic of the suicidal mania. *Vide* frontispiece, and page 831, in particular.

which passed over her like a wave, although neither very prominent nor very violent; the trismus remaining the same. During a period of three months I visited this young woman more or less frequently, at all hours of the day and night, watching and studying the case. Medicines seemed to have no effect, and she continued as above described without remission of the trismus or abatement of the spasms. One of her front teeth being out, a minute quantity of liquid food was occasionally administered by the family. But she received less than an average of one table-spoonful a day, till the end of the three months, when she rose one day and went about — as well as ever.

In lieu of a more scientific term I call this a case of *trance*.\* It was not catalepsy, for, with the exception of the trismus, she would appear in the intervals between the convulsive movements like one in a natural sleep. In all this time she never became emaciated in the least; nor were there dejections, either liquid or alvine. The neighbors declared that "she was bewitched!" Twenty years after, she was still living and active, having experienced no return of this singular affection.

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\* *Ecstasy* — called by Ambrose Paré, "revery with rapture of the mind" — is the name often given to similar conditions. But ecstasy refers rather to the subjective psychical experience, while trance expresses the objective physical appearance. *Vide* "Notes on Ecstasy and other Dramatic Disorders of the Nervous System," by M. Clymer, M.D., *Jour. Psych. Med.*, Vol. IV; p. 657.

Several cases of trance are mentioned in the Sacred Scriptures; *vide* Numbers 24: 4; Acts 10: 10; 11: 5; and 22: 17; also II Corinthians 12: 2, 3, 4.

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ARGUMENT IN INSANITY. — Argument is notoriously useless in the treatment of insane delusions. Never yet was a madman argued out of any absurd opinion, resulting from mental disease; and facts to the contrary are but examples of the form of insanity changing or yielding to the influences of time or treatment; the last correction of erroneous judgment being effected in a mind verging upon insanity, by the ordinary means which influence sane thought. Arago and Baron Humboldt once kindly undertook to convince a patient that perpetual motion, of which he believed himself the discoverer, was impossible. The patient, a man of education, yielded to their arguments; but, on leaving them, before he got round the corner of the street, he said, "For all they say, I must be right." — *Bucknill and Tuke on Insanity*.



## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, JUNE, 1873.

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### "FOUNDED ON LIBERAL PRINCIPLES."

THE following charming editorial is too good to be smothered within the pages of the *Boston Medical and Surgical Journal*. We therefore reprint it, to give it a wider circulation among those "whom it may concern."

**THE TRIAL OF THE HOMŒOPATHS.** — The Board of the Massachusetts Medical Society for the trial of the homœopaths, adjourned for a fortnight, after a session of two days, to allow the accused additional time to prepare their defence. The Board sat with doors closed to all excepting members of the Society, so that it would be improper for us to give, at present, any details of the trial. Even if we did not desire to comply with the wishes of the Board, our self-respect would not permit us to imitate the daily papers in making affairs public which those who alone have the right to do so, wish to keep private. We cannot disguise our surprise that, under these circumstances, the editors of reputable daily papers should be willing to publish imperfect and distorted accounts, surreptitiously obtained through the accused. The trial was held in private, according to a long-established and approved custom. What church, nay what typographical society, would wish all its proceedings in questions of discipline to be paraded in sensational reports, with prejudicial comments? The Massachusetts Medical Society has always striven to throw a veil over the sins of offending members, and if forced to expel them, to do so with quiet and decorum.

We are asked by the laity, why we cannot leave the homœopaths alone; we are told that we serve these men by giving them notoriety, and that the whole affair subjects the profession to general misrepresentation. Our answer is, that the Society considers it right, at any sacrifice, to free itself from those who dishonor it. We wish no ill to the accused, and we are indifferent to the popular clamor; we mean to do our duty, to ourselves and to the community.

When a man voluntarily joins a society, promises to abide by its by-laws, and subscribes to them with his own sign-manual, the least that can be expected of him is that he will conform to these by-laws, or, if he finds himself unable to do so, that he will peaceably withdraw. Not to do this, is conduct unbecoming and unworthy a member of any society. To remain in it while acting or believing, or professing to believe, in opposition to the letter and spirit of its by-laws, cannot be considered anything less than dishonorable. Yet such is precisely the position of the homœopathic members of the Massachusetts Medical Society.

Homœopathy is now on trial; the medical profession throughout the world has long since decided on its merits. "It began as a delusion, and is now rapidly ending as a fraud," said the *British Medical Journal* but a few months ago. Yet the accused are not complained of because they are, or profess to be, homœopaths, but because, becoming so, ostensibly or in reality, they do not leave the Society, as they are bound in honor to do. If, a few years ago, here in Massachusetts, a member of an "abolition" society had become a slaveholder, would his inevitable expulsion have been followed by

an outcry of "persecution"? The real question is, whether the Society must forever harbor and sustain, by its influence, those who, having pledged themselves to support its objects and principles, endeavor, on all occasions, to put it in a false position before the world. That their influence is little or nothing, is not to the purpose, their animus is the same. The profession has no desire to interfere with homœopathic practitioners outside of the Society, but simply declines to consort with them. In this there is no injustice to the latter; the wonder is, that they should wish to force themselves where they are not wanted, and to put themselves under the protection of those whom they are ever ready to vilify. The cry of "persecution" will not avail long; the public will soon see the matter in its true light, though reporters and editors may prate about "Star-chambers" and "liberality." The only "persecution" visible, is the misrepresentation to which the Society has been subjected by "the Press," and this is of very little consequence.

With what charming *naïveté* the Editor tells us that "the Board sat with doors closed to all but members of the Society"! And he might have added, that two policemen guarded the closed doors, and had orders to keep all reporters out of the building. And then to think of the surprise, amounting almost to horror, that, notwithstanding the two policemen and the warning to all reporters to keep a respectful distance, — notwithstanding all their efforts "to throw a veil over the sins of offending members," that reputable papers, from Maine to California, should ventilate the whole trial, and express their opinion in relation thereto! O, this is a wicked world!

The *Boston Medical and Surgical Journal* seems to be the only paper which is not at perfect liberty to express its opinion in relation to the whole proceeding. But the simplicity and self-abnegation of the *Journal* are only equalled by the highest Christian graces which appear in the second paragraph, — "We wish no ill to the accused!" All we want is to have them branded as "guilty of conduct unbecoming an honorable physician"; let them be expelled, and their rights, guaranteed by the State, taken from them; let them not be recognized, professionally, socially, or politically, — since "we wish them no ill," and we hereby request the press to make no further comments.

But then, the By-laws! And that "sign-manual," by which the member is pledged to withdraw when anybody requests him to!

The *Journal* knows so much about the By-laws, will it be kind enough to reprint a single one of them which the homœopathic members have violated? or a single action of the Society relating to their expulsion which is not in direct violation of the charter and the intents of the Society?

But how ingenuousness towers above all other virtues when it says "Homœopathy is not now on trial"! Three-quarters of a century have, it is true, done something in deciding its merits. And the

colleges, hospitals, dispensaries, and journals, and the rapidly increasing number of its practitioners prove that, if it has been on trial, it has gained the verdict of the highest earthly tribunal — the people. With equal ingenuousness we can say that allopathy is now on trial, and evidence is accumulating against it every day. And its practitioners are being discarded by a large share of the most intelligent of the people. The lancet rusts in its sheath; the leech is rarely taken from the apothecary's jar; the fires of the moxa are nearly extinguished; and the fearful boluses, drafts, and potions are almost among the things that were; while even the name of allopath is vehemently repudiated by those entitled to it; and the greatest recommendation which the confiding patient can utter is, "My doctor gives very little medicine"! But, says our allopathic editor, "We ought not to consort with homœopaths." Pray why do you, then? Why don't you resign and leave the Society, its library, its museum, and its fund of \$50,000, as you "are bound in honor to do"? This Society has been sustained by funds paid into its treasury by these men whom it is now proposed to expel, even before the editor of the *Journal* was in his swaddling-clothes. If the Massachusetts Medical Society were an allopathic society, the homœopaths would leave it as quickly as they would a charnel-house. But because this is not the case, because it was chartered by the State as a medical society in the highest sense of the term, the homœopaths do not propose to leave it, even at the bidding of the most bigoted allopath. Nor will we be driven from it, until the Supreme Court of Massachusetts has decided that the charter of the Society will allow the expulsion of men for the holding of an honest opinion differing from that of the majority.

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THE "TRIALS" OF THE MASSACHUSETTS MEDICAL SOCIETY. — The trials of this time-honored body began again on Tuesday, the 29th of April, 1873. The old charges against its members were re-vamped, new charges and specifications were made up, and the board assembled at ten o'clock of the day named, to continue what would be a farce were it not for its damaging influence on the medical profession. The demands made by the accused upon all points which looked to the securing of a fair trial were curtly refused; protests in due form were entered against such proceedings, and answers to the various charges and specifications were presented by Dr. Talbot, as counsel for Dr. Bushnell.

On Wednesday the board re-assembled ; but, instead of completing the trial of Dr. Bushnell, entered upon the trial of the other parties accused. Similar protests and answers were entered formally on their part, they waiving the right to a reading of them, with the understanding that by doing so sufficient time would be allowed to prepare their defence. The board adjourned from its morning session, promising to decide, on re-assembling, the length of time which would be allowed.

On coming together in the afternoon session, the board decided that *no* further time would be given the accused, and that the trial must proceed at once. This was denounced as an outrageous violation of faith on the part of the board of trial, which would not be submitted to by the accused ; and after considerable excited discussion, the board consented to proceed with Dr. West's arguments, and adjourned the trial of the remainder.

Dr. West's argument was an able defence of the cause of homœopathy. It occupied an hour and a half in delivery, and on its conclusion the board reserved its decision in his case until some future time.

The board of trial again assembled on Wednesday, May 14. Documentary evidence was introduced, showing the legitimate character of the Homœopathic Society, and of other homœopathic institutions incorporated by the State. Evidence was also given as to the professional standing of the accused, that they had never in any way "sought to disorganize or destroy the Massachusetts Medical Society," and that the object of the Homœopathic Society was the improvement of the art of healing.

Dr. Talbot then presented an argument in behalf of Dr. Bushnell, which was also accepted as an argument for Drs. Hoffendahl, Russell, and himself.

Dr. Thayer followed with an able argument for himself and Dr. Fuller, showing conclusively the efficacy of homœopathic medicine.

The prosecutor, Dr. Hodgdon, — the only remaining one of the original five, — made the closing argument. He presented no evidence, but relied upon the statement that the accused were known to be homœopaths and acknowledged members of a homœopathic society. He made some absurd statements in regard to homœopathy which had been again and again refuted. The board of trial then adjourned, and five days after announced its decision that all the accused were guilty of all the charges and specifications, and referred the matter to the whole Society at its annual meeting, June 4, for final action. We

are glad that the profession will thus have an opportunity of putting upon record its opinion in regard to the liberty of medical opinion.

We regret that we are unable to present the protests, answers, and arguments of this trial in the pages of the GAZETTE, but they have been published in pamphlet form, and can be obtained by remitting fifty cents to Otis Clapp & Son, No. 3 Beacon Street.

The following editorials, from two of the leading papers of Boston, indicate, we think, very clearly, the sentiment of the public, as well as that of liberal-minded physicians in these matters:—

**THE TRIAL IN TEMPLE PLACE.**—The Massachusetts Medical Society is holding a court, at its rooms in Temple Place, for the trial of its members who believe in and practise homœopathy, — a committee of five members in good standing acting as a board of trial. The doctors summoned for trial deny the right of the board to try them at all, and also enter a broad and comprehensive denial of the charges and specifications in detail. As this novel court is sitting with closed doors, the record is not as complete as we could wish; but it is full enough to show the drift of the proceedings.

The Society claims, as we understand it, that homœopathy has no place in medical science; that those who practise homœopathy are in no true sense physicians; that the formation of a State society in the interest of homœopathy tends to disorganize the parent Society, and is an act of disloyalty so far as the members of the one participate in the other; and that the practice of homœopathy is itself "conduct unbecoming and unworthy an honorable physician," — in a word, quackery. Some of the members of the Society were homœopaths at the time of their admission; others have become such in the course of their practice. When the government of the Society recently committed itself to this view of its constitution, the majority were forced to choose between continuing to associate with men whom they were in the habit of denouncing as charlatans, or putting them on trial for heresy and high treason. It was an awkward dilemma, but the Society put a bold face on the difficulty, and the inquisition is now in progress.

It is certainly no business of ours to discuss the merits of conflicting schools of medical practice. Ordinary people who have no time or disposition to look into the causes of things, are apt to judge in such matters very much according to their understanding of results. In this way a very respectable portion of the community, whose means of observation have been favorable, have become attached to homœopathy and to physicians who have had the good fortune to succeed with it. Men educated in good medical schools, who have practised according to the traditional orthodoxy of the profession, have, in not a few cases, been led by actual experience to modify their practice, or to change it altogether. New schools have been founded, and intelligent, skilful, and humane physicians have come from them to minister in their way to suffering humanity. If the large professions put forth by them are justified by their fruits, they will establish themselves in spite of all opposition. If they fail, no opposition will be needed to destroy them. The common-sense and intelligence of the unscientific public will settle that more promptly and more certainly than any inquisition.

Unpleasant as these facts may be, they are facts none the less; and they will remain unaltered, even if the Massachusetts Medical Society should tarnish its most honorable record by the expulsion of every member who differs from the majority. The art and practice of medicine is in possession of no single school; and there is but one tribunal under the sun to which the merits of conflicting theories may be referred, and that is to the good sense and judgment of the public. Whatever the issue of these proceedings may be, it can do the members arraigned no possible harm. The time for Star-Chamber

trials of this kind has gone by. The court which resorts to them should be strongly fortified, or it may be surprised by attacks from without, much more disagreeable than the presence of homœopaths in its counsels. — *Boston Advertiser*, April 30.

**ALLOPATH AND HOMŒOPATH.** — The disagreement of doctors has assumed a most determined aspect at the rooms of the Massachusetts Medical Society. Many of the questions being such that laymen may decide, the contest is in a measure removed from the domain of therapeutics and materia medica, and subject to intelligent comment by non-professionals. To those who have no medical theory to support, the protest and the answer of the accused members seem to be strongly sustained by considerations of equity and of law. In a trial whose result may be the expulsion of the physicians arraigned, with constructive disgrace, it is certainly needful that the formalities shall be strictly observed, even to the point of excessive care. More especially is this true in the case of a tribunal sitting in secret session, rendering no exact report of its own, and refusing to admit either an advocate or a stenographer for the benefit of the accused. But at the very outset the authority of the board of trial is questioned, its powers of suspension or disfranchisement are denied, and irregularities are shown in the conduct of the preliminary proceedings. Including the arraignment, contrary to the By-laws of the Society for which the board is acting. There are other points in this trial which seem unreasonably harsh to laymen. The refusal of the right of challenge is among these, a privilege especially valuable to the accused in a case where professional prejudice quite as strong as the *odium theologicum* is distinctly arrayed against them in the prosecution. The denial of time in which to prepare a defence is another. With no power of excluding a juror who may have declared against them, with no benefit of counsel and with no means of securing authorized publicity, the case of a citizen brought before a civil court would be considered hard indeed; and it is difficult to see in what manner the course of justice is rightfully changed in this inquisition.

As for the question at issue, it seems to rest upon a liberal or a bigoted interpretation of the legal purposes of the Massachusetts Medical Society. With the quarrels of the two schools of medicine represented in this trial, the public has little to do. A sick man is not likely to be dissatisfied with his cure, whether it is accomplished by draughts or by dilutions, by pills or by pellets; and the advancement of the curative science is what both the allopathic and the homœopathic societies profess to seek. But in the attempt to expel members who follow their honest convictions, the fruit of study, experiment, and practice in the treatment of disease, it will be difficult to convince unprejudiced men that an act of great illiberality is not contemplated. The subjects of this proposed expulsion are charged with no lack of knowledge in their profession, with no insufficient education, and with no deception or immorality; yet, if expelled at all, it will be on the accusation of dishonorable conduct according to the Code of Ethics, for admitting in their practice the availability of certain theories of medicine authorized by law as legitimate, although condemned by the Society. It appears very doubtful whether the Society is possessed of the legal power to purge itself in this way. The purpose for which it was established does not seem to be the support of one particular school of medicine to the injury of others; but this is, in fact, the effect sought by the present prosecution. Whether the authority exists or not, the course pursued in this case is not calculated to impress the public mind with any great confidence in the fairness, more than in the liberality, of the Society. The contrast between an organization that refuses to associate with members that may change their opinions in the light of experience, and one that proclaims "absolute liberty in science," is not favorable to the former. — *Boston Post*, May 1.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., Editor.

\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Reported by E. U. Jones, M.D., Secretary.

## MORNING SESSION.

THE thirty-third annual meeting was held at Tremont Temple, Boston, on Thursday, April 9, 1873. It was called to order at 10.30 A. M. by the Vice-president, Dr. J. H. Woodbury, the President, Dr. Chamberlain, being absent in California. Dr. Woodbury briefly congratulated the Society on its condition and prospects, and invited earnest action on the important matters which demanded prompt attention.

**NEW MEMBERS.**—The following persons were duly and unanimously elected members of the Society: Thomas A. Capen, M.D., Fall River; Ira B. Cushing, M.D., Taunton; C. G. Brooks, M.D., East Boston; Oliver L. Bradford, M.D., Andover; Henry E. Smith, M.D., Woburn.

**TREASURY AND LIBRARY.**—The reports of Dr. T. S. Scales, Treasurer, and Dr. Woodvine, Librarian, were read and accepted. The library, kept at No. 739 Tremont Street, has remained for the past six months *in statu quo*, without a call for a book, and without any additions.

**PUBLICATION.**—Dr. E. U. Jones, of the Committee on Publication, reported that nothing had been done towards printing the Proceedings of the Society, beyond publishing the usual Report and some papers in the *N. E. Medical Gazette*. The third volume of the Society's publications is kept back by want of funds. It will contain five or six hundred pages of very important matter. It is earnestly desired that some measures should be taken by which this hidden wealth should be made accessible.

Dr. Woodbury stated that the papers had been all arranged and revised by the Secretary, who now shows signs of impatience at the delay of their issue; they should be published before Dr. Jones retires from the office of Secretary. There should be some action taken at this meeting.\*

**MATERIA MEDICA.**—The report of the Committee on Materia Medica was read and accepted.

**CLINICAL MEDICINE.**—The Report of the Committee on Clinical medicine was presented. It consisted of the following papers:—

\* The Executive Committee, at its Annual Meeting, authorized the immediate publication of this volume, and it will be issued accordingly.

- I. Epidemics of Newton the Past Year. E. P. Scales, M.D.  
 II. Fissure of the Anus, cured by Dulcamara and Belladonna.  
 D. G. Woodvine, M.D.  
 III. Hydrastis in Small-pox. J. Heber Smith, M.D.  
 IV. Pneumonia; its Nature and Treatment. Daniel Holt, M.D.

DELEGATES. — Dr. David Thayer, Chairman of the Delegation to the American Institute, Dr. T. S. Scales, Delegate to the N. H. Homœopathic Medical Society, and Dr. A. M. Cushing, Delegate to the Vt. Homœopathic Society, severally made their reports, which were accepted.

Dr. J. K. Warren appeared as Delegate from the Worcester County Homœopathic Medical Society, and Dr. A. M. Cushing from that of Essex county. A report from Drs. A. R. Thomas and J. L. Scott, Delegates from the Homœopathic Medical Society of Pa., was received and placed on file.

The Secretary urged upon delegates from our Society to other State societies the importance of discharging their duties in person or by letter. By such intercourse, acquaintance, amity, and mutual interest are promoted, the interests of homœopathy advanced, sectionalism in medicine discouraged, aid and sympathy offered, and our bond of union strengthened.

DWARFS. — Dr. Neilson announced that the gentleman who has charge of two very interesting dwarfs, known as the Fairy Sisters, has kindly consented to introduce them to the Society for examination. The offer was accepted with thanks, and the hour of 2 P. M. assigned for that purpose.

LEGISLATION. — The Report of the Committee on Legislation was presented by the chairman, Dr. Thayer. It related particularly to the defence of the persons on trial before the Massachusetts Medical Society for being members of this Society. The action of the committee in employing legal counsel had been approved at a special meeting of the Society, and the bill of Messrs. Brooks and Ball, the counsel retained, has been referred by the Executive Committee to the Society for final action.

Dr. Talbot said that it was evidently the intention of the Society, at the special meeting called to prepare for the defence of the members on trial, to regard it as a matter of common interest, in no way personal to the individuals accused. The committee, knowing that a considerable sum was necessary, for a matter of the greatest importance, and not willing to involve the Society without its consent, had that meeting called. The Society approved the course which the committee had marked out, and they proceeded accordingly. The bill of these gentlemen, who have served us professionally, should be honored and paid immediately. At the time of that meeting the definite charges and specifications on which we were to be tried were not known; but it was certain that the blow was aimed at homœopathy, and at us on account of our connection with it, and with this Society. It is but lately that we have obtained these charges and specifications in their final form. They are a valuable document, and each member of this Society ought to preserve a copy among his choice papers. It is as follows:—



Boston, April 1, 1873.

To — — M. D.

*Sir*: — Specifications having been demanded of charges preferred against you by a Committee of the Massachusetts Medical Society of "Conduct unbecoming and unworthy an honorable physician and member of this Society," *to wit*: "by practising or professing to practise according to an exclusive theory or dogma, and by belonging to a Society whose purpose is at variance with the principles of, and tends to disorganize, the Massachusetts Medical Society," and you having been directed to appear before a Board of Trial at the Society's rooms, No. 86 Temple place, *Perkins Building*, on Tuesday, November 12, 1871, at 11 o'clock, A. M., to answer to the same. In accordance with By-laws and instructions of the Society.

By DR. FISK,

*Then President of the Massachusetts Medical Society.*

The Committee now specify that the exclusive theory or dogma referred to in said charges is the theory or dogma known as Homeopathy, and the Society therein referred to, whose purpose is at variance with, and tends to disorganize the Massachusetts Medical Society, is the Massachusetts Homeopathic Medical Society.

The Committee file the following as further specifications: —

**CHARGE I.**— That you are guilty of an attempt to disorganize and destroy the Massachusetts Medical Society.

**SPECIFICATION 1** — That you have joined, and are a member, of a certain Society known as the Massachusetts Homeopathic Medical Society, whose purposes are at variance with, and which tends to disorganize, the Massachusetts Medical Society.

**SPECIFICATION 2.**— That you belong to, and are a member of, a certain Society called the Massachusetts Homeopathic Medical Society, which adopts as its principle in the treatment of disease a certain exclusive theory or dogma, known as Homeopathy.

**CHARGE II.** — That you are guilty of conduct unbecoming and unworthy an honorable physician and member of the Massachusetts Medical Society.

**SPECIFICATION 1.**— In that you practise, or profess to practise, medicine according to a certain exclusive theory or dogma known as Homeopathy.

**SPECIFICATION 2.**— In that while a member of the Massachusetts Medical Society you have joined, and are a member of, a certain society called the Massachusetts Homeopathic Medical Society, which adopts as its principle in the treatment of disease a certain exclusive theory or dogma known as Homeopathy, and whose purposes are at variance with, and which tends to disorganize, the Massachusetts Medical Society.

**SPECIFICATION 3.**— In that you are a member of a certain society, called the Massachusetts Homeopathic Medical Society, which adopts as its principle in the treatment of disease a certain exclusive theory or dogma, known as Homeopathy, whose purposes are at variance with, and which tends to disorganize, the Massachusetts Medical Society.

You are further hereby reminded that to try the same, the Board of Trial stands adjourned to April 29th, 1873, at 11 A. M., at 86 Temple Place.

GEO. C. SHATTUCK,

*President of the Massachusetts Medical Society.*

Now it is undeniable that the State has conferred certain privileges upon the members of the Massachusetts Medical Society, and the question is whether that Society may arbitrarily deprive any member of his rights under that charter. Are the members of this Society willing that membership with them shall be authoritatively declared to be "unbecoming and unworthy an honorable physician"? Again, let the Society consider the result of this persecution and of our de-

fence. The sympathy of the whole press is with us. That trial has given us a hospital with \$100,000 to support it. And it has not stopped here. It has drawn the attention of a body of men who are founding the largest university in the country; and they have decided to place its medical department in the charge of the friends of homœopathy.

Our committee have done well, and the liabilities which they have incurred must be met. It might have been much better if the requisite amount had been raised by subscription; and at the proper time I will suggest a measure to that effect.

Dr. Cate did not see the subject in the same light with Dr. Talbot. Some seem to attach a greater importance to this litigation than belongs to it. The expulsion of the accused would not, he thought, injure them, nor had there arisen so much advantage from their defence, in his opinion, as some had supposed. We might have raised a few dollars for our hospital without this lawsuit. This bill of eight or nine hundred dollars is only the beginning; the end no one knows yet. He could see no benefit to the Society from a suit which may last many years. We have a volume waiting for funds to print it. If the funds are diverted to this litigation they benefit Boston chiefly, and on the principle of betterment the expense ought chiefly to be borne here. Why not instigate another suit for the benefits to arise from it? But notwithstanding this difference of views, he offered the following resolutions:—

*Resolved*, That the Committee on Legislation be instructed to pay the expenses already incurred in the suit for the expulsion of certain members of the Massachusetts Homœopathic Medical Society from the Massachusetts Medical Society, on account of such membership.

*Resolved*, That this Society recommend that all litigation of any of its members against the Massachusetts Medical Society be discontinued, and that it withdraws all further pecuniary responsibility in the matter.

He would do all he could to help those members out of their difficulty, thus far, but would advise no further outlay. Expulsion would do no injury, but let the arrears be paid. Let the allopaths take such men as Dr. Thayer, — men who have plenty of money and are willing to fight. The Supreme Court can then claim jurisdiction; and the expulsion of such men as Dr. Thayer and Dr. Talbot cannot harm them. A writ of mandamus might bring relief.

Dr. Daniel Holt thought that no one could be expelled from a church for being too good, nor from a medical society for knowing too much. We have carried our studies beyond those of the allopaths. As slavery could not be destroyed till public opinion revolted from it, so allopathy must live till the same power sweeps it away.

Dr. H. L. Chase was in favor of Dr. Cate's resolutions. If his turn to be arraigned shall come, he will let the case go by default. Many others will take the same course. He belongs to more societies than he wishes to attend.

Dr. Cullis thought that the resolutions were not based on a correct view of the case. He would extend to the defendants his warmest sympathies and let them pay their own bills.

Dr. Holt said, "Dr. Cullis means that he does not think the Lord would pay this bill."

Dr. Cullis: Yes.

Dr. N. F. Morse thought that the Society had promised this support. If it did not collectively, its members did individually. It seems as if we should be wanting in our own duties if we dishonor this bill, which in a special meeting we have authorized. But he would like the idea of the Society's incurring no further responsibility.

Dr. Talbot approved of the resolutions.

Dr. Cate said the committee had acted in good faith on the unanimous promise of the Society's support, and we can do no less than pay the money, which he hoped would be raised by subscription.

Dr. T. S. Scales would inquire whether the Society intends that the defendants shall pay their own bills.

Dr. Cate said that the Society had incurred this bill, and it must be paid. The defendants acted under a promise of support.

Dr. Thayer had little concern in this matter, except financially. Like Governor Andrew's journey for John Brown, it gives us a chance to teach principles of liberty where they were never heard before. He liked to gain the sympathy of physicians for the Massachusetts Homœopathic Medical Society and for the dogma on which it is based. It is not the brain; it is not the blood; but it is the principle of *Similia similibus curantur*. He is not in for a fight, and is a peaceable man, but would by all means have the Society pay this bill.

The resolutions were carried, and the Society took recess till 2 P. M.

#### AFTERNOON SESSION.

The Annual Address was delivered by J. Heber Smith, M.D., on the subject — Thoughts for the Times.

[This address is printed in this number of the GAZETTE.]

On motion of Dr. Cate, the Chairman of the Committee on Legislation was authorized to canvass the meeting for subscriptions to defray the expense of the litigation.

THE DWARFS. — The "Fairly Sisters" were then introduced. Their ages are six and three; their weight twelve and six pounds. They were born in Hampton, Nova Scotia. They are well-formed and perfect in every respect, and have always enjoyed good health.

#### AMENDMENT OF BY-LAWS.

The Special Committee on Amendment of By-Laws reported through their Chairman, Dr. C. Wesselhoeft, that they had held several sessions and recommended the addition to the By-Laws of two sections setting forth more clearly the object of this society and also a change in the article on membership to avoid tautology. The two new articles would read as follows: —

**ARTICLE I.** Since homœopathy aims at the improvement and reformation of the art of healing by the aid of medicines, proved by every means that promises to enlarge the knowledge of the laws governing the action of drugs, this Society hereby declares its objects to be: —

The development of the *Materia Medica* by proving drugs upon the systems of men and animals; the improvement of the methods of administering medicines thus proved in accordance with the formula — *Similia similibus curantur*; the encouragement of special studies and reports calculated to improve its members in the collateral branches of medicine.

**ARTICLE II.** This Society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects.

The article, as amended, which will become Article XVII, would be as follows: —

**ARTICLE XVII.** Any person who has received the degree of Doctor of Medicine from a legally-authorized medical institution, and who sustains a good moral character, may become eligible to membership, after having been examined and approved by the Board of Censors. He shall be elected by ballot at the Annual or Semi-Annual Meeting; and after his election, shall sign the By-Laws before becoming a member. The same conditions shall apply to women having like qualifications.

After considerable earnest discussion, these articles were unanimously adopted.

**THE MEDICAL COLLEGE.** — The Report of the Special Committee on a College was made by Dr. Talbot, reciting the offer of the Boston University to receive the college as one of its departments, and the acceptance of that offer; the probability of obtaining the N. E. Female Medical College property upon payment of its debts, amounting to \$42,000, \$30,000 of which had already been raised; the urgent need of raising the remaining \$12,000, and the certainty of success if the attempt be made.

The report was accepted; and the committee continued.

**SOCIETIES AND INSTITUTIONS.** — Reports from the Boston Academy of Homœopathic Medicine and the Boston Homœopathic Society show that they are seeking to be united upon a broad and amicable basis.

Dr. N. R. Morse, Secretary of the Essex County Homœopathic Society, reported that it consisted of twenty members. Its meetings are held on the third Wednesday of each month.

Dr. de Gersdorff reported that he had, a few days since, taken charge of the Massachusetts Homœopathic Hospital, and can only say that it is much cramped for room, and many applications for admission are necessarily refused. A majority of the patients are suffering from uterine and nervous derangements. Before reaching us, many of them have passed through a mutilating course of treatment, sometimes horrible to think of.

Adjourned.

## REVIEWS AND NOTICES OF BOOKS.

**OBSTETRIC APHORISMS:** For the use of Students commencing Midwifery Practice. By Joseph Griffiths Swayne, M.D. Second American, from the fifth English edition, with additions, by Edward R. Hutchins, M.D. Philadelphia: Henry C. Lea. Pp 189, 16mo.

The large demand for this little work speaks well, both for the merits of the book itself and for the intelligence of our medical students and junior practitioners, in so generally perceiving and appreciating its merits. It is one of those little "handy volumes," which comprise in a very condensed form the real gist and pith of the large treatises upon Obstetrics. Its object is, as stated by its author, "to give the student a few brief and practical directions respecting the management of ordinary cases of labor; and also to point out to him, in extraordinary cases, when and how he may act upon his own responsibility, and when he ought to send for assistance." His classification of cases, under these two heads, is, for the most part, eminently judicious and safe, and not in advance of the average requirements of American students. Thus he classes under the head of cases not usually requiring a consultation only the most simple and ordinary forms of head and breech presentations, leaving to the management of a consultation all the abnormal presentations of the head and extremities, and in fact nearly all the cases requiring any instrumental assistance, together with placenta prævia, retained placenta, etc.

In the "good time coming," when clinical instruction and demonstration shall, with didactic teachings, hold an equal place in the curriculum of our colleges; when absurd scruples are banished "to the land of ghosts and shadows," and all operations shall be performed, not only in the presence of, but by the students themselves, upon the cadaver, and, so far as possible with entire safety, upon the patients of the ample lying-in hospitals, which will then be deemed the necessary adjuncts of all colleges claiming to offer facilities for a complete medical education; then many cases now found — and properly so — in the second class, will be transferred to the first, and the "junior practitioners" will become fully competent to manage them.

The treatment laid down in this book is, of course, allopathic, but, for the most part, careful and judicious for the kind; but we could not help thinking, as we read this book, how vastly it might be improved in the hands of a homœopathic editor. Rather singularly, the work closes with a chapter on the diseases of pregnancy, and one on abortion. These, in the proper order of sequence, should have come first, but the one upon abortion is so sound and just that it is appropriate anywhere. The author says: "It is impossible for one to engage in the practice of our profession, at the present time especially, in our large towns or cities, without noticing to what an alarming extent the crime of induced abortion has reached. Scarcely

a tyro enters upon his new work in the field of medicine ere he is asked to produce abortion; and the request is made, perhaps, by those who are little suspected to be guilty of so heinous a crime. Husbands seek it for their wives, libertines ask it for their mistresses. . . . Wives, aye, mothers even, beg it for themselves. The young, the old, the nominal Christian, and the sinner, alike, will seek you out, and, with the most ingenious stories, plead for this object. You must be prepared to meet them, and to follow a noble course. I know too well that there are those who, even under the garb of a guardian of human life, accept the proffered fee, 'though steeped in blood, and crimsoned with shame,' and yield to the claims advanced; but, *as a class*, the medical profession nobly stand aloof from such deeds." W.

**MANUAL OF HOMŒOPATHIC VETERINARY PRACTICE.** Designed for horses, all kinds of domestic animals, and fowls. New York and Philadelphia: Boericke & Tafel. Pp. 659, 8vo. For sale by Clapp & Son.

In these days of "prevention of cruelty to animals," dumb animals are sometimes better cared for than human. In this volume, just issued by Boericke & Tafel, it would seem that the publishers were determined to carry out this idea; for we know of no volume on domestic human practice which has been edited and published with so much care and good taste.

All the diseases of all the domestic animals are carefully described, and whenever illustrations are required they are freely and systematically introduced. As the horse is the most valuable of our animals, it is quite natural that his anatomy and pathology should have the most prominent place. And, as the epizootic of last year is fresh in the minds of both compiler and reader, this affection has quite naturally secured its full share of attention. The rinderpest, pleuropneumonia, and other great plagues have also claimed their share of attention.

The Manual is a compilation. Nothing homœopathic, or otherwise, that seemed useful has been neglected. The veterinary homœopathy of Leath and Ross has been used with all freedom, as also the writings of Messrs. Moore and Lord and other English authors, who have given to these studies an attention not to be expected in America. Nor has anything which could be drawn from German sources been neglected.

Nearly a hundred remedies are recommended, chiefly of the sixth and third decimal potencies. The symptoms for these are given to the extent of more than a hundred pages, with as much accuracy as dumb animals can well furnish them. The humane owner of animals dependent on his care, ought never to be indifferent to their sufferings.

**HALF-HOUR RECREATIONS IN POPULAR SCIENCE.** Dana Estes, Editor. Boston: Estes & Lauriat. In (twelve) duodecimo numbers of about 83 pages each. \$2.50 the set; 25 cents each.

A remarkable demand for "popular science" seems to have sprung

up within a few years. Much of it arises from the fact that busy men, of liberal professions, have not kept up with the busy scientists who have enlarged and changed the boundaries of science. Few of them know the present distance of the earth from the sun. Nor is it worth learning now, for a new pair of transits of Venus is at hand, and *miles* — the old *nulla passum* of the Roman soldier — will themselves become obsolete. Popular science already disdains *inches* and *ounces*. The man whose baccalaureate diploma begins to yellow a little seeks in vain in his Enfield or Olmstead for an explanation of the Spectroscope, or Ruhmkorff's coil, of megohms and farads, so they read up these things piecemeal; others imitate them, and this reading becomes popular science. We think we see evidence in the brochures before us, that the editor of these was not bred to science; in this circumstance, if it be so, we have a security that his selections would be such as would interest the people, of whom he is one. The subjects selected are such as need re-presentation to others besides "fogies." Here we have: The aurora, zodiacal light, solar constitution (No. 1), from Proctor; Cranial affinities of man and his Darwinian cousins, the apes (No. 2), according to Virchow; Spectrum analysis, sound, heat, light and color (No. 3), compiled from Schellen, Roscoe, and Huggins; the discoveries by the new instrument (No. 4), which the writings of the before-mentioned, and Young, Lockyer, and others have contributed; The Spectroscope applied to nebulae, comets, and meteoric showers (No. 5), from Schellen, with something from Prof. Dana on coral and coral islands in the same number; Carpenter, on the unconscious action of the brain, and epidemic delusions (No. 6); Winchell, on the geology of the stars (No. 7); Huxley, on yeast, and Tice, on the relation between matter and force (No. 8). Among the topics in reserve are, Dove, on the circulation of the waters on the face of the earth; and Tyler, on the Stone Age.

A very large portion of the interest of these papers is derived from the revelations of that wonderful instrument, the spectroscope. It is cowardly to gaze at them in dismay, when an hour or two of honest, solid work would master the details of them without plunging the reader into the abstrusities of science. No educated man should be ignorant of, or indifferent to, a simple little piece of apparatus that will detect the sodium in a single drop of water from a pond in which only one pound of common salt had been dissolved in twenty million gallons of water. But this same audacious instrument detects the presence of a chemical element, not only at a distance of ninety millions of miles, but even in worlds that lie many thousands of times as far from the observer! These modern discoveries have their bearing, not only on the sciences of optics and chemistry, — sound, heat, light, and color have, as here is shown us, their analogies or common truths. He is a learned, or a very stupid man, who is none the wiser for a half-hour spent on any one of these handy half-hour pamphlets. The very habit of investigation repays the trouble: it lifts the mind out of the ruts of daily toil, and renews the energies which, long since perhaps, fitted us for our spheres, and which alone can keep us up to the just standard of our profession.

## ITEMS AND EXTRACTS.

BERLIN. — There is at length to be a homœopathic hospital at Berlin.

VACCINE CRUSTS may be kept for years, it is said, by sealing them, wrapped in paper or tin-foil, in a vial with freshly-burned alum.

THE HORSE EPIDEMIC. — Philadelphia lost  $7\frac{1}{2}$  per cent of its horses by this disease. Dr. Albert Fricke thinks it allied to diphtheria.

WHOOING COUGH. — A fluid extract of the leaves of the common chestnut, *Castanea vesca*, is strongly recommended in pertussis.

ANTISEPTICS IN SMALL-POX. — Numerous cases of the efficacy of hypophosphite of soda and of carbolic acid are reported from various sources.

ABORTION FROM QUININE. — Dr. Walraven states that he has frequently seen abortion result from the administration of large doses to plethoric persons.

HYOSCYAMIA. — Dr. Oulomont, of Paris, recommends the brownish syrupy liquid called *mercko*, — commercial hyoscyamia, — as surer in its dose than the crude herb.

BELLADONNA FOR SWEATING. — Dr. Ringer says that a subcutaneous injection of a 200th of a grain of atropine will check sweating for one night. Stramonium, it is said, has a similar property.

ST. LOUIS. — The Homœopathic Med. Coll. of Missouri is admitted to the privileges of the City Hospital, one day in each week. Prof. Franklin lectures there every Wednesday, from 11 to 1 o'clock.

SEWER GAS. — This mysterious and dangerous poison is too often driven into houses by the rising tide. Dr. Derby recommends that the soil-pipe be carried above the roof and left open at the top.

A BELGIAN CANARD. — “A drowned man, who had apparently been dead for three hours, was resuscitated by a Belgian surgeon, by placing iron plates, heated to a white heat, over the vital parts of the man's body.”

TEPID SALT BATH. — Dr. Schwalbe, of Zurich, prescribed, for a rachitic patient a year old, baths at  $86^{\circ}$  to  $88^{\circ}$ , containing from three to five per cent of salt. After each bath the temperature was reduced from two to four degrees.

DELIRIUM TREMENS. — Dr. Anstie maintains that delirium tremens will pass off in about a week from the occurrence of total insomnia, “provided the patient has been kept entirely from alcohol, and has been fairly fed, and provided that no violent attempts have been made to narcotize him with opium. But a thirty-grain dose of chloral, followed, if ineffectual, by another an hour later, will generally induce sleep.”

CHLORAL. — Fifty grains have proved a poisonous dose, and 460



grains have been taken with impunity. Copious draughts of water or other beverages, and forced respiration are recommended, with not too much reliance on antidotes.

**FŒTAL VARIOLA.** — Prof. Schroeder states that both vaccinia and variola may be transmitted to the fœtus through the mother. The fœtus may take variola while the mother escapes, and even a twin is born without being affected by it.

**FEMALE MEDICAL STUDENTS AT ZURICH.** — The faculty of the University report that there have arisen no improprieties or inconvenience from the presence of females at their anatomical courses, and that "the material is as thoroughly used" as before their attendance.

**IN-GROWING TOE-NAIL.** — Dr. Cotting removes all the diseased flesh, and generally lets the nail alone. He treats the wound like any other healthy superficial cut, healing it as speedily as possible. There is some contraction of parts, often a better shaped toe, and no further trouble.

**INFLAMMATORY RHEUMATISM.** — Dr. Concato, of Bologna, recommends fixation and compression for acute articular rheumatism. The joint should be absolutely immobile. This, he maintains, represses exudation, favors its reabsorption, abbreviates the duration of the disease, and saves torture.

**SANFORD'S EXTRACT OF HAMAMELIS, AND HAMAMELIS OINTMENT,** now come to take the place of Pond's Extract, which has been so long and so favorably known to the homœopathic physicians, and so extensively used by them. From a slight use of them, we are satisfied of their valuable properties.

**TEST OF PURE AIR.** — Dr. Angus Smith gives a good rule for ascertaining the amount of carbonic acid in the air of houses. It is to shake half an ounce of clear lime-water in a ten-ounce bottle. If there is too much carbonic acid in the air, the water will assume a milky appearance. Here is a sanitary regulation which is easily carried out.

**PROGRESS IN THE WEST.** — The city government of San Francisco has applied to the State legislature "for authority to allow and order to be paid to the San Francisco Homœopathic Medical and Surgical Dispensary, such sums as may be expended after the first of February for drugs and medicines furnished free to indigent sick, the amount per month not to exceed \$50."

**THE FOUNTAIN SYRINGE.** — We had always considered that for compactness, convenience, simplicity, and efficiency, the Davidson syringe was perfection. Lately the fountain syringe, manufactured by Fairbanks & Co., 121 Court St., has been contending for the palm. Its principle is simply that of hydrostatic pressure, to be increased by merely elevating the fountain. Its use requires no effort, and it is highly recommended by all who have employed it. Every physician should practically examine its merits.

**LONGEVITY OF MEDICAL MEN.** — The obituaries of the London *Times* and the medical journals have recorded some remarkable illustrations of prolonged existence in members of the medical and surgical pro-

fessions who have died in the year which has just closed. It will be seen, says the *Times*, in the subjoined list, that only those who have reached fourscore years and upward are published, as Hugh Andrews, M.D., and Peter Miller, M.D., each ninety-four years of age; Bowyer Vaux, F. R. C. S., ninety-one; Augustus Bozzi Granville, M.D., and Francis Kiernan, M. R. C. S., each eighty-nine; Robert Venables, M.D., eighty-eight; Robert Buchanan, M.D., eighty-six; Thomas Leigh Blundell, M.D., eighty-four; William Bodington, F. R. C. S., and John Gardner, F. R. C. S., each eighty-two; Thomas Coleman, F. R. C. S., eighty-one; Robert Wade, F. R. C. S., Thomas Barnes, M.D., and James Alexander Gordon, M.D., each eighty years of age. The united ages of these fourteen gentlemen amount to twelve hundred years, giving an average of more than eighty-five years to each.

Dr Caspar, of Berlin, in his work on the duration of human life, has placed medical men as representing a medium longevity of fifty-six. Artists are represented at fifty-seven; lawyers at fifty-eight; military men, fifty-nine; farmers and clerks, sixty-one; merchants, sixty-two; and clergymen, sixty-five. To prolong life, the same authority adds that good temper and hilarity are necessary; violent passions, the inward gnawings of offended vanity and pride, tend to corrode every viscus, and to lay the seeds of future mental and bodily sufferings. Apathy and insensibility are, unfortunately, the best sources of peace of mind; and, as Fontenelle observed, "a good stomach and a bad heart are essential to happiness," perhaps the best maxim to prolong our days and render them as tolerable as possible, is the "*Bene vivere et letari.*"

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## PERSONAL.

**DR. COURTLAND HOPPIN, OF PROVIDENCE,** writes that there is a good location for a homœopathic practitioner at Millbrook, Dutchess Co., N. Y. It is about seventy or eighty miles from New York City, and there is an excellent practice to be had within a radius of ten miles, especially in the summer.

**H. K. MACOMBER, M.D., BOSTON.** We regret to learn that illness compels Dr. Macomber to leave his business for a time, but hope that a few months will again restore him to his accustomed health.

**REMOVALS.** **H. M. JERNEGAN, M.D.,** from New York to No. 9 James st., Boston, where he succeeds Dr. Macomber. Dr. Jernegan intends to devote himself principally to surgical practice.

**IRVING S. HALL, M.D.,** from Gardiner, Me., to Waltham, Mass.

**H. D. PAINE, M.D.,** from 227 Fifth ave. to 26 W. 80th st., New York.

**MILTON FULLER, M.D.,** from 35 Essex st to 58 Warren ave., Boston.

**ALONZO BOOTHBY, M.D.,** from 16 Staniford st. to 60 Temple st., Boston.

**H. C. CLAPP, M.D.,** from 35 Howard st. to 514 Tremont st., Boston.

**LOCATED.** **ARTHUR M. WOODRUFF, M.D.,** a recent graduate of the Cleveland Homœopathic Hospital College, a son of F. Woodruff, M.D., of Ann Arbor, Mich., has located at Rome, N. Y.

**DR. HENRY D. PAINE, of New York,** will spend the months of July and August, at Newport, residence No. 30 John street. Many of the summer visitors will be glad to know this fact.

THE  
**New England Medical Gazette.**

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[VOL. VIII.

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CLINICAL MEDICINE.

H. B. CLARKE, M.D., EDITOR.

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AMERICAN INSTITUTE OF HOMŒOPATHY.

*Discussion on Report of Clinical Bureau.*

BY THE EDITOR.

It appears by the newspaper accounts of the discussion attending the report of the Clinical Bureau that some members felt bound to protest against the use of certain remedies and measures by homœopathic practitioners.

Thus Dr. Marix, of Denver, protested against the use of compound remedies and palliatives such as croton oil in consumption; and Dr. Lilienthal also protested against such treatment, and said that he regarded consumption as a disease setting in from mal-nutrition and mal-assimilation, and that, in its earlier stages, medicines selected homœopathically for the treatment of these derangements would prevent and cure the lung disease.

Against such criticism as this, a protest should be entered in the name of clinical medicine itself. The object of the paper under discussion was to show just what had actually been done in certain cases of phthisis. Among the remedies employed in the treatment of these cases those were pointed out which seemed to have been beneficial; and the paper was prepared in the hope that many other similar papers would be presented,

and thus some comparison of measures and results be brought about.

In the light of common-sense it is hard to see why this treatment should be denounced, unless it can be shown to have been injurious. Who is competent to say that the remedies used were not homœopathic? Or if they were not, who would dare to say they should not be used if they really did cause improvement?

In a clinical investigation, the paramount question must be, What is the most useful under all the circumstances? The great need of the practitioner is precise indication for the use of all hygienic, homœopathic, and palliative measures. Drug pathogenesis is, of course, the basis of the homœopathic remedy; but clinical experience must confirm, correct, and extend its authority.

Members of a homœopathic medical society do not need to be informed that homœopathic remedies will cure consumption in its first stages, or that they are to be sought for in all stages; but nothing can be more welcome to the profession than a candid report of cases in which remedies and expedients of any sort have served a useful purpose, if the conditions of their apparent usefulness are clearly shown.

When Dr. Marix declares against the use of compound remedies, and of the external use of croton oil in consumption, he should tell us why. Are we to give up *Hepar sulph.* and *Tartar emet.* because they are compound remedies? Can he show that croton oil is not a homœopathic remedy in some conditions of this disease? It will trouble him to find any substance capable of causing a pathological state more closely similar to the career of the usual local lesion. If his knowledge of its pathogenesis is so complete as to enable him to condemn it in advance, for all possible cases of phthisis, he ought certainly to favor his *confrères* with this knowledge, to justify such condemnation.

When Dr. Lilienthal protests against such treatment, and then tells us how he regards consumption pathologically, as a preliminary to treatment, we beg to remind him that such a basis for a prescription is not at all allowable in homœopathy; though

we should, nevertheless, be very thankful for the clinical information, if he would tell us how he has cured mal-nutrition and mal-assimilation, — whether these may be regarded as the first departure of consumption or not; whether the remedies be old or new, compound or simple, or the dilution be high or low.

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DR. G. B. SARCHET, of Terre Haute, Ind., writes us, condemning the practice of reporting cases treated by the frequent alternation of remedies, and gives good advice concerning the way in which reports of cases and provings can be made instructive and reliable.

We have not room for his entire communication, and moreover we much prefer example to precept; so, if Dr. S. will only give us provings or reports of cases of the quality he so earnestly advocates, we shall be glad to present them to our readers.

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#### "A LAYMAN'S" REPLY TO DR. HERING.

*My Dear Doctor:* In the *New England Medical Gazette* for May, 1873, I find from the pen of Dr. Hering, an article called forth by that letter of mine on Grauvogl's *Text-book of Homœopathy*, which you had the temerity to publish.

I learn that I am a "would-be judge" of Grauvogl; that I am probably a philosopher by trade; that I do "not know what a fact is"; that I seem not to have Mill on Logic, or having it, not to read it, or reading it, not to understand; that I "lack comprehension and a scientific education"; that I "evidently have not even the desire to be convinced of the truth"; that it would not "have been worth while to answer his [my] letter, if it were not very important for our young men to learn to criticise"; and, I presume, if it were not that the readers of the *New England Medical Gazette* ought to know what men (*e. g.* Dr. Hering) who "really have read Grauvogl, and really understand him," have to say about the opinion of a layman on a work, the second part of which he has not, it seems, "even looked at," while he "hardly turned over many leaves of the

first." I hope that the readers of the *Gazette* feel grateful to Dr. Hering for thus hastening to the rescue of their understandings; and that "our young men" will find in the above utterance such an example of the exercise of the critical faculty as they will take pleasure in striving to emulate.

It is always hard to talk with one who is reminded by what you say "of anecdotes too good to be lost"; a consideration that rarely prompts him to keep them. And I trust that the likeness between myself and the young man who is suggested to Dr. Hering, is no measure of the degree of likeness between a drug-prover and a patient to whom the doctor might justly prescribe the substance tested. For, look you, I "have no desire to be convinced of the truth"; the young man has no desire to be convinced of the truth (two inferences which Dr. Hering appears find necessary): I say Grauvogl is no philosopher (my words were, "to establish a law lies out of the reach of Grauvogl's mind," but it is all one to Dr. Hering); the young man says that Grauvogl is no homœopathist ("that is not homœopathy"). That one who is "very likely a philosopher by trade" (an inference) should reach the conclusion that "Grauvogl is no philosopher" (transformed proposition), and that a young man, a homœopathist by destination, should finally assert that homœopathy is nonsense, and that Grauvogl is not a homœopathist, may be two cases equally alike, and equally amusing to the admirers of Grauvogl and to the adherents of his school, but hardly new even to these; for is not the whole literature of the sect interspersed with illustrations of the blindness and perversity of its adversaries and even of some among its friends? Others, again, may be inclined to think that the young man may have been right after all, and very discreet, besides, in declining discussion where persuasion or agreement was impossible; and will be rather saddened than amused at the notion of prescribing Grauvogl as a remedy either for ignorance or for prejudice.

But is the statement that "to establish a law lies out of the reach of Grauvogl's mind," the same as saying that he is not a philosopher? What law, then, has Kant ever established? that is, in the view of opponents who rank as high in philosophy, if

we may believe that impartial historian, — as Dr. Hering calls him, — Dr. Leonhard Rabus, professor of philosophy in Speyer. And was it not Schopenhauer himself who called the "Categorical Imperative" of the author of the *Kritik der praktischen Vernunft*, "*Mademoiselle La Règle*"?

Grauvogl's idea of a law of nature and of the method of establishing it are illustrated by what follows (p. 54). Merely noticing such statements as that "0 : 1 is the expression of absolute diversity, and 1 : 1 the expression of absolute equality," we find him arranging the series ;  $\frac{1}{1}$ ,  $\frac{1}{2}$ ,  $\frac{2}{3}$ ,  $\frac{2}{5}$ ,  $\frac{5}{8}$ ,  $\frac{8}{13}$ ,  $\frac{13}{21}$ ,  $\frac{21}{34}$ ,  $\frac{34}{55}$ , and so on; in which each term, except the second, is formed by adding the numerators and the denominators of the two preceding terms. Converting each term of this series into a decimal, we obtain the series : 1, .5, .66+, .6, .625, .615+, .619+, .617+, .61818+, .6179+, .61805+, .61802+, .61803+, and so on. This series can be separated into consecutive portions of such a nature that the terms of the first portion considered agree in the first decimal place; those of the second portion agree to two decimal places; those of the third agree to three decimal places; and so of the rest. For some reason, or the lack of it, he stops with the third portion, in which the common decimal part is .618. He seems then to consider it remarkable that 1000 divided in extreme and mean ratio, — that is, in such a way that the whole is to the greater part (major) as the greater part is to the less (minor), gives for the greater part a number "very nearly" equal to 618. Well, if 1000 did not give this, some other number might be selected that would. We then have, written at length, the descending equi-multiple series in which the common multiplier is .61803; and our attention is called to the well-known property of equi-multiple series, that any term is to any subsequent term as that power of the former whose index is the number that expresses the place in order of the latter from the former, is to the same power of the term next succeeding the former. After some rather curious statements, as, that "these proportions express most completely the nature or all proportions," he discloses to us that the numerical relations thus expressed, are realized, with various degrees of approximation, among many phenomena of nature: by the method or

an arbitrary selection (after Zeising), of certain dimensions of the human frame as a whole and an equally arbitrary division of the selected dimensions into two parts, one of which shall correspond to the major and the other to the minor. In a similar manner a chemical compound is then taken and the wonderful discovery made that the proportion of the oxygen in it bears to the acid of the remaining constituents a ratio which varies from the "normal ratio," by the "inconsiderable fraction of  $\frac{4}{10000}$  of the whole." We are next told that "all the results of *nutrition* proceed according to these laws of proportion" (p. 57).

Again, at page 95, after stating that the observation of practical physicians in all ages has determined as the most regularly and frequently recurring critical periods in the course of various acute diseases, the 35th, 21st, 13th, 7th, 5th, and 3d days, he assumes "without hesitating" thirty-four days as a unit; divides this number in extreme and mean ratio, arranges his series as before; and finds that it agrees *à peu près* with the series of critical days. This is followed by a really touching signalization of some remarkable properties of the series formed by the difference between the corresponding terms of the two former series. On page 97 we read: "Zeising established this proportional law as a fundamental law for the articulation and formation of the human body, and I, for its *functions*, and as this law contains definitions regarding the *proportional oscillations of the organism*, I leave it under this name to further inquiries."

But enough: when a person of limited leisure resorts to a work for the purpose of informing himself on a matter in which he is interested, he is not likely to pursue his investigations further, after meeting with such developments as these. As Prof. Stewart says, it is not necessary to eat a whole ox to discover that it is tainted.

Such assertions as we have met with, together with the obscurity of the style, suggested the works of Van Helmont. The comparison is by no means altogether exact; for Van Helmont did as good work in his day as the state of contemporary science would allow, and he is considered as the precursor of Lavoisier. If it is "altogether false," so much the worse for Grauvogl.



That Grauvogl's mind is pervaded with the logical conception of Fries, or, if it is more correct, of Apelt, rather than with those of Mill, is, in substance, what I meant to convey. To be sure, one may entertain rather curious notions about his mental processes, and may employ rather circuitous methods of testing their accuracy; and yet do splendid thinking and writing. Schleiden is a follower of Fries, but he does not come before the public cumbered with his tools, nor read lessons on elementary logic to contemporary thinkers who have nothing to learn from the logicians, while the logicians have a great deal to learn from them. Let Grauvogl describe, in words that reflect the very things, the phenomena themselves that are involved in the interactions of drugs and organisms, and he will convince his opponents quite as readily as he will by admonishing them that the want of evidence does not affect the truth of a conclusion, and that the proper state of mind under such circumstances is doubt. I always thought that doubt was a state of mind in which several conceptions conflicted with one another in consequence of being supported with about equal degrees of evidence; or one in which a conception had not attained stability from insufficiency of evidence; but in the utter absence of proof of a conception, it would seem that one would do well not to entertain it at all.

Dr. Hering assures us of the competence of a number of unknown persons to acknowledge the impartiality of Dr. Rabus's conclusion that Fries is an eminent logician. This is proving the known by the unknown. Why not cite Sir William Hamilton, who has made the name of Fries familiar to "every" collegian, — not to say, school-boy, — and who manifested his deep sense of the value of Fries's contribution to logic by incorporating many of them into his own lectures without alteration? Or one need go no further than Mr. Crabb Robinson's diary, where some interesting details will be found concerning him.

I was wrong in employing the phrase: "Grauvogl's laudation of such a logician as Fries," even in a hastily-written letter addressed to a friend, and not intended for publication. I should now say: "Grauvogl's apparent attempts to apply in thinking,

the logical forms of such system as that of Fries." I might as well add that many now regard the inculcation of such systems on the minds of youth as hinderances rather than helps to correct thinking, and hold the systems themselves to be but distortions or rather transpositions of the truth.

I surely thought it rather unfair to Mr. Mill to refuse him credit for having solved the problem which he himself proposes, when it is apparent that his book was meant to be an answer to that very question, — how to discriminate valid from invalid inductions; nor am I able to see that it implies any commendation of the system of an author to quote as "*treffend*," his description of a certain class of wrong-reasoners. That is consistent with the belief that the author is describing himself. By the way, the whole of section 238 of part II (p. 94), is quite characteristic of Grauvogl's manner of grappling with his opponents. I cannot help recommending to any one interested in Grauvogl, to make a careful analysis of the contents of this section and of the sections immediately preceding and following, and to develop clearly their relations one to another.

Says Dr. Hering: "Grauvogl wields the weapon of logic with a dexterity hitherto unknown in our literature," and that "it is impossible to give a stricter proof than Grauvogl has given of every doctrine of Hahnemann." If both of these assertions are true, one wonders what must be the nature of the homœopathic literature, and on what basis the Hahnemannic doctrine subsists in the minds of those who have not read Grauvogl. Are there not always many unlike symptoms accompanying the like symptoms? What if one should practise according to a law that substances, which when administered will dispel certain symptoms, will produce in the healthy organism unlike symptoms? Are even those symptoms which are fixed upon as indicative, often so alike that they would not look more unlike, if attention were directed to that aspect of them? And by what logical processes have the relations of cause and effect been established between the administration of a drug and the appearance or disappearance of certain symptoms? Is not sometimes the non-administration of a drug followed by a set of appearances, and again its non-administration when a similar

(or dissimilar) set are present followed by their vanishment? The usual statement, I believe, is, that what produces a morbid symptom in a healthy individual will remove a similar symptom from a diseased individual. It appears to be allowed to reverse this, and say, that what removes a certain symptom from a diseased person will produce a similar symptom in a healthy one. Is the more general statement likewise permitted which includes both the above, and covers those instances in which neither term of the transition can be regarded as health or sickness? May we say, that whatever will change the organism X from its state A to the state B, will change the organism Y from its state B to the state A? And now, — reversing the order of these questions, — will any tell me of what organism this law holds true? Does it extend to the whole human race, to animals, to the vegetable kingdom? Of what substance does it hold? For what ones has it already been established, and what warrant is there for supposing it to hold true of the millions yet untried? Or to what parts and aspects does it apply of those organisms and substances whose interactions it correctly formulates, and how are these discriminated from those to which it is inapplicable? And, finally, how is any man of average ability, in the hurry of professional life, amid entangled threads of cause and effect, and amid the multiplicity of ever-shifting resemblances and differences that encompass him, and grow ever more numerous and amazing the more minutely he examines them, — how is such a man, so situated, to distinguish these similarities and dissimilarities that are exemplifications of the homœopathic law, from the myriads of casual successions, co-existences, likenesses, and unlikenesses that present themselves to his gaze?

It was with such questions as these and many more — foolish enough it may be, but such as laymen and "young men" will persist in asking, as wise men will have to submit to answer — that I approached Grauvogl's book. Here was no serried array of inductive arguments, each carefully analyzed, all arranged in the order of their probative force, and converging to the establishment of a determinate conclusion. Here were no subtle, long-sustained, closely interwoven deductions from more

general truths of biology, pathology, physiology, chemistry, and the rest. Here was no transparent style, that it would be a delight to read; but what does one find? Letters from friends, passages from note-books, recitals of cases, quotation of logicians, exaltation of homœopathy, castigations of opponents, endless repetitions, tiresome tirades, a clumsy style, —but why attempt an enumeration of what I am convinced will be found there by most laymen, allopathists, men of science, in short, all who are not homœopathists, and, I fancy, a majority of those who are, for all Dr. Hering appears to find it so praiseworthy; a circumstance which is all the more surprising, as Dr. Hering himself writes forcibly and connectedly. In fact the best part of Grauvogl's book is what Dr. Hering contributed to it. It is only bringing homœopathy into contempt to put forth such a work as the best utterance of its best aspect.

I have to thank Dr. Hering for the references he is so kind as to furnish to me, but I am hardly able to see how "every one that loves the truth ought to read the golden words of Grauvogl's text-book, Part II, page 193, lines 8-12; from which I must confess myself too dull to gather any other meaning than that the rejection of a theory does not involve the questioning of the facts on which it was based; really, *das Niesse das Kind mit dem Bade ausschütten*. Perhaps I shall succeed better with the rest.

It is to be wished that Dr. Hering, instead of troubling himself about what others may think of Grauvogl, would himself prepare an exposition of homœopathy that would exhibit its conclusions in their logical relations to the data from which they are derived, wholly divested of everything irrelevant to that point of view. He might thus render to his science, to his profession, and to the public a service similar to that which Maxwell has rendered by his little work on the science of heat to such persons as ———

A LAYMAN.

## GELSEMINUM IN NEURALGIA.

BY A. M. CUSHING, M D., LYNN, MASS.

SOME years ago Miss ——, æt. 22, consulted me for relief from a neuralgic pain in the left lower jaw. The medicines administered gave relief for a short time, but failed to cure. The first molar tooth of the left lower jaw was extracted, but the pain continued the same. Subsequently an enlargement, of about the size of a chestnut and a bony hardness, appeared upon the outside of the jaw, at the point where the tooth had been extracted; it disappeared in a few weeks under the use of *Iodine*<sup>3</sup> and *Silicea*<sup>3</sup>.

But the pain continued, though it changed its location, or became most severe in the upper jaw, in the region of the infra-orbital foramen, a little below and in front. The patient suffered with this pain for three years, and at times severely, during which time she had taken many medicines of both high and low dilutions. She was somewhat discouraged, and I was very much so. For two years she tried various doctors of all schools, including magnetizers and other quacks. She spent some months in the Massachusetts General Hospital, where, in addition to other treatment, she had subcutaneous injections of some medicine which gave no relief, but caused blindness for nearly a year after she left the hospital.

In this condition she returned to me, as I had given her relief before. I gave the case my best efforts and closest study, and had the advice of many of my medical brethren. We gave her *Belladonna*, *Bryonia*, *Colocynth*, *Mezereum*, *Spigelia*, and *Zinc. valer.* in high and low potencies, but still the following symptoms were present: severe pain in the region of the infra-orbital nerve (not deep enough for the antrum highmorianum); at times she talks with the greatest difficulty; sometimes she can eat soft pap, and sometimes cannot eat at all; she cannot laugh or cry, and holds her hand upon her left cheek all the time. No disease of the teeth or jaw could be detected by eminent dentists. I supposed the infra-orbital nerve would have

to be severed at its exit from the foramen, as the only means of relief.

While this measure was being discussed I gave *Gelsemium*<sup>s</sup> in solution, two teaspoonfuls each two hours. It gave some relief. It was continued and the pain disappeared. For the last year she has been quite well, and has regained her former flesh. She keeps a vial of this remedy by her; and, whenever the pain returns, she takes a dose and it disappears.

No well-trying remedies are discarded by me; and though *Aconitè* and *Belladonna* still serve me well, I yet find important help from *Gelsemium*, as it seems to occupy ground between these remedies, and possess some of the characteristics of both. In colds (with or without fever), with soreness and roughness in the throat and bronchia, together with neuralgic pains in the head, lungs, or other parts I give *Gelsemium*, and am generally satisfied with the result.

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## MATERIA MEDICA.

J. HEBER SMITH, M.D., EDITOR.

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### CLINICAL USES OF LACHESIS.

BY J. HEBER SMITH, M.D., MELROSE, MASS.

(Continued from page 117.)

It is not expected that *Lachesis* will ever be regarded as an almost universal polychrest. Its sphere of action is somewhat limited, but its characteristics are clear and sharply defined. Whoever has once grasped the genius of this remedy, and can recognize even "the hidings of its power," will find it a resource in many interesting phases of both acute and chronic disease.

Cases illustrating its efficiency in functional diseases of the heart, and in erysipelas, have been given in the preceding paper; and although they might be multiplied, it is hoped that they

may be recognized as typical and sufficiently marked to help give the remedy its deserved rank in the treatment of these maladies. It is proposed to consider very briefly its relation to several of the ailments in which it has seemed the most useful and the oftenest indicated.

**PULMONARY TUBERCULOSIS.** — It is a specific for the sore mouth attending the last stage of this disease. I have not seen a case, however unpromising, which presented the difficult expectoration of offensive, purulent sputa with straining, and nausea even to vomiting, that has not been materially relieved by this remedy.

Mr. H., a delicate young man of phthisical habit of body, had been coughing two months, when, in May, 1872, he presented the following symptoms: Afternoon fever, with chills and flushes of heat alternately; pulse 112, but in the morning about 100; copious night-sweat wakes him from the first sleep; violent titillating cough, with sensitiveness of the larynx; difficult expectoration, in hard lumps, tasting very offensively, sometimes salty; deep burning in the chest with pleuritic pains, aggravated by coughing; with the morning cough, vomiting, when raising with difficulty, offensive, yellow mucus. There was some dulness on percussion in the left infra-clavicular region with sensitiveness to touch; shortness of breathing, with a sense of suffocative constriction of the chest. Prescribed *Lachesis*<sup>200</sup>, a powder morning and evening for one week. At the close of the week he reported himself feeling stronger, and free from the afternoon fever and night-sweat; cough a little better and not attended by vomiting; expectoration unchanged. The remedy was continued alone about four weeks (at longer intervals towards the last), at the end of which time the patient was discharged cured, and he has needed no treatment the past year.

The alternating chills and flushes in the afternoon, with heaviness of the lower extremities, and throbbing headache, are quite characteristic. The cough is aggravated by touching the larynx, by mental emotions, and damp, cold weather, changes of temperature, talking, spirituous drinks, the recumbent position, and after every sleep. There is commonly hoarseness, even

amounting to aphonia. I have seen no remedy oftener indicated in hoarseness, and it usually affords almost magical relief, frequently with expectoration of tough masses of greenish mucus. It has disposition to deep inspiration, and to attacks of dyspnoea, aggravated by lying down, when there is a sense of *weight on the chest* and sometimes anxious palpitation of the heart. I have repeatedly observed one symptom which I have learned to consider a valuable characteristic of the remedy, which I will give in this connection: Sweating around the neck after the first sleep; it is so copious and uncomfortable that it wakes the patient.

SPASM OF THE GLOTTIS. — "Suddenly something runs from the neck to the larynx, and interrupts breathing completely; it wakens him at night." (*H. Gross.*) I have treated successfully two cases of this painful difficulty, with *Lachesis*, at the suggestion of the above symptom. The case of Mr. T., aged forty-five, is worthy of especial note. He had been suffering three weeks with nightly attacks of such intense spasm of the glottis, after the first sleep, with suffocation and livid face, that his physician had resorted to sulphuric ether, inhaled freely, as the only relief to be afforded. There was present by day a constant sensation of a foreign body in the throat, like a lump, with some difficulty in swallowing. His general health seemed good and his habits unexceptionable. I prescribed *Lach.*<sup>ʳʳʳ</sup>, in half a tumblerful of water, a teaspoonful every three hours. On the following night there was a slight return of the symptoms, but he was able to dispense with the ether. He has had no return of the difficulty for two years.

Among its many characteristics of the throat and mouth are: bitter, putrid taste; tongue red, cracked, dry or black, trembling when protruded, or the tip engages with the teeth and cannot be protruded (frequently seen in typhoid conditions); tonsillitis, especially if beginning on the left side and going to the right (usually prevents suppuration); liquids escape through the nose when swallowing is attempted, and are more difficult of deglutition than solids; stitches in the throat and running into the left ear on swallowing; great sensibility of the throat to the slightest touch even of the bedclothes. With all these



there is usually at the very onset a sense of prostration and profound illness, and sometimes very exhausting epistaxis. The symptoms are worse after sleep.

**DIPHTHERIA AND SCARLATINA ANGINOSA.** — For these there is no more efficient remedy, in their gravest forms, when the blood seems to have suffered a considerable alteration. It was the prevailing remedy for a severe epidemic of the former, which once visited New York, and it was instrumental in saving about ninety-five per cent of those attacked; at the same time the old-school physicians were losing about one patient in four. In Boston and the neighboring towns, we have not had, within the last several years, very many cases of diphtheria indicating this remedy in a marked degree. But should this disease revisit us with its characteristic severity and deadliness, there is little doubt but that *Lachesis* would resume its former high position, taking the place of *Apis*, its present distinguished rival.

**TETANUS.** — Among the symptoms of *Lachesis* has been noted, "fear of lock-jaw." Whether the prover's trouble arose from altered mental or physical condition should have been clearly stated, but it was no doubt the latter.

Master M., aged twelve, having a frost-bitten toe which had ulcerated and swollen considerably from neglect, was seized at the end of a week with rigors, acute shooting pains in the cervical and dorsal regions, fever of a sthenic type, opisthotonos, and in twenty-four hours, trismus. Each day there was a remission of all these symptoms from midnight until noon, at which time they would reappear with all their former intensity, — ending again at midnight with profuse sweating and agitated sleep. I was called on the third day, at about 3 P. M., and found the little fellow suffering intensely, unable to articulate or open his mouth, all the cervical muscles contracted and rigid with very acute neuralgia, pulse full and 120, some opisthotonos. He had taken *Bell.*, *Merc. sol.*, and *Gelsem.* from a lay-prescriber without relief. His throat was extremely sensitive to contact, and swallowing was very painful, — of fluids that had to be sucked into the mouth between the tightly-closed teeth. The remarkable periodicity of the symptoms princi-

pally led me to think favorably of *Lachesis*, which was given in about an ounce of water, a teaspoonful every three hours. Without any change in the remedy or manner of giving it, there was almost hourly improvement, the spasmodic symptoms failing to appear the following day, and in seven days he was discharged cured. The neuralgia, rigors, and fever came on for several days after my first visit, postponing their appearance about an hour each day.

**DIARRHŒA.** — In exhausting, chronic diarrhœa, with great debility, when the stools are extremely offensive, — worse in the spring and in very warm weather, — *Lachesis* is sometimes indicated, especially with women at the climacteric period. It is to be remembered particularly if there be present the characteristic tongue (smooth, red, shining, similar to that of *Kali bichrom.*), bloating of the abdomen, and desire to loosen the clothing about the waist, which is sensitive to pressure; aggravation from wine or acids; in the diarrhœa of drunkards, with languor and exhaustion, very excessive in hot weather, and with large hæmorrhoidal tumors, which protrude after each pappy, offensive stool, with constriction of the sphincter and continued desire to evacuate. There is sometimes as an alternate condition, obstinate constipation with ineffectual efforts to evacuate, and pulsating headache.

**HEADACHE.** — The headaches of *Lachesis* are often one-sided, attended with nausea, vertigo with paleness, tendency to faint, and general numbness from feeble circulation; pulse weak and irregular. Pressure in the orbits, with a sensation as of drawing from the eyes to the occiput. Pressing headache in the temples, from within out, in the morning; worse from motion and stooping. With the headaches, pale face and sunken eyes with blue margins, the eyes often unnaturally brilliant as in pregnancy. Not unfrequently we find the following moral symptoms: irritability or loquacity, she talks incessantly as if to hear her own voice, or *simulating delirium*, with a malicious enjoyment of her friend's anxiety about her sickness; expression of ridiculous fancies; exaltation of the sexual instinct, sometimes even to erotomania. In women the headaches are commonly found to have their origin in the reproductive sphere,

and are accompanied by irritability of either ovary, with swelling and pain; menstrual colic, beginning most frequently in the left ovary. It is indicated, perhaps oftener than any other remedy, in the irregular and interrupted menstruation of the climacteric period with its nameless train of discomforts; hot flushes alternating with chills, internal sense of heat, with cold feet, heaviness, trembling and uneasiness of the lower extremities; bloating of the stomach and abdomen, with palpitation of the heart (*Phos.*), nervous prostration and irritability, discouragement, monomania.

**ULCERS.** — In chronic, indolent ulcers of the legs, flat, with purple skin, especially if there be many small sores around the main ulcer, which has an uneven bottom, burning and bleeding when touched even lightly, with ichorous, offensive discharge, *Lachesis* has been effectual in two cases, without external applications. Both patients were about fifty years old, of temperate habits.

**RHEUMATISM.** — *Lachesis* is occasionally useful in this affection, especially when it threatens to assume a chronic form. It relieves lacerating, jerking pains in the lower extremities that seize the patient as soon as he falls asleep, sometimes so violent that the leg is thrown over, or drawn up, from spasmodic retraction of the flexors; sprained-like pain and stinging in the knees and ankles; stiffness of the affected parts; intermitting pulse, with very irregular action of the heart and valvular murmur, from rheumatic metastasis, with deathly pallor of the face, and expression of anguish; evening exacerbation, also worse in the open air. It has no superior in rheumatic carditis, if, indeed, we may consider *Digitalis* and *Kalmia lat.* its peers. Although *Dig.* should be given more than it is, in the acute stage of this disease, yet they are both more rarely required and less sharply indicated. Their use in this dangerous affection is often attended with painful uncertainty.

**FEVERS.** — *Lachesis* is valuable in typhoid, typhus, and intermittent fevers; and also in tertian and quartan fevers with many of the foregoing characteristics, especially when there is a livid or gray complexion, headache, and excessive prostration.

In many of the ailments of spring, especially if they assume an epidemic character, this remedy is invaluable. In many mental disturbances it has proved the means of averting insanity. I will record one case, from my own practice, to illustrate its power. The patient a young, married woman, of refined sensibilities, was suffering from a recent domestic calamity. For weeks her nights had been sleepless; or, when overcome with exhaustion, the short naps would be disturbed by frightful dreams, springing up in bed with terror, and suffocation of the chest and palpitation. Irritability alternating with loquacious delirium, and nightly hallucinations caused her the greatest mental suffering, as she was fully conscious of her true state. She was restored in a few days under the influence of *Lachesis*.

The few glimpses that I have already given of this remedy "in action" may suffice, as an instantaneous photograph, and, perhaps, will serve to fix in the memory of some perplexed student of our materia medica the outlines of its pathogenesis.

Before closing I would call the reader's attention to the statement, in the former numbers of this paper, that we have authentic information from New Grenada that the gall of serpents is an effectual antidote to the bite. My informant, Judge D., of New York, while residing in that country about ten years since, had frequent opportunities of seeing it successfully used. In the recent publication by S. B. Higgins, entitled "Ophidians," the author, in his prefatory remarks, claims to have been the first to use the gall, unmixed with any other substance, to cure the bite of a serpent of the same kind from which the gall was taken; and also to have been the first to initiate and carry out a long series of experiments with snake-poisons, the results of which have developed to him what he terms "a new law in therapeutics," that may be expressed in the following terms: "Every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted." Should this fact become generally known it might create a panic among the mosquitoes. But jesting aside, the author deserves high praise for the energy and courage displayed in experiments so foreign to the tastes of many, and also for curing by the above method nearly fifty persons bitten. I was not

aware of his experiments at the time of preparing my former paper, or I should have hesitated less in bringing before the readers of this journal such valuable information from a purely private source.

The question naturally arises whether the product of a *morbid* condition, as the saliva of a rabid dog, would be antidoted by the gall of the diseased animal? If the gall of serpents possesses the wonderful virtues attributed to it, as it very possibly does, it would seem that it must bear a close relation to certain morbid states attending the progress of dangerous, acute diseases, with alteration of the blood and profound exhaustion of the vital forces. But like a thousand and one other questions arising from the imperfect state of our *materia medica*, this can only be settled by practical experiment.

And finally, standing as we do on the shore of the great ocean of knowledge, with our physiology to reconstruct, and the materials strewn about like the fragments of wrecks, it is not for this generation to determine and apply a law of therapeutics, or *the law*, if indeed there be but one, that shall enable us to say to disease: "Hitherto shalt thou come, and here shalt thou be stayed."

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### LACHESIS IN PUERPERAL CONVULSIONS.

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

MRS. —, aged twenty-eight, had, two years previous to delivery, received a sunstroke, from which she had ever since been confined to her bed. Labor natural, but tedious; complained of severe pain in the head the last two hours.

About two hours after delivery convulsions commenced, at first about thirty minutes apart, with partial return to consciousness during the intervals, but increasing in frequency. After the third or fourth convulsion, the patient was comatose between the attacks; this continued for twelve hours, during which time *Bell.*, *Verat. v.*, *Gelsem.*, and various other remedies had been administered, and expedients resorted to. Ether was regularly used at the first indication of each convulsion.

At the end of twelve hours the patient was comatose, rapidly sinking, and pulseless, and the attending physicians were momentarily expecting a fatal termination.

A powder of *Lachesis* (attenuation not known, but, as it was procured several years before from Dr. Hering, it was probably not lower than the sixth or tenth) was now placed upon the tongue, with a few drops of water, as there was not a particle of moisture in the mouth; the dose repeated every ten minutes.

Soon after the second dose, the pulse became perceptible, but too rapid to be counted; gradually increased in strength and diminished in rapidity with each succeeding dose. The patient remained without convulsions, but in a condition of profound coma, for twenty-four hours longer, and finally recovered. The interesting point in this case is the previous history of the sun-stroke, and its consequences lasting for two years, reducing the vital powers, and predisposing the patient to cerebro-spinal irritation.

The urine unfortunately was not examined chemically, but the character of the convulsions, with the great heat at the occipital and cervical region and the absence of any previous dropsical tendency, indicated cerebral or cerebro-spinal origin rather than uræmic poisoning. In eclampsia from uramic poisoning, *Lachesis* may not be so markedly curative, and certainly is not so clearly indicated.

The above case strikingly illustrates the fact, that not symptoms alone, but also conditions with relation to their *causes* should be carefully considered in selecting the truly homœopathic remedy.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, JULY, 1873.

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### BOSTON UNIVERSITY SCHOOL OF MEDICINE.

*FESTINA LENTE* is a safe maxim in the establishment of an institution of learning that is to live long after the founders have left the earth. That Boston has not long enjoyed a homœopathic medical school of her own, has not been for want of a wise and liberal charter, talent to fill the chairs, wealth to endow it, friends to cherish it, or candidates for the healing art to form respectable classes.

But the time had not come. By a wise delay the institution was to escape a feeble infancy, and start at once into a vigorous career, just as rivers sometimes burst from the ground in one copious fountain.

But how curiously has this result come about! The unwisdom of the enemies of homœopathy has more than seconded all the sagacity of its friends. They must diligently put themselves utterly in the wrong, so as to leave themselves no defender in all the public press, as if with the sole purpose of giving us the prestige we needed for this last grand beginning. The Dispensary was already a success, the Hospital no longer a contingency. There was but one other new undertaking with which to signalize a victory of allopathy quite analogous to that which ninety-eight years before was gained by the red-coats a mile further north.

The school is not a month old, and yet, of an unusually full staff of professors and lecturers, there remain but two chairs of which it would be premature to announce the intended incumbents.

The names which are announced elsewhere need no encomiums in the pages of the *GAZETTE*. They are of men who have faith in hard work, and most of them have shown their faith by their works in the months that have passed since the great Fair was undertaken, and who will, if they live, show it yet again when the greater effort is made which shall raise \$200,000 for the School. For that \$200,000 the School must have, and will. It is only by excessive sacrifices on the part of a few that an unendowed school can compete with those on which a previous generation has, without stint, poured out its

wealth — wealth more hardly earned than ours. The School must give strength to, as well as draw it from, the University. It must be a living branch, sending down its fibres to the utmost root, not a parasite to weaken the noble trunk on which it rests. The ambitious student, though he be as poor as young Samuel Hahnemann, shall here slake his thirst for knowledge. A museum and a library shall be open to him. And a chair in a well-compensated faculty shall be the goal of his aspirations

But this means work, — work, not on the part of a few persons in and around Boston only, and not of physicians only, but hard work by rich and poor, by men and women, by citizens of every county and of every considerable town in all New England. And we shall have it. Since, for a hospital we raised \$100,000, by an effort that did us positive good, when our accusers only menaced us, we ought not to doubt for an instant that the \$200,000 will come for this nobler institution, which will benefit a nation, when we put forth the requisite efforts.

No more precious offering can be made to an infant institution than that of energetic and talented students. It is premature even to solicit — still less to expect — them as yet, while the very existence of the School is first being announced. But they have not waited the usual time, nor stayed to be solicited. *More than forty students*, of both sexes and of our most promising youth, have hastened to send in their names as applicants for matriculation. And still they come. Thus it is certain that our institution is to reach the first rank at a single bound; let us thank God and take courage, and, withal, raise the \$200,000.

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### THE THIRTIETH ANNIVERSARY OF THE AMERICAN INSTITUTE.

WHEN it was decided, last year, to hold the next session of the Institute at CLEVELAND, it was a foregone conclusion that the meeting would be a success, and that the hospitality of the Forest City would not be stinted. The result fully justified the anticipation. On arriving at the Kennard House, on Monday afternoon, June 2d, where special arrangements had been made for the comfort of members, the animated faces of our Cleveland friends greeted the representatives of our school, who came from all parts of the Union. The expedition with which rooms were secured and the visitors placed in comfortable quarters, was in striking contrast with the experience of members in some past years.



There are few cities in the country more beautifully situated than Cleveland, — located, as it is, on and at the foot of a high bluff, near the centre of the southern shore of Lake Erie. It has a milder climate than any other part of the lake shore, or of the region south of it. The nights are made very comfortable by the cool breezes from the lake. It is one of those places where convenience and taste have drawn the plan, instead of accidents of ownership, caprice, and self-interest, as almost always in the Old World, and too often in the New. Its shady streets and beautiful squares, even now, in its infancy, contrast well with those of older and worse-managed cities, while such drives as Euclid Avenue and Prospect Street form a delightful characteristic of this city.

The festivities of this session, though less profuse than on some other occasions, were yet amply sufficient to cultivate the social character which has always graced this association. The reception given by Dr. and Mrs. Schneider was one of the pleasantest ever held. The genial, frank, and warm-hearted manner in which the members and their accompanying friends were received by the host, the hostess, and their friends, at once revived the friendship of members long-time acquainted, and gave freedom to those who now for the first time came to the reunion.

It was a happy thought, of which we have before spoken, which made this first coming together for the session a purely social one, taking away all anxiety of business for the following day. And with no officers to elect at the commencement, with "all the honors easy," wire-pullers and busy third-rate men lack the opportunity, wittingly or unwittingly, at this time to plant jealousies and dissatisfactions, which, before the session closes, would ripen into enmities and disgusts.

Promptly, at the hour named, on Tuesday morning, the Institute assembled in the spacious and well-arranged college building, the place of meeting. The cordial greeting given by Dr. Sanders, the Chairman of the Committee of Arrangements, followed by the comprehensive and thoughtful address of the President, and a few items of necessary business being disposed of, the Institute was launched upon the solid work of the session. To give some idea as to how well this was done we must refer to our report elsewhere. The papers read in full, in abstract, or by title, and referred for publication, exceeded in number and in scientific character, we think, those of any preceding session, and the discussions which they elicited were not only interesting, but often exhibited great research and careful observation. There was less of *Buncombe* than usual. Some of the questions which in times past have seemed to rock the Institute to its very foundation are, we trust,

settled forever. And though there was a little ripple of pleasant satisfaction as two of the lady-members contributed their quota to the scientific papers, and a little fluttering when for one of the ten elective offices a woman was selected, yet the sense of justice and propriety did not seem in the least degree affected. And woman will henceforth be allowed to accomplish in the Institute "whatever she can do equally as well as man, or even better."

One thing impressed us more than ever before: the earnestness and integrity of the members of the Institute as a whole. It was clear that this association was for the good of the whole profession, and excluded selfish and individual interests,—that all rings, cliques, and managers, which grumblers and disappointed intriguers have sometimes talked about, exist only in their own imagination. There is one point, however, which the Institute needs to guard. It is that this is no place for second-hand articles, nor a depository for such as have been cast aside as worthless. And, in this view of it, it was a cool piece of impudence which could allow a member to exhibit stale scientific diagrams which he had patented, and illustrations which he had copyrighted, and afterwards to peddle them out to members in the hall.

The banquet, which was held in the spacious Rink, arranged for the purpose, was, in many respects, a very delightful occasion. No effort or expense was spared upon it. But it proved, as we think the Committee of Arrangements would be the first to acknowledge, how difficult it is for persons unaccustomed, or even accustomed, to such a task, to bring everything up to the standard of their wishes and expectations. It is a grave question, since the Institute has become so large, How shall the expense of this social entertainment be met? And is it a wise expenditure of money? It costs a large sum, and does not, in the least, lessen the expenses of the members. This question is, we trust, to a great extent solved by the happy idea of holding the next meeting at Niagara Falls. Coming at a time of year when "travel" has not commenced, one of the large hotels may be secured, in which all the members, and such of their friends as choose to accompany them, can stop. The meetings can be held in its hall, and the dinners can each form a sort of banquet, while after the evening session a social reunion, with music, and if there are young folks enough present, even a *hop* can readily be arranged. At any rate, we feel sure, that all who were present at this session, and others to whom it has been suggested, look forward with pleasant anticipations to the meeting at NIAGARA FALLS, in June, 1874.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., Editor.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### THE AMERICAN INSTITUTE OF HOMŒOPATHY

HELD its Twenty-sixth Annual Session — its thirtieth anniversary — in the Hall of the Cleveland Homœopathic Hospital College, from Tuesday morning, June 3, to Tuesday afternoon, June 6, 1873.

#### PRELIMINARY MEETING.

The usual preliminary meeting was held at the house of Dr. N. Schneider, in Prospect Street, on Monday evening. It was one of the most charming entertainments the Institute has ever received. Nearly a hundred of the members were present, many of them accompanied by ladies.

#### FIRST DAY.

TUESDAY, JUNE 3, 1873.

At 10 A. M., the Institute was called to order by the President, Prof. A. E. Small, of Chicago. Prayer was offered by Rev. Dr. Baker.

#### ADDRESS OF WELCOME.

Prof J. C. Sanders, Chairman of the Committee of Arrangements, welcomed the members to the Forest City, the fairest in Ohio, and to such rest as might be compatible with their labors here. That rest was richly earned and greatly needed. To take it was a duty due to themselves, to their families, and to their patients even. Still each member should bring to this altar of Therapeia his most precious gift. Let no time be wasted in parliamentary circumlocution and routine, or by obtrusions of themes foreign to medicine, or by discussions of self-evident propositions, or in vauntings of puerile and petting ideas, or in rancorous debate. Let us move towards a higher plane of thought than ever before attained, and make this session of the Institute memorable in the history of medicine.

#### THE PRESIDENT'S ADDRESS.

After gracefully accepting the welcome offered, the President alluded to the changes in membership since the previous Cleveland meeting, nearly twenty years ago. Twenty of the original founders still have a

place in the roll of the Institute, including four of the pioneers of American homœopathy: Constantine Hering, John F. Gray, Jacob Jeanes, and F. R. McManus. Till 1844, the few homœopathic physicians in America were isolated from each other; then this Institute became the *punctum saliens*, as in the beginning of embryonic life, and its *animus* went forth to gather up materials to perfect its orderly organization. As organs of nutrition and growth, this goodly body has now its seven bureaus, which may yet become ten or even twenty. And this unit has become the parent of sixteen State organizations, with minor ones in many countries and cities. Its influence is alike exhibited by the opposite courses of the Michigan Legislature and the Massachusetts Medical Society. While the latter has sought the darkness, for a Rip-Van-Winkle slumber, the former has arisen to plant homœopathy in one of the most flourishing universities of the West. But in the rapid advance of our science, we must not forget that it still has its foundation in the study of symptoms. Ætiology and Pathology are not to be neglected; but only as we cover the symptoms with our remedy, shall we cure. An impatient resort to dangerous palliatives sends a stream of deadly poison into the circulation. There are too many instances of professed homœopaths resorting to cathartics, counter-irritation, cold water, and starvation; such practitioners add no more to our cause than a cypher at the right of a decimal fraction.

The *Materia Medica* demands our continual study. We need a work in which shall be gathered and classified all that is thus far known of it. An issue in parts of one hundred pages each, at a dollar a part, and as fast as copy can be prepared, would probably prove a success. But it should be based on liberal subscriptions and upon the sanction of the Institute. Clinical Medicine illustrates the *materia medica*. Here our large and flourishing hospitals and dispensaries are rendering efficient aid, but its value might be increased by being systematized under the direction of the Institute, which might also aid in the multiplication of these benevolent institutions.

Medical education, though advancing, has not yet reached its just proportions. A three-years graded course is not enough without a high standard for admission, and private preceptors should conscientiously exercise their judgment in the material they furnish. The easiest and shortest road to a diploma must not be through any homœopathic college. The work of instruction might be advantageously committed to a much larger faculty, and the labor of teaching be so divided among competent professors, that efficient instruction should be imparted in every department and sub-department of the course. Our schools are now eight in number; they should not be multiplied, and possibly the number might be advantageously diminished. The entire subject of medical education should come up annually in every State and local society.

Our periodical literature is doing good service, but we have not yet books enough to constitute a good homœopathic library. We need a hundred volumes more, of full library size, which shall be exhaustive treatises upon as many different subjects.

From the point where homœopathy first began, its course has been

westward until it has performed the circuit of the earth. Its first day is drawing to a close. The dawn of the second is already seen in the east, spreading its glories to the west. It has reached our Institute, the oldest and most efficient national medical council on this continent, with seven bureaus like so many mammoth columns to support it, five and fifty auxiliary branches, and as many clinical dispensaries and hospitals, eight chartered medical schools to keep it replenished with members, six or eight journals to advocate its claims, one hundred well written and carefully prepared volumes to aid in stocking the libraries of its members, which number from ten to fifteen hundred. And nearly all of this is the product of the first historic period. And now opens up to view a glorious future—a still greater transformation of old physic, a far more extensive abridgment of heroic medicine, and the final glitter and sunshine of *similia similibus*, from the Atlantic to the Pacific Coast, and “from the centre all round to the sea.”

The Chair then appointed the following committees:—

Credentials:—T. F. Smith, M.D., New York; N. Schneider, M.D., Cleveland; T. L. Brown, M.D., Binghamton, New York.

Auditing:—S. M. Cate, M.D., Salem, Massachusetts; E. C. Beckwith, M.D., Zanesville, Ohio; J. H. McClland, M.D., Pittsburg, Pennsylvania.

#### PUBLICATION.

The General Secretary reported that the Transactions of the preceding meeting, at Washington, had been printed and distributed in a handsome volume of five hundred pages.

#### FINANCES.

The report of the Treasurer, E. M. Kellogg, M.D., showed that the receipts of the Institute had exceeded three thousand dollars during the past fiscal year, and that all expenses had been paid, with a small balance remaining.

#### EMERITUS MEMBERS.

The following resolution, offered by the Treasurer, was unanimously adopted:—

*Resolved*, That all members of the Institute who have been members in good standing for twenty-five years, shall be placed upon the Honorary list, and as such shall retain all the rights and privileges of full membership, and be exempt from the payment of future dues.

#### MASSACHUSETTS MEDICAL SOCIETY.

The following resolution, offered by J. P. Dake, M.D., of Nashville, was unanimously adopted:—

*Resolved*, That the American Institute of Homœopathy protests against the recent attempt of the Massachusetts Medical Society to brand as “guilty of conduct unbecoming and unworthy of an honorable physician,” such of their members as, having a thorough medical

education and unblemished character, conscientiously practise homœopathy; that such action is subversive of freedom of thought in a science which demands the most untrammelled investigation, and aims a death blow at any improvement in medicine; that it is an insult alike to the practitioners and the patrons of homœopathy; and that it must react with greatest force upon those who thus attempt to destroy characters and enslave science.

#### MATERIA MEDICA, PHARMACY, AND PROVINGS.

I. T. Talbot, M.D., by request of the Chairman of the Bureau, presented the General Report.

*Systematic Proving of Remedies.* — J. P. Dake, M.D., read a carefully prepared paper, urging the organization of a central college of provers, of which the observations should be systematically directed by a regular faculty, and carefully recorded and published.

T. C. Duncan, M.D., of Chicago, thought that the provers should be scattered throughout the land, and that every member of the profession should bear a part. In no one place could there be assembled a force sufficient for the work.

Pemberton Dudley, M.D., of Philadelphia, highly approved the paper. Provings were far more reliable, and greatly to be preferred, to clinical observations.

S. R. Beckwith, M.D., of Cincinnati, thought that the Smithsonian Institute ought to superintend this vast work, and that Congress ought to aid it.

G. W. Bowen, M.D., of Fort Wayne, urged the immediate publication of Dr. Hering's *Materia Medica*.

S. Lilienthal, M.D., of New York, considered that many of the provings collected by Dr. Hering were unreliable; he favored Dr. Dake's plan of re-proving the drugs.

T. F. Allen, M.D., of New York, said that this work of proving medicines was advancing more rapidly in Europe than here. In the *Practitioner*, an English allopathic journal, full credit was given to Hahnemann for this work. The New York Homœopathic Medical College has a department of provings upon men and animals.

I. T. Talbot, M.D., of Boston, thought that unless Congress could be induced to aid in Dr. Dake's grand scheme, it must inevitably prove a failure, for financial reasons, if for no other.

T. L. Brown, M.D., of Binghamton, has been converted to Dr. Dake's scheme, and will give as much as any other member of the Institute to carry it out.

*Verification of Symptoms.* — After recess the paper of W. E. Payne, M.D., Bath, Me., was read by Dr. Talbot. It took the ground that re-proving was unnecessary, and that our *materia medica* could be purified only by clinical verifications. Dr. Dake defended the principles of his own paper.

G. W. Swazey, M.D., of Springfield, Mass., thought Dr. Dake belittled the provings on which we had relied with so much success for the last half century.

W. Von Gottschalk, M.D., of Providence, would have the matter laid over for a year.

S. R. Beckwith, M.D., of Cincinnati, offered the following preamble and resolution:—

*Whereas*, In the opinion of the American Institute of Homoeopathy, a more thorough and complete proving of the drugs now used by the medical profession is important and necessary to the end that the *materia medica* may be purified, so far as possible, both from errors and superfluities, and become more available for the treatment of disease; therefore

*Resolved*, That a special commission be appointed by the Institute to memorialize Congress at its next session in relation to appropriating such a sum or sums as in the opinion of the commission may be necessary to establish and maintain a prover's college, upon such a plan and with such a faculty as may be deemed advisable.

This, with the whole subject, was, on motion of Dr. Talbot, referred to a special committee, on which were appointed Drs. I. T. Talbot, S. R. Beckwith, T. F. Allen, T. L. Brown, and Lyman Clary. They reported on Friday morning, recommending that the important papers referred to the committee should be published by the Institute, and that the whole matter be recommitted to the Bureau for further consideration, and for the action of the Institute next year. It was adopted.

*Provings of Fagopyrum and Sulphate of Lime* was the subject of the next paper read by Dr. T. F. Allen of New York. The following papers were then read by title and referred:—

Provings of Eucalyptus.

Globulus, by E. M. Hale, M.D., Chicago.

Verified symptoms, by W. McGeorge, M.D., Woodbury, N. J.

Sulphur in Acute Diseases, by C. Wesselhoeft, M.D., of Boston.

Physiological Proving of Vaccinine upon Sheep, by J. Pettet, M.D., of Cleveland.

#### CLINICAL MEDICINE.

After a recess till 8 P. M., J. C. Burgher, M.D., of Pittsburg, Chairman of the Bureau of Clinical Medicine, presented three articles on phthisis pulmonalis, by H. B. Clarke, M.D., of New Bedford, Geo. A. Hall, M.D., of Chicago, E. C. Beckwith, M.D., of Zanesville; also papers by W. Gallupe, M.D., of Bangor, and W. H. Holcombe, M.D., of New Orleans, and himself. They were discussed.

M. M. Marix, M.D., of Denver, protested against the use of compound remedies and palliatives, such as the external application of croton oil, as used by Dr. Clarke. Consumption in its earlier stages is amenable to homoeopathic remedies.

S. Lilienthal, M.D., of New York, agreed with Dr. Marix. The disease, he thought, arises from defective nutrition and assimilation of food. Medicine should be given to correct this.

S. M. Cate, M.D., of Salem, denounced denunciation; practitioners have a right to use their own judgment.

C. H. Von Tagen, M.D., of Cleveland, gave a case, that had come under his own observation, of well-developed consumption in a distinguished naval officer that had been cured by a life at sea.

T. L. Brown, M.D., gave a case of incipient phthisis in an old gentleman who was cured by open air, exercise, and diet. He ate two meals a day, and abstained from stimulating food, tea and coffee.

W. Von Gottschalk, M.D., of Providence, had made a hundred and fifty autopsies of soldiers, and had found among them but one subject with healthy lungs. Many showed cicatrices of healed-up ulcers. He recommended a bureau of climatology, more especially for the benefit of consumptives.

C. Pearson, M.D., of Mount Pleasant, Iowa, was surprised that no mention had been made of the state of the pulse. With a pulse of seventy he had no fear of consumption from all the symptoms detailed by Dr. Clarke; he had cured many such. But when the pulse rises to one hundred and twenty, there is serious danger of consumption.

Drs. Gregg, of Buffalo, Pratt, of Wheaton, Ill., and Swazey, of Springfield, Mass., also took part in the discussion.

*Statistics of Comparative Mortality*, under allopathic and homœopathic treatment, were read by E. M. Kellogg, M.D., of New York.

## SECOND DAY.

WEDNESDAY, JUNE 4.

The Institute was called to order by the President, at 9 30. The discussion on phthisis was resumed.

E. C. Franklin, M.D., of St. Louis, had no faith in remedies, and knew of no drug that had any reliable influence on consumption. He trusted rather to the systematic inhalation of pure air, and gave a case of remarkable improvement by the use of this means for three months.

Dr. Burgher stated that the inhaling tube, which he recommended in his paper, was chiefly to incite the patient to regularity; the specific was pure air.

Dr. Gregg spoke at great length on the pathology of the disease, and exhibited enlarged photographs from Virchow and others, to illustrate the microscopic appearances of the lung tissue in the various stages of phthisis.

## CONSTITUTION AND BY-LAWS.

The General Secretary presented a draft of the Constitution and By-Laws, as revised by the Bureau of Organization, Registration, and Statistics. It was ordered to be printed and sent out with the Transactions, for action at the next session.

## OBSTETRICS, AND DISEASES OF WOMEN AND CHILDREN.

R. Ludlam, M.D., Chairman of the Bureau, presented the Report, accompanied with the following papers:—



Leucorrhœa, in its relation to Menstruation. By O. B. Gause, M.D., Philadelphia.

Leucorrhœa as a Conservator. By J. C. Sanders, M.D., Cleveland.

Inversion of the Uterus. By Mary Safford Blake, M.D., Boston.

Cervicitis, as related to Leucorrhœa. By J. H. Woodbury, M.D., Boston.

These papers were read, accepted and discussed, and subsequently referred to the Committee of Publication.

After the noon recess the report and papers of the Sub-Bureau of Gynæcological Surgery were presented by Dr. S. R. Beckwith, of Cincinnati. The papers were as follows:—

Chronic Cervical Endometritis, by Dr. S. R. Beckwith, of Cincinnati.

Ovarian Cyst, by Dr. C. Ormes, of Jamestown, N. Y.

Electrolysis in Ovarian Tumor, by Willis Danforth, M.D., of Chicago.

Dr. Franklin mentioned the case of an ovarian tumor of the size of a cocoanut, which disappeared after three applications of the electrical battery and needles. No other means were used.

J. G. Gilchrist, M.D., of Tideoute, Pa., had cured an ovarian tumor by medicines of very high dilution, unaided by any other means.

Dr. Gregg thought he had noticed the occurrence of throat diseases following the local treatment of uterine diseases. He believed in the use of remedies for them according to the homœopathic law.

#### THE MASSACHUSETTS PERSECUTIONS.

The President announced the receipt of a telegram stating that the Massachusetts Medical Society had this day expelled seven of its Fellows, who are members of this Institute, for the practice of homœopathy.

Dr. Talbot, one of the expelled, being called for, stated that the Massachusetts Medical Society was incorporated by the State for the protection of the people, and was designed to include all educated physicians in the State, of whatever faith or opinions. Its unjust and oppressive course in this affair had brought upon it the unanimous reprobation of the newspapers, and had excited the deep and almost universal sympathy of the public in favor of homœopathy. One manifestation of this was the raising of \$100,000 for the Homœopathic Hospital at Boston, and the establishment of a Homœopathic Medical School in connection with the Boston University. If expulsion, under such circumstances, and with such results, can be called a victory for allopathy, we can submit to such defeats whenever bigotry may lead to conflict.

#### SURGERY.

The Report of the Bureau was presented by J. H. McClelland, M.D., of Pittsburg. It included the following papers on diseases of bones, the subject specially assigned:—

Rachitis. By N. Schneider, M.D., Cleveland.  
 Bone Tumors, Benign and Malignant. By E. C. Franklin, M.D.,  
 St. Louis.

Suppuration and Abscess of Bone. By M. W. Wallens, M.D.,  
 Somerville, New Jersey.

Therapeutics of Bone Diseases. By J. C. Morgan, M.D., Philadel-  
 phia.

Necrosis. By L. H. Willard, M.D., Pittsburg, Pennsylvania.

Caries. By C. P. Seip, M.D., Pittsburg.

Reproduction and Repair of Bone. By J. H. McClelland, M.D.,  
 Pittsburg.

Also a paper on Strangulated Umbilical Hernia, with removal  
 of sixteen inches of large intestine, was presented by H. F. Biggar,  
 M.D., Cleveland.

After an interesting discussion of these, the Institute was adjourned  
 till Thursday morning.

### THE BANQUET

Was held at the Central Rink, a vast building floored and arranged  
 for this occasion, waving with flags, fragrant with bouquets, and  
 adorned with living flowers, and evergreens and greensward. A  
 jountiful repast was deliberately discussed, and then, at five minutes  
 to twelve, speaking began. The pleasant things served up with a dry  
 toast we shall not attempt here to reproduce. Suffice it to say that  
 the guests, having been satisfied with the physical pabulum, were soon  
 sated with the feast of reason, and quietly retired one by one. At half-  
 past one, our friend Prof. T. P. Wilson, on being called up, requested  
 the congressional privilege of allowing his brilliant and witty speech,  
 which he was not then prepared to make, to be printed in full; and  
 by common consent the remainder of the audience left the banquet-  
 rink to the tune of Home, sweet Home.

### THIRD DAY.

THURSDAY, JUNE 5.

The Institute was called to order at 9.30 A. M. by the President.

### SURGERY CONTINUED.

The reading and discussion of surgical papers continued. Dr.  
 Willard recited a case where a section of a bone was completely re-  
 moved, with its periosteum, and the bone was fully reproduced without  
 the least deformity, and excited an animated discussion.

Dr. Biggar's case of Removal of Intestine for Strangulated Hernia  
 was accompanied not only with the exhibition of the sixteen inches  
 removed, but also the presence of the patient herself, alive and in  
 robust health.

## OPHTHALMOLOGY AND OTOTOLOGY.

T. P. Wilson, M.D., of Cleveland, presented the General Report, and read a very interesting paper on diseases of the eye, and exhibited a new apparatus for syringing the ear.

## SECOND-HAND PAPERS.

On motion of Dr. Talbot it was —

*Resolved*, That no cases or papers which have been previously published, shall be presented to the Institute, or published in its Transactions.

## THE NEXT MEETING.

After the noon recess a request from the homœopaths of Minnesota, that the next meeting should be held in St. Paul or Minneapolis, was presented. But on discussion it was decided to hold the next meeting at Niagara Falls on Tuesday, June 2, 1874.

## ANATOMY, PHYSIOLOGY, AND HYGIENE.

J. D. Buck, M.D., of Cincinnati, Chairman of the Bureau, presented its General Report. A paper on the Hygienic Care of Infants, was read by Emma Scott, M.D., of New York. It elicited an interesting discussion. It was agreed that there is no universal infant-food; that each case must be judged by itself.

## PSYCHOLOGICAL MEDICINE.

G. W. Swazey, M.D., of Springfield, Mass., presented the Report of the Bureau, and also the following papers:—

On the Importance of Mental Symptoms in our provings and prescriptions. By C. Pearson, M.D., Mount Pleasant, Iowa. Vital Dynamics. By J. H. P. Frost, M.D., Danville, Pa. Non-restraint in the Treatment of the Insane, by Samuel Worcester, M.D., Burlington.

Dr. T. L. Brown made an earnest protest against the use of tobacco, tea, coffee, alcohol, and all other stimulants, as destructive of the mind.

## HOMŒOPATHIC LITERATURE.

S. Lilienthal, M.D., of New York, presented, in the evening, the Report of the Bureau. It showed a gratifying progress in publications of books, and improvement in journals, with increased patronage of these, besides three new journals established. Three valuable works from Western authors had been published in the year.

## LEGISLATION.

The following resolutions were offered by Dr. W. H. Watson, of Utica, N. Y., and unanimously adopted:—

*Resolved*, That homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "no taxation without representation," by sectarian monopoly either of national, State, county or city institutions supported by legal assessment, or of those private eleemosynary institutions which derive their support from individual contributions.

*Resolved*, That the recognition of this principle by the Legislature of Michigan, by its action at its recent session, in creating two professorships of homœopathy in the University of the State, meets the most hearty approval of this body.

On motion of Dr. Talbot, it was resolved to instruct the Committee on Legislation to procure an act of incorporation of the American Institute of Homœopathy, and to report at the next meeting a suitable plan for organization under it.

#### ORGANIZATION, REGISTRATION, AND STATISTICS.

Pemberton Dudley, M.D., of Philadelphia, presented the Report of the Bureau. It contained the comparative results of homœopathic and allopathic treatment in Philadelphia in 1872.

The State Society of Michigan presented an interesting resumé of the fruitless struggle of the Regents of the State University against homœopathy, the legislature, and the sense of justice in the people of the State.

#### HOMŒOPATHIC DISPENSATORY.

R. J. McClatchey, M.D., of Philadelphia, one of the Committee on Dispensatory, announced that this great and much-needed work would be ready, probably, by the next meeting of the Institute.

#### FOURTH DAY.

FRIDAY, JUNE 6.

The Institute was called to order by the President at 10 A. M.

#### MEDICAL COLLEGES.

Dr. Talbot, in the absence of the Chairman of the Committee on Colleges, read the Report. It announced the continued prosperity of the various colleges, and the happy solution of the Boston College question; it is connected with the Boston University, and will go into operation this fall. A proposition was made to the Committee relating to the concentration of the Western Homœopathic Colleges into one medical University with a fund of not less than a million dollars; this, if practicable, would be of the highest importance. The three years' course, with ample previous preparation, was urged. The Report, especially that part relating to a Western University, was earnestly seconded by Professors Beckwith, Franklin, Ludlam, and Schneider, of Western Colleges, and Prof. Lilienthal, of New York. A committee on consolidation of colleges was appointed, to report next year.

## THE BOARD OF CENSORS,

At this time and previously, reported the names of the following sixty-nine Doctors in Medicine as properly qualified; and they were duly elected:—

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| <p>G. D. Allen, Portland, Iowa.<br/>         W. P. Armstrong, Paris, Ill.<br/>         B. F. Bailey, Lansing, Mich.<br/>         George Ballen, Mt. Barker; South<br/>         Australia.<br/>         H. H. Bartlett, Geneva, Ohio.<br/>         T. B. Benedict, Tonia, Mich.<br/>         O. L. Bradford, Andover, Mass.<br/>         William L. Breyfogle, Louisville.<br/>         Joseph H. Buffum, Pittsburg.<br/>         William M. Butler, Montclair,<br/>         N. Y.<br/>         C. T. Canfield, Titusville, Penn.<br/>         H. W. Carter, Cuyahoga Falls, O.<br/>         Robert E. Caruthers, Allegheny<br/>         City, Penn.<br/>         A. B. Cassarrat, Otsego, N. Y.<br/>         Israel B. Chanther, Allegheny<br/>         City, Penn<br/>         Sara B. Chase, Brownhelm, O.<br/>         Charles R. Dake, Brooklyn.<br/>         Julia A. Danning, Corry, Pa.<br/>         W. M. Detwiler, Findley, O.<br/>         C. S. Eldridge, Chicago.<br/>         Isaac N. Eldridge, Flint, Mich.<br/>         Mrs. Jennie Ensign, New York.<br/>         E. W. Fish, Cincinnati.<br/>         J. B. Frazer, Conneautville, Pa.<br/>         E. P. Gaylord, Toledo.<br/>         G. H. Greeley, Syracuse<br/>         E. M. Hall, Fredericktown, O.<br/>         J. B. Hall, St. Paul, Minn.<br/>         Milton P. Haywood, Oberlin.<br/>         Frederick Hiller, San Francisco.<br/>         D. Hitchcock, Norwalk, Conn.<br/>         J. B. Hunt, Indianapolis.<br/>         L. J. Hunt, Covington, Ky.<br/>         E. M. Hurd, Rochester.<br/>         W. H. Jenney, Kansas City, Mo.</p> | <p>G. J. Jones, Grafton, O.<br/>         William H. Leonard, Minneapolis.<br/>         P. D. Liscomb, Beaver Falls,<br/>         Pa.<br/>         M. B. Lukens, Cleveland.<br/>         A. C. McChesney, College Hill, O.<br/>         George C. McDermott, Warren,<br/>         Pa.<br/>         Harry P. Mera, Rochester.<br/>         E. C. Morrill, Norwalk, O.<br/>         C. A. Norton, Portsmouth, N. H.<br/>         Myron H. Parmelee, Toledo.<br/>         G. H. Patchen, Burlington, Iowa.<br/>         J. Pettet, Cleveland.<br/>         Wm. A. Phillips, Cleveland.<br/>         C. W. Prindle, Grand Rapids,<br/>         Mich.<br/>         W. S. Purdy, Corning, N. Y.<br/>         E. W. Robertson, Cleveland.<br/>         Orange S. Runnells, Indianapolis.<br/>         James Rust, Wellington, O.<br/>         F. Schatz, Columbus.<br/>         E. M. Scheurer, Clearfield, Pa.<br/>         F. R. Schmucker, Reading, Pa.<br/>         Chester Smith, Portland, Mich.<br/>         E. H. Stilson, Keokuk<br/>         R. F. Turner, Wheeling.<br/>         E. V. Van Norman, Springfield.<br/>         Hester A. Warren, Emporia.<br/>         Moses H. Waters, Terre Haute.<br/>         J. H. West, Geneseo, N. Y.<br/>         Isaiah J. Whitfield, Grand Rap-<br/>         ids, Mich.<br/>         William K. Williams, Philadel-<br/>         phia.<br/>         M. T. Wilson, San Francisco.<br/>         James Winz, St. Louis.<br/>         Mary A. B. Woods, Erie.<br/>         W. H. Woodyatt, Chicago.</p> |
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Several applications were thrown out in consequence of the insufficiency of the applicant's diploma.

A vote of thanks to F. R. McManus, M.D., for fourteen years of faithful service in the Board of Censors, was unanimously passed, engrossed, and given to him.

## NECROLOGY.

The Secretary read a telegram announcing the death, this morning, of one of the early members of this Institute, DAVID JAMES, M.D., of Philadelphia. Appropriate resolutions were passed.

Dr. McManus paid a feeling tribute to the memory of the late SAMUEL GREGG, M.D., of Boston.

The report of the Necrologist, commemorating the members of the Institute who died the previous year, was presented and referred.

## MEDICAL AND SURGICAL HISTORY OF THE REBELLION.

On motion of Dr. Franklin, the Institute unanimously adopted the following resolutions:—

*Whereas*, The reports of the Surgeon General of the United States army, as exhibited in Volumes one and two of the first part of the Medical and Surgical History of the War of the Rebellion, have received a too limited circulation, by reason of an insufficient issue of the same by Congress; therefore,

*Resolved*, That the President and Secretary of this Institute be directed to petition Congress, at the next session, in behalf of the homœopathic profession, that the edition recently issued be reproduced in sufficient number to permit the general distribution to the members of the profession throughout the country.

*Resolved*, That the thanks of this Institute are due and are hereby tendered to Congress for aiding thus far in developing and presenting to the profession reports of the Surgeon General, as herein specified.

*Resolved*, That the thanks of this Institute are hereby tendered to the officers of the United States Army who have, by sacrifice and labor, been instrumental in placing before the profession the valuable information contained in these volumes.

## THANKS OF THE INSTITUTE

Were unanimously voted to—

The physicians and citizens of Cleveland, for hospitalities;

Dr. N. Schneider and wife, for the reception on Monday evening;

The *Cleveland Daily Herald*, and the other papers of Cleveland, for reports;

Mr. Green, agent of the Associated Press, for reports transmitted;

The Cleveland Homœopathic College, for the use of their hall; and to

The officers of the Institute, for the able and faithful discharge of their duties.

## OFFICERS AND COMMITTEES.

The following officers were duly elected for the ensuing year:—

*President*, J. J. Youlin, M.D., Jersey City, New Jersey.

*Vice-President*, N. Schneider, M.D., Cleveland.

*General Secretary*, Robert J. McClatchey, M.D., Philadelphia.

*Provisional Secretary*, Bushrod W. James, M.D., Philadelphia.

*Treasurer*, E. M. Kellogg, M.D., New York.

*Censors*, Drs. F. R. McManus, Baltimore; T. F. Pomeroy, Detroit; H. H. Baxter, Cleveland; A. R. Wright, Buffalo; Mary Safford Blake, Boston.

The members of Bureaus and Committees had been appointed from time to time, as follows:—

#### *Bureau of Materia Medica.*

T. F. Allen, M.D., New York; H. H. Baxter, M.D., Cleveland; Wallace McGeorge, M.D., Woodbury, N. J.; Wm. E. Payne, M.D., Bath, Me.; E. M. Hale, M.D., Chicago; O. P. Baer, M.D., Richmond, Ind.; J. P. Dake, M.D., Nashville, Tenn.; Constantine Hering, M.D., Philadelphia.

#### *Bureau of Clinical Medicine.*

L. E. Ober, M.D., LaCrosse, Wis.; H. B. Clarke, M.D., New Bedford, Mass.; William Eggert, M.D., Indianapolis; E. C. Beckwith, M.D., Zanesville; George A. Hall, M.D., Chicago; W. H. Holcombe, M.D., New Orleans; W. H. Watson, M.D., Utica, N. Y.; David Cowley, M.D., Pittsburg; Bushrod W. James, M.D., Philadelphia.

#### *Bureau of Obstetrics.*

J. C. Sanders, M.D., Cleveland; J. H. Woodbury, M.D., Boston, Mass.; Mary Safford Blake, M.D., Boston; O. B. Gause, M.D., Philadelphia; F. B. Mandeville, M.D., Newark, N. J.; R. Ludlam, M.D., Chicago.

#### *Bureau of Gynecology.*

S. R. Beckwith, M.D., Cincinnati; S. Lilienthal, M.D., New York; R. B. Rush, M.D., Salem, O.; C. Ormes, M.D., Jamestown, N. Y.; W. Danforth, M.D., Chicago; M. Friese, M.D., Harrisburg; W. H. Hunt, M.D., Covington.

#### *Bureau of Pædology.*

T. C. Duncan, M.D., Chicago; Emma Scott, M.D., New York; F. R. McManus, M.D., Baltimore; C. H. Niebelung, M.D., St. Louis; H. N. Martin, M.D., Philadelphia; N. R. Morse, M.D., Salem, Mass.

#### *Bureau of Surgery.*

E. C. Franklin, M.D., St. Louis; N. Schneider, M.D., Cleveland; L. Pratt, M.D., Wheaton, Ill.; W. T. Helmuth, M.D., New York; L. H. Willard, M.D., Pittsburg, Pa.; H. F. Biggar, M.D., Cleveland; J. H. McClelland, M.D., Pittsburg; G. M. Pease, M.D., Boston; S. R. Beckwith, M.D., Cincinnati; M. Macfarlan, M.D., Philadelphia; J. G. Gilchrist, M.D., Tidioute, Pa.; M. W. Wallens, M.D., Somerville, N. J.

*Bureau of Ophthalmology and Otolology.*

Malcolm Macfarlan, M.D., Philadelphia; T. P. Wilson, M.D., Cincinnati; H. C. Houghton, M.D., New York; C. A. VonTagen, M.D., Cleveland; W. L. Breyfogle, M.D., Louisville; W. H. Woodyatt, M.D., Chicago.

*Bureau of Medical Literature.*

S. Lilienthal, M.D., New York; S. A. Jones, M.D., Englewood, N. J.; Geo. E. Shipman, M.D., Chicago.

*Committee on a Western University.*

S. R. Beckwith, M.D., Cincinnati; R. Ludlam, M.D., Chicago; H. H. Baxter, M.D., Cleveland; E. C. Franklin, M.D., St. Louis; T. F. Pomeroy, M.D., Detroit; C. Ormes, M.D., Jamestown, N. Y.

*Committee on a Homoeopathic Dispensatory.*

C. Dunham, M.D., New York; T. F. Allen, M.D., New York; F. E. Boericke, M.D., Philadelphia; H. M. Smith, M.D., New York; F. A. Rockwith, M.D., Newark, N. J.; J. J. Mitchell, M.D., Newbury, N. Y.; C. Hering, M.D., Philadelphia; R. J. McClatchey, M.D., Philadelphia.

*Committee on Legislation.*

I. T. Talbot, M.D., Boston; E. M. Kellogg, M.D., New York; R. J. McClatchey, M.D., Philadelphia; J. P. Dake, M.D., Nashville; T. S. Verdi, M.D., Washington; Horace M. Paine, M.D., Albany.

*Committee on Climatology.*

M. M. Marix, M.D., Denver; W. E. Payne, M.D., Bath; W. H. Holcombe, M.D., New Orleans; J. G. Gilchrist, M.D., Tidionte, Pa.; A. R. Wright, M.D., Buffalo; T. C. Duncan, M.D., Chicago; W. H. Leonard, M.D., Minneapolis; F. Hiller, M.D., San Francisco.

*Executive and Publication Committee.*

Drs. Youlin, Schneider, McClatchey, James, and Kellogg, — *Ex-officio.*

*Necrologist.* Henry D. Paine, M.D., New York.

*Reporter.* C. R. Morgan, M.D., Philadelphia.

## ADJOURNMENT.

The business and scientific proceedings of the year being concluded, at 1.30 P. M., the Institute adjourned, to meet at Niagara Falls, on Tuesday, June 2, 1874, at 10 A. M.



## BOSTON UNIVERSITY SCHOOL OF MEDICINE.

*Preliminary Announcement.*

THE Trustees of Boston University will open a School of Medicine on Wednesday, the fifth of November, 1873.

The following Professors and Lecturers have been appointed, on nomination of the Massachusetts Homœopathic Medical Society. Their distinguished professional ability and skill in the specialties which they are respectively to teach, have also found formal and full indorsement at the hands of the Boston Homœopathic Medical Society. Entering with earnest enthusiasm upon their work, they will spare no effort to give the new School at once the commanding position to which its advantages of location and University relations entitle it.

Students of both sexes will be admitted to the School of Medicine on uniform terms and conditions. The regular course of instruction will be of the most thorough and comprehensive character, covering three full years of study. Students who satisfactorily complete their curriculum will receive the diploma of the University. Suitable arrangements will be made for those students who have partially completed their course of study elsewhere.

A later announcement will contain the full course of instruction and other information in relation to the School.

Meanwhile, inquiries may be addressed to the Dean, I. T. Talbot, M.D., 31 Mt. Vernon Street, or to the Registrar, J. H. Woodbury, M.D., 58 Temple Street, Boston.

## FACULTY.

William E. Payne, M.D., Conrad Wesselhoeft, M.D., *Professors of Materia Medica and Therapeutics.*

J. Heber Smith, M.D., *Adjunct Professor of Materia Medica and Therapeutics.*

David Thayer, M.D., — — *Professors of the Practice of Medicine.*

Ernst B. De Gersdorff, M.D., *Professor of Special Pathology and Diagnosis.*

Henry B. Clarke, M.D., *Professor of Clinical Medicine.*

I. Tisdale Talbot, M.D., *Professor of Surgery and Surgical Pathology.*

Henry M. Jernegan, M.D., *Professor of Operative and Clinical Surgery.*

Henry C. Angell, M.D., *Professor of Ophthalmology.*

Francis H. Krebs, M.D., *Professor of Obstetrics.*

John H. Woodbury, M.D., Mary Safford Blake, M.D., *Professors of Diseases of Women.*

Nathan R. Morse, M.D., Mercy B. Jackson, M.D., *Professors of Diseases of Children.*

Walter Wesselhoeft, M.D., *Professor of General Anatomy.*

\**Professor of Physiology.*

\**Professor of Chemistry.*

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\*Arrangements are in progress, but not yet fully completed, for furnishing thorough instruction in the departments of Physiology and Chemistry.

John Ordronaux, M.D., LL.D., *Professor of Medical Jurisprudence.*

Archibald K. Carruthers, M.D., *Lecturer on Physiology.*

Frederic W. Payne, M.D., *Lecturer on Ophthalmic Surgery.*

Edward P. Colby, M.D., *Lecturer on Pharmacology and Medical Botany.*

Charles R. Brown, M.D., *Lecturer on Histology.*

T. Dwight Stowe, M.D., *Lecturer on Diagnostics.*

Erastus E. Marcy, M.D., William Tod Helmuth, M.D., *Special Lecturers.*

Alonzo Boothby, M.D., *Demonstrator.*

Caroline E. Hastings, M.D., *Assistant Demonstrator and Special Lecturer on Anatomy.*

I. Tisdale Talbot, M.D., *Dean.*

John H. Woodbury, M.D., *Registrar.*

### NEW YORK STATE HOMCEOPATHIC INSANE-ASYLUM.

THE annual meeting of the Board of Trustees of this Asylum was held, on Thursday, June 19th, in Middletown, Orange County. Eighteen of the twenty-one members of the Board were in attendance.

The officers elected were: Fletcher Harper, Jr., President; Grinnell Burt, Vice-president; Peter S. Hoe, Treasurer; M. D. Stivers, Secretary.

Executive Committee — John Cowdry, Dr. Draper, James G. Graham, M. D. Stivers.

Finance Committee — E. P. Wheeler, H. R. Low, W. Wales, A. B. Conger.

Building Committee — Grinnell Burt, Dr. Draper, E. P. Wheeler, D. Thompson.

Dr. Henry R. Stiles, Secretary of the Bureau of Sanitary Inspection of the city of New York, was appointed Medical Superintendent, in place of Dr. Henry D. Paine, resigned.

The members of the Board inspected the central or executive building, as it is designated, now nearly completed, and expressed themselves greatly pleased with the plan of the building and its beautiful external appearance. This structure is expected to be completed, ready for the reception of patients, in September or October.

The Building Committee were instructed to commence at once the excavation for an additional building, and to procure plans for one of substantially the same size as the present one, three stories high, and costing about \$75,000.

As soon as the plans are obtained, the contract for the new building will be let at once, and it is expected that the building will be enclosed before the setting-in of cold weather.

HOM. MED. SOC. OF NORTHERN NEW YORK. This society will hold its 22d Annual Meeting at American Hotel, Saratoga Springs, commencing on Tuesday, July 8, 1873, at 10 A. M.

## REVIEWS AND NOTICES OF BOOKS.

POST-MORTEM EXAMINATIONS, AND MORBID ANATOMY. By A. R. Thomas, M.D., Anat. Prof. Hahn. Med. Coll., Philadelphia. New York and Philadelphia: Boericke & Tafel. Pp. 337; 8vo. For sale by Otis Clapp & Son, Boston.

Medicine would be centuries in advance of where it now is had the ancients, who often made too little of reducing a living, healthy man to a *cadaver*, been less averse to the study of the lessons that can be learned only by a *sectio cadaveris*. Their dread began exactly where it should have ended; and barbers and physicians learned anatomy from priests and butchers — lessons in the shambles and at the gory altars. We are continually satisfying ourselves that valuable revelations are buried in living tissues where they can be reached only by an operation or an autopsy. Devoted pathologists have hazarded their lives in “resurrecting” specimens of morbid anatomy where friends had unwisely refused an autopsy. And the best of opportunities have been cruelly wasted by men who knew not how to search or what to find. And, in a regular anatomical course, all this can be taught only incidentally, disjointed, as it almost invariably is, from the ante-mortem history of the subject.

The importance of the book before us must not be judged, therefore, by its thickness or cost. After a brief introduction, a preliminary chapter describes the instruments to be found in a post-mortem case, and advises as to preliminary measures. The book is then arranged topically, from the head to the pelvis. The attention is called to the proper inspection of each part, and possible abnormal conditions, even when not the result of violence or fatal disease. Many things liable to be forgotten in the eager search for others are here suggested. Indeed, the most experienced would find in these pages a saving of mental labor; and in this day of legal experts — many of whom might justly claim for themselves the Latin term *EXPERTES* — too great exactitude is impossible.

After the pelvis, come miscellaneous subjects: Bones, Joints, Tumors, Appearances from unnatural deaths, and Medico-legal questions. The embalming of the dead (in which, by the way, this generation excels any that preceded it), and the preservation of morbid specimens conclude the work.

The Morbid Anatomy in the work makes it more than a book of mere directions. The student who has free access to the morgue of a large hospital in which he walks the wards, will find an interleaved copy of this work of more value in after-practice than costly volumes with colored illustrations. We thank the author and publishers for a book, the chief wonder concerning which is, why it was not produced a century earlier.

**THE SCIENCE AND ART OF SURGERY.** By Professor J. E. Erichsen, University College, London. A new edition, enlarged and carefully revised by the author, illustrated by upwards of seven hundred engravings on wood. Philadelphia: Henry C. Lea. Two Volumes, octavo, pp. 781, 918. For sale by A. Williams, Boston.

It is now more than a dozen years since Lea & Blanchard first made the American public acquainted with the works of Dr Erichsen. In 1869, Mr. Lea promptly improved on the fifth London edition of this work, calling in the aid of Dr. Ashhurst, of Philadelphia, as its American editor. Of that edition, in one volume of 1228 pages, and with 630 illustrations, we had the pleasure of telling our readers in the *GAZETTE* of 1869, page 393. In the place of a reprint of the Sixth London Edition, annotated by an American editor, we now have the latest improvements of the author himself. Compared with the previous American edition, this shows no such vast advance as that exhibited over the first; but the change is not mere accretion. Quite tolerable engravings have often been replaced by superior ones. To specify the changes and improvements would be but to give a history of the progress of surgery for three years.

And yet not quite. The readers of the *GAZETTE* know of at least two operations which probably never came to Dr. Erichsen's knowledge. In case of gangrenous intestine in hernia (ii., p. 574), he tells us that the protruded portion of the bowel "must be left unreduced, so as to allow the escape of feces; and the wound left open and covered by a poultice. In this way an artificial anus will necessarily be formed." The author ought to have learned that, not only has one of the most brilliant operators of our school reunited and returned the intestine, shortened by fifty-eight inches, in the case of a pregnant woman, without injury to herself or her fœtus, but even one of our less-noted physicians, finding himself unexpectedly in presence of a somewhat similar case, performed alone the same operation, removing five-and-a-half inches of colon, with a like happy result. Let the author read Dr. Beebe's case in the *GAZETTE* for 1869, page 308, and Dr. Westfall's, in 1870, p. 77, before he prepares his book for the new edition which we hope will be demanded at no distant day. But, as we trust that we shall ere then record some greater triumphs in surgery, possible by the aid of homœopathic remedies only, we advise him to subscribe at once for the *NEW ENGLAND MEDICAL GAZETTE*. *Fas est ab homœopathico doceri.*

**WHAT TO WEAR?** By Elizabeth Stuart Phelps, author of "The Gates Ajar." Boston: J. R. Osgood & Co. Pp. 92; 16mo.

The talented author of this little work is not unknown to our readers; and as she now treats a subject of great importance to physicians, we must give her a brief hearing once more. And she shall answer our questions in her own words. And first, Miss Phelps, Why did you write on this subject? "I believe that the enormities of female attire have now reached a point to which it is not morally right for a conscientious woman to conform." P. 25.

Why do women dress so unwisely? "Undoubtedly women dress for one another's annihilation to a great and disgraceful extent." P. 71.

Will some slight changes be enough? "Something of the nature of the American costume, — the gymnasium dress, the beach suit, the Bloomer, call it what you will, — must take the place of our present style of dress, before the higher life — moral, intellectual, political, social, or domestic — can ever begin for women." P. 34.

By what measures would you begin your reform? "Suppose that we begin by shortening our skirts to a regulation-distance of from four to six inches from the ground; that we dispense with the biased waist and corset, and retain the plaited gamp [we do not find that word in Dunglison], or little jacket, which have been so popular; that we hang everything from the shoulders; and that we set ourselves humbly to study the 'grammar of ornament.'" P. 36.

What are your chances of success? "What are the chances, when, out of a class of twenty-five women medical students, you will see, as I have seen, only two dressing with any due regard of hygienic laws, and a certain proportion actually laced to a point of suffocation?" P. 65.

And yet we are sure this book will prove of great value by its suggestions to judicious laity and enterprising physicians.

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## ITEMS AND EXTRACTS.

**SPORADIC CHOLERA** has appeared in several places at the West.

**FEVER AND CHOLERA** have entirely disappeared from Persia.

**SUGAR** if injected into a vein enters the urine unchanged.

**THE VIENNA ANÆSTHETIC** consists of four parts of ether (by measure) to one of chloroform.

**BEEES.** There are two million beehives in the United States.

**SHALL WOMEN STUDY MEDICINE?** At the University of Michigan, out of ninety-six candidates for the medical degree, Miss Emma Call, of Boston, stood the highest.

**A MONUMENT TO EUSTACHIUS** is proposed at San Severino, his birthplace

**HUGH L. HODGE, M.D.**, for thirty years Professor of Obstetrics in the University of Pennsylvania, died February 26, 1873.

**RETORT COURTEOUS.** — A doctor went out for a day's sport, and complained of having killed nothing. "That's the consequence of having neglected your business," observed the wife.

**TO RELIEVE INGROWING NAIL** — This is a painful annoyance, and is treated with advantage in various ways. The most successful is to

scrape the centre of the nail from root to end. Let it be worked down quite thin, so as to relieve the pressure at the sides, which causes the soreness. Keep the end of the nail well pared down in the centre, giving it the concave form, just the reverse of the natural edge.

**VENTILATION.**—A distinguished professor in Philadelphia does not believe in breathing dead matter. He has a habit of asking some member of his senior class to “please open the window just back of you, sir, to let out the remains of the junior class.”

**HEROIC PRACTICE.**—Archdeacon Dennison, who lately recommended the horse-pond as a remedy for discontent among English laborers, has been served by his parishioners with a pelting of stale eggs, evidently on the homœopathic principle that “the hair of the same dog will cure the bite.”

**DEAD LETTER OFFICE.**—During the last year there were sent to the Dead Letter Office nearly *three millions* letters. Of these letters, 68,000 could not be forwarded, owing to the carelessness of the writer in omitting to give the county or State; 400,000 failed to be sent because the writers forgot to put on the stamps; and over 3,000 letters were put in the Post Office *without any address whatever*. In the letters above named was found over \$92,000 cash, and drafts, checks, etc., to the value of \$3,000,000.

**MEAT BISCUIT AGAIN.**—A Danish baker has devised a rival for the famous Prussian pea-sausage which won Alsace from the French. It is a cake of five-sevenths flour and two-sevenths meat, with condiments, and calculated to resist the action of the weather.

**BANQUO'S GHOST.**—Dr. O. W. Holmes, in a letter to the Tyndall, dinner said, “We begin to see the *paths* before us.” Is it possible that he refers to those fearful beings, the homœopaths, whom in 1841 he consigned to the grave “within a decade,” but who have since been rising on all occasions to trouble him?

**FRESH WATER FOR PRESCRIPTIONS.**—Water standing in a room a few hours, will absorb any foul gases which may be present. The colder the water, the greater is the capacity to contain these gases. Physicians will bear this fact in mind, when making prescriptions with water as a medium of conveyance. that the effect of the drug may not be destroyed by the presence of carbonic acid, hydrosulphuric acid, or ammonia.

**LEGALIZED ANATOMY.**—Minnesota has by law permitted the use of unclaimed bodies, in large towns, before burial, without relatives, not travellers, and who have not objected to this disposition of their remains. The cadaver must not be carried from the State; and must ultimately be decently interred.

**A (K)NOTTY PUZZLE.**—“It should be remembered that but very few of those who saw me give ether were not thoroughly convinced, from experience or otherwise, that ether was not a practical anæsthetic. I did not, and do not here, discuss the reasons for this.”—*Dr. Jeffries, in Med. and Surg. Journal.*

**BRONZE DUST.** — A New York lithographer, desirous of saving his workmen from inhaling bronze powder, contrived to carry the dust by a current of air into bags beneath the floor. He caught there, in one year, 2,400 pounds of what would have been otherwise deleterious ingredients in respiration.

### AGONY.

Wheezing, sneezing all the day;  
Eyes watery and streaming;  
Coughing in a shat't'ring way;  
Poor nose red, and poor cheeks gray;  
Now voiceless, and now screaming.

Pains and aches in every limb;  
Poor features sadly puffy;  
Hearing gone, and eyesight dim;  
Sad, dejected, solemn, grim;  
Head heavy, hot, and stuffy.

To feel all this, and then be told,  
"Dear Sir, you've *only* got a cold."

**HYDROPHOBIA.** — Dr. Marx, of Berlin, thinks that the causes of hydrophobia are chiefly mental, and that those who fear the disease are in greater danger from the bite of a rabid dog. Children rarely have it.

**OXYGEN.** — The action of too much oxygen on the system is deleterious, whether it be from compression or from want of nitrogen that too much is taken into the lungs. Animals that can endure nine atmospheres of common air, may be speedily killed by three atmospheres of super-oxygenated air.

**ADVERTISEMENTS OF MEDICAL BOOKS.** — The Council of the Royal College of Surgeons of England, recently resolved that "the practice of frequently advertising medical books in the non-medical press, is, in their opinion, not conducive to the honor and dignity of the medical profession."

**UNSUCCESSFUL CANDIDATES.** — After a recent examination of female teachers in Ohio, some of the unsuccessful candidates complained that injustice had been done them, whereupon the examiners were so cruel as to publish extracts from the papers written by the rejected applicants. The following are a few specimens of the answers: "The food is first masticated and then passes through the phalanx;" "Respiration is the sweating of the body;" "The chest is formed of two bones, the sternum and the spinal cord."

**TEA ADULTERATION.** — The *North British Daily Mail* has published analyses of thirty-five samples of tea bought in different parts of Glasgow. Out of the thirty-five samples analyzed — twenty-seven of which were black, and eight, green — only six were unadulterate

All were high-priced, and none of the six was a sample of green tea. One sample contained no tea at all, so far as the analyst could discover. The adulterants which were used in this and the other twenty-eight cases were iron, plumbago, chalk, china clay, sand, Prussian blue, turmeric, indigo, starch, gypsum, catechu, gum, and leaves of various kinds, elm, oak, willow, poplar, elder, beech, hawthorn, and sloe. It is but justice to the retail venders to state that the adulteration is not supposed to be their work; it is largely done in China, and is further carried on after the "tea" has reached Britain.

**PHARMACY AT SEA.**—Not a few humorous anecdotes are current respecting the use and abuse of the medicine chest on board merchant vessels. The following is vouched for: A sailor applied to his captain for relief, telling him that he "seemed to have something on his stomach." The captain referred to his book of directions, and promptly prescribed a dose of No. 15. Unfortunately, however, there had been a run on No. 15, and the bottle was empty. But the skipper was by no means at the end of his resources. There was plenty of No. 8 and plenty of No. 7. "Seven and eight make fifteen," said the Captain; and Jack, to whom the calculation seemed quite natural, took the joint mixture with startling effect; for whatever was on his stomach came off with a rapidity that would have astonished the Royal College of Physicians, and which a landsman might have envied.—*London Chemist and Druggist.*

**THE DOCTOR ON THE WITNESS STAND.**—If a medical man shows at great advantage in your home or in his own, there is one place in which he is too often uncomfortable, and makes other people uncomfortable as well. This is the witness-box. There is hardly any great trial for murder, but doctors and counsel come into fierce collision; there is the conflict of medical testimony, and the common-sense of judge and jury is frequently insulted. It would be a golden rule for a medical man never to use a scientific term if a popular term would serve his use as well. The medical man not only states facts, but obtrudes his explanations and theories about them, and does so in highly technical language. The legal mind revolts against the assumption of the medical mind, and in this way much prejudice is done to science. The lawyers are pretty unanimous in holding that a medical man is the worst possible witness. He cannot plead privilege, like the lawyer or the confessor, and his best plan is to tell his story at once, in the most intelligible and straightforward way that he can.—*Popular Science Monthly.*

**MEDICAL PRACTICE IN SAVOY.** A French doctor practising in the poorest districts of Savoy, was called one day to visit a patient sick with pleurisy. He prescribed a potion to take, and a dozen of leeches to be applied, explaining to the wife of the patient where to get them and how to apply them. The next day he came back and found the patient no better. "Well, Madam," said he to the wife, "I am quite surprised; did you not get the leeches?"

"O! yes, doctor, and I fried them with onions, but my husband could only eat three of them, he was so disgusted."



Another time the same doctor was called to a patient suffering with intense diarrhoea. As the patient was poor, and tan-bark was very abundant in those parts, the doctor prescribed among other things injections of tan bark, meaning of course the decoction of the same. The next day, on entering the room, he was thunderstruck at the appearance of his patient; the poor man was swelled up to the size of an elephant.

"Doctor," says the wife at once, "I'll tell you how it is. I first put the finest tan-bark I could in our syringe, but that would not work, so that I went and borrowed the blacksmith's bellows; these answered quite well, and since, my husband is much better, only a little swelled!"

**ABSINTHE.** — The alcohol appears after all to be the most poisonous principle in this dangerous beverage, and the modifying influences of the various essences combined with it seem mischievous chiefly by inducing its enormous consumption. A quart of fluid would fill about thirty French glasses. A quart of absolute alcohol would be taken in from forty to seventy glasses of absynthe; it would be taken in a little less than sixty glasses of cognac. But brandy-drinkers limit themselves to from two to ten glasses per day, while the drinkers of absynthe sometimes carry their potations up to thirty. But in doing this they take less than a third of a millegramme of oil of wormwood, and about 2½ millegrammes of various essential oils.

**MUSTARD PLASTERS.** — Taalzw found that an active sinapism, applied over one-tenth of the surface of a rabbit, produced a marked increase in the consumption of oxygen and elimination of carbonic acid. The effect was especially noticeable in a white female rabbit. He failed to confirm the results of the experiments by Rocherz and Zuntz, who found that common salt and brine added to baths of a certain temperature, caused a decidedly greater consumption of oxygen and elimination of carbonic acid than fresh water baths of the same degree of warmth. Taalzw: *Archiv f. p. ges. Physiol.* It is to be feared that Taalzw proceeded in his experiments in too exclusive a spirit, as whoever has had experience with salt-water and fresh-water bathing, knows well the more powerful effect of the former in producing increased metamorphosis of tissue, manifested by heightened temperature, sense of vigor, free elimination of urea, etc.

**ELIMINATION OF CARBONIC ACID.** — *Libermeister* (*Archiv. p. Clin. Med.* vol. VIII, p. 153), declares that, though in health a heightened temperature is accompanied by increased elimination of carbonic acid, this is by no means the case in sickness. In chills and fever, for example, he observed that in the sweating stage, at a high temperature, the quantity of carbonic acid eliminated was very small. See also observations of Liluganeff and of Kurator in *Archiv. f. pathol. Curat.* Vol. 52.

These observations are of some significance in showing the difference in the external expression of certain physiological and pathological processes.

**PTS IN BLOOD.** — Albert and Stricker (*Mer. Jahrb. d. Gesellsch. d. Aerzte, Wien.*, 1871, p. 852), have proved that pus, injected directly

into the blood, though the cause of pyrexia, is no more so than inert fluids are, such as normal blood, pure water, starch, etc., which produce the same amount of febrile action.

**SEQUELÆ OF BRAIN INJURIES.** — Brown-Sequard observed, in two female guinea-pigs, gangrene of the ear in consequence of injury to one *corpus restiforme*, and that all the young of these animals showed the same lesion — “*alteration*.”

He also found hæmorrhage of the lungs after injury to certain portions of the base of the brain, especially of the lateral portion of the *pons varolii*. — *Gazette Medicale*, 1871, p. 24.

## PERSONAL.

**HORACE M. PAINE, M.D.**, who, for the past ten years, with a single exception, has been the Recording Secretary of the New York State Homœopathic Medical Society, has relinquished this position, and Frank L. Vincent, M.D., of Troy, becomes his successor. No society ever had as its secretary a more indefatigable worker, in season and out of season, than Dr. Paine. The transactions of the New York State medical societies have, until the present year, been published by the State. Under the laborious care of Dr. Paine, the Transactions of the Homœopathic Society gathered papers from far and near, many of them with expensive engravings, and these were distributed with a liberal hand to the profession and to public libraries, out of the State as well as within. The immense labor of collecting, editing, and publishing this annual volume was performed by Dr. Paine.

At a meeting of the Society, — Feb. 12 1873, — Drs. Watson, of Utica, Searle, of Brooklyn, and Pratt, of Albany, were appointed a committee for procuring a suitable testimonial, which they hope to present to Dr. Paine at the semiannual meeting in Brooklyn, Sept. 9 1873. We could say a great deal more in praise of Dr. Paine, but he is yet too young a man to have his biography published except in the “*Medical Galaxy*”

**ENMA SCOTT, M.D.**, a recent graduate of the New York College for Women (homœopathic), has shown her enterprise, as well as energy, by establishing a free dispensary at 327 East 23d Street, New York. It is called the “*Twenty-third Street Dispensary for Women and Children*,” and is already well patronized.

**N. SCHNEIDER, M.D.**, of Cleveland, Vice-President of the American Institute of Homœopathy, sails for Europe with his wife, early in July.

**D. H. BECKWITH, M.D.**, and family, are still in Europe, and will probably return early in August next.

**REMOVAL.** **PROF. J. W. DOWLING, M.D.**, from 58 West 25th Street, to 568 Fifth Avenue, New York.

**MARRIED.** **MR. GORHAM BLAKE**, of Boston, to **MISS MARY J. SAFFORD, M.D.**, one of the Editors of the *GAZETTE*.

**DIED.** **I. FISKE, M.D.**, of Fall River, June 3d, 1873. Dr Fiske was quite aged, and had nearly retired from practice, but his loss will be widely felt.

**JAMES H. AUSTIN, M.D.**, in Bristol, Conn., March 27th, 1873, aged 50. Dr. Austin had acquired a large and lucrative practice, was very popular among his townsmen, and leaves a vacancy in our homœopathic ranks hard to fill.

THE  
New England Medical Gazette.

No. 8.]

BOSTON, AUGUST, 1873.

[Vol. VIII.

PUERPERAL CONVULSIONS.

BY M. S. BRIRY, M.D., BATH, ME.

*Read before the Maine Homœopathic Medical Society*

PERHAPS it may be presumptuous for me to offer anything on this subject, especially since the remarkable discussion, at the meeting of the American Institute of Homœopathy, last year, which followed the reading of a paper on puerperal convulsions, by Dr. O. P. Baer. His cases were minutely described; and that his remedies were correctly and wisely selected, the happy result conclusively proves.

It seems hardly possible that a physician of ordinary powers of observation and comparison could confound a case of puerperal or epileptic convulsions with hysteria; and yet there were some members of the Institute who thought Dr. Baer had mistaken the one for the other; and that *his* cases "were not severe, were self-limited, and would have recovered without medicine." One physician said "they were not of those severe and often fatal cases, because there was no albumen in the urine."

ÆTIOLOGY OF ECLAMPSIA.

It is not yet proved that the presence of albumen in the urine is a proximate, or even remote cause, of puerperal convulsions; but it is even doubtful whether it has any relation as an exciting cause of the convulsions, since in Bright's disease, there is a large amount of albumen in the urine for months, and yet there are no convulsions in consequence; and when that disease

has advanced to the last stage, with almost entire suppression of urine, and consequent uræmic poisoning of the blood, it is coma that follows, and not convulsions. And, further, in cases of retention of the urine from stricture of the urethra and diseased prostate gland, or from calculi or coagula in the ureters, though continuing days and resulting in death, it is still, with rare exceptions, attended with coma, and not convulsions. Now as the presence of albumen in the urine, and urea in the blood, in other diseases, do not cause convulsions, why should there be so much importance attached to the occasional presence of albumen in the urine as *the* cause or *a* cause of puerperal convulsions?

The quantity and the quality of the blood may be changed from the normal standard; and so may the constituent parts of the urine be changed both relatively and absolutely, and yet not cause convulsions.

The amount of urea excreted in twenty-four hours varies greatly in health; it depends upon the quality of food taken, or the azotised matter in it, and on the muscular exertion put forth. That urea or uric acid exists in the blood, and is not merely a secretion of the kidneys, is shown by those concretions of sodic urate in or about the joints of persons subject to frequent attacks of gout.

Although the blood, the saliva, the bile, and the urine, all contain the elements of the most virulent poison, they are held in such combination as to be not only harmless, but conducive to health.

It is not denied here that in uræmia there may be convulsions. Dr. Wm. B. Carpenter says, "The symptoms of uræmia are altogether such as indicate the action of a specific poison upon the nervous system; affecting either the brain or the spinal cord separately, or both together. In the first form, a state of stupor comes on rather suddenly, out of which the patient is with difficulty aroused; and this gradually deepens into complete coma, with fixed pupils and stertorous breathing, just as in ordinary kinds of narcotic poisoning. In the second form, convulsions of an epileptic character, frequently affecting the whole muscular system, suddenly occur; but there is no loss of consciousness."

## SELF-LIMITED DISEASES.

What is a self-limited disease? Some one has limited the term to such diseases as typhus and typhoid fevers, scarlatina, small-pox, and some others. That is, self-limited diseases commence and run a definite course, so that the patient recovers if he lives long enough, or in other words, if he does not die before the disease has reached its "limits." Now will a professor of a homœopathic medical college advise that persons sick with any of the above-named diseases shall have no medicine, or that they will recover just as well without, as with? If a professor of an allopathic medical college, giving crude drugs in massive doses, were to advise no medicine to be given in such cases, it would perhaps be well. Where is the true homœopathic physician, having had much experience, who has not seen, in bad cases of these diseases, improvement following the administering of remedies so promptly that there could be no doubt in the matter; in cases, too, where in all human probability the patient must have died if these remedies had not been given?

## CURABILITY OF ECLAMPSIA.

In the discussion of Dr. Baer's cases, a learned professor of obstetrics and diseases of women uses the following language: "It ought to follow that remedies, when administered, should relieve a case of antepartum convulsions in labor at term, promptly, permanently, and entirely, before the emptying of the uterus. If Dr. Guernsey has had a case in which all this has been accomplished, I should like to know it." It seems strange that some one did not answer the professor in the affirmative, if Dr. Guernsey did not.

CASE I. — In the early years of my practice, and in the second case of puerperal convulsions I had seen, crude Opium relieved "antepartum convulsions in labor at term, promptly, permanently, and entirely, before the emptying of the uterus."

CASE II. — The members of the Central Maine Medical Association will remember, that at our meeting last July, our worthy colleague, Dr. Wm. E. Payne, reported "a case of antepar-

tum convulsions, in labor at term, cured promptly and permanently, and before the emptying of the uterus," by Opium.<sup>300</sup> In this case the patient, a young woman, had two convulsions with loss of consciousness, the head drawn to one side, the eyes also drawn to one side and upward; and although in a short time the patient could speak, it was some hours before she could remember what took place about her.

CASE III.—In another instance, some years since, Dr. Payne was in attendance upon a young woman in labor at term, where apparently everything was proceeding favorably; suddenly the patient went into convulsions; he administered *Bell.*<sup>30</sup>, and sent a messenger for me to come to his assistance with the forceps; but the convulsions were arrested promptly, permanently, the labor went on, and in the course of an hour or two the woman was delivered naturally of a living boy. Here are, within my knowledge, three cases of puerperal convulsions occurring in women in labor at full term, relieved, cured, before the birth of the child. Whoever doubts the efficacy of the medicine administered in these cases, may doubt the efficacy of medicine in all diseases. That the simple presence of the child in the uterus is not the cause of puerperal convulsions, or the emptying of the uterus does not cause the convulsions to cease, the following cases will illustrate.

CASE IV.—Early in the morning of the fourth of last October, I was called, in consultation with Drs. W. E. and F. W. Payne, to see Mrs. S., a young woman in labor with her first child. There was a vertex presentation; the os uteri was well dilated; and although the pains had been frequent and severe through the night, the head did not advance farther than so as to be well engaged within the bony pelvis, the diameters of which seemed rather small, especially the antero-posterior diameter of the outlet of the pelvis, as the coccyx was curved forward and very prominent. Sulphuric ether was administered, and delivery accomplished with instruments. The child was dead. Mrs. S. had been very restless, and complained of severe pain in the head at times in the night, for which Dr. Payne gave *Acon.* After she was put to bed, she complained of the pain in her head; in other respects she seemed to be

doing well. A dose of *Arnica* was given. Some two hours after delivery she had a convulsion; and as the distance to my house was less than to Dr. Payne's, they sent a messenger in haste to me, saying that "Mrs. S. had a fit"; sending the messenger on to Dr. Payne, I proceeded directly to the patient, who had then come out of the spasm and could answer questions. Gave her *Bell.*<sup>30</sup>. She did not have a second convulsion for an hour; but then, another coming on, Dr. Payne gave her *Opium*<sup>300</sup>, to be repeated every hour, or after every convulsion. As that did not arrest the convulsions, after some hours he gave *Opium*<sup>30</sup>, to be repeated the same as the first. The convulsions increased in frequency and severity until evening, and there was no return to consciousness in the intervals; the patient's face and tongue were much swelled and bloody, and froth issued from the mouth. Dr. Payne, still thinking *Opium* to be the remedy indicated, put some twenty drops of the mother tincture into half a tumbler of water, and directed a teaspoonful to be given after every spasm. At this time, 9 P.M., the case seemed about hopeless; we did not suppose the patient could live through the night. Yet, wonderful as it seems, after the administering of a few doses, the convulsions ceased, and although the patient remained unconscious some days, she gradually recovered.

In this case the spasms would commence with rigidity of the muscles and distortion of the features, drawing the mouth down and to one side; and the head was turned far back and to the right side; then there was jactitation of the limbs and body, with lividity of the face and frothing at the mouth. This condition would subside and be followed with stertorous breathing. The whole formed so terrible a spectacle that a person once seeing it would hope never to behold another. This case is especially interesting as relates to the medicine administered. The 200th potency was given a number of hours, then the 30th without any perceptible effect; but soon after the mother tincture of the same medicine was given, the spasms began to diminish in violence and frequency.

True homœopathy does not consist in giving the thirtieth or the thirty-thousandth potency of a remedy; but in selecting

the medicine which is the true similitum to the case to be treated, whether it be given in small quantities of the mother tincture or the forty-thousandth potency. At present we cannot explain why a medicine acts better in a low or a high potency; but when animal chemistry, physiological chemistry, and pathological chemistry are fully understood and elaborated, then we may hope not only to comprehend the action of our medicines, but the ultimate course of disease.

CASE V. — The next case of puerperal convulsions occurred in a young, healthy, robust, well-formed, woman in labor with her first child. The pains were regular and strong, though the progress was slow; when the pains had been in continuance about twelve hours, and the head of the child was pressing hard upon the perineum, the patient was seized with a terrible convulsion, frothing at the mouth, and black in the face. This did not last long, and she returned to partial consciousness. Two or three more pains and the child escaped through the vulva, when there was another convulsion quite as severe as the first, or more so; then came an intermission of half an hour, the placenta came away, and another convulsion followed. From this she did not rouse to consciousness but remained in a stupor without stertorous breathing.

She lay some four hours in this condition; in the time another physician was called in consultation, who bled her freely from the arm, which did not make any apparent impression.

At 9 P. M., five hours from the first convulsion, they returned and continued frequently until the next day. Thirty-six hours from the first convulsion she regained consciousness, and made a good and rapid recovery. Hyoscyamus was given in quite large doses. This was seventeen years ago, when I belonged to the allopathic school. Since that time this woman has given birth to seven children, and so rapid have been the labors, they have hardly given time for me to reach the patient before the birth of the child.

CASE VI. — The sixth and last case of puerperal convulsions to be presented here, occurred last February. The patient, a young woman seventeen years old, was short, thick in stature,



with broad shoulders and short neck; she was unmarried and not very intelligent. Her labor, at term, commenced during the night of the 25th; an eclectic was in attendance. Sometime in the morning of the 26th, convulsions came on; an allopath was called in consultation and they delivered her with instruments. The child was dead. The convulsions continued until evening, and from what the family said they were severe. Her attending doctors said that all had been done for her that could be done, and that she must die; and then abandoned the case. The convulsions continued through the night; and her parents thinking something more ought to be done, called me on the morning of the 27th.

I found the patient lying on her back, partially turned to the right, breathing heavily; otherwise still, except every few moments the left arm and leg were suddenly drawn up and then thrust down again. The face was swollen and dark, as was also the tongue, which had been bitten, and partly protruded from the mouth. There was no discharge of lochia; the urine had been passed into the bed. Speaking to the patient and shaking her would not arouse her in the least; there had been no consciousness since the first few spasms.

Thinking there was cerebral engorgement, I put five drops of *Veratrum viride* into half a tumbler of water, and gave a teaspoonful, — to be repeated in one hour. By putting the spoon far back upon the tongue, and letting the water run into the fauces, deglutition was accomplished. Into a second tumbler half full of water five drops of the tinct. of *Gelsemium* were placed, with directions to give a teaspoonful after giving the *Veratrum* twice; and the dose was to be repeated twice from the first glass, then twice from the second.

Eight hours after the first visit I called again. There had been no return of the convulsions; the patient was lying quietly upon the back, and breathing more naturally. Directed the medicine to be given every two hours through the night.

Next morning the patient would open her eyes and answer yes or no to questions. Her general appearance was much better. The urine passed involuntarily; the lochial discharge was very scanty; there was some tenderness over the region of the

uterus. I added some water to the glasses, and continued the same doses.

The recovery was gradual and steady. There was not any secretion of milk, although the mammæ were very largely developed.

*Stramonium* was given a day or two on account of the urinary condition. The perineum was lacerated to the edge, but not into the anus. At the end of the third week the patient was able to be dressed and sat up.

Puerperal convulsions have been described as consisting of three varieties: the hysteric, the epileptic, and the apoplectic. The first and second only will be noticed here, and these only as relates to the symptoms and diagnosis.

#### HYSTERIC ECLAMPSIA.

The hysteric form is confined to the period of gestation, and is more frequent during the early months than subsequently. "The attack is generally preceded by tightness about the throat, by sobbings, or repeated attempts at swallowing. The patient then becomes still and motionless, or may roll about from side to side. The face is generally, though not always pale, and not distorted; no froth issues from the mouth, nor are there the convulsive motions of the lower jaw, by which in epilepsy the tongue is severely bitten. The patient is not insensible, though she cannot express her feelings. It does not generally influence the progress of gestation."

Diagnosis: "From epileptic convulsions. The body is but slightly contorted; there is not complete insensibility; there is no frothing at the mouth, nor biting the tongue, nor stertorous breathing, and after the fit is over, the patient recovers her usual state.

#### EPILEPTIC ECLAMPSIA.

The second variety, or epileptic, is far more frequent than the first. It rarely occurs until the eighth month of pregnancy, and generally not till the time of labor.

In this paper, already too long, it is not necessary to give the symptoms, as they are well described in the standard works.

This is the most frightful disease to which women in childbed are subject; and that it is dangerous the recorded fatality fully proves. The mortality as given by English authors amounts to more than one-fourth.

Fortunately, the physician, in ordinary practice, will see only a few cases in a life-time. According to the statistics of English and French authors, there is one case of convulsions in about six hundred cases of labor. From some cause, peculiar, perhaps, to the women of this State and country, the number of cases of convulsions is much larger than that.

The causes of this variety of convulsion are discussed in the standard works on diseases of women.

The treatment of puerperal convulsions may be found in the able work on *Obstetrics and Diseases of Women and Children*, by Professor H. N. Guernsey.

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## SURGERY.

JAMES B. BELL, M.D., EDITOR.

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### CASE OF WILLOW TWIG FRACTURE.

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

AN aggravated case of this kind came under my care a few weeks since, in a little girl, twenty months old.

A few days before last Thanksgiving Day, she fell upon the floor; but not until about five weeks after, at Christmas time, was she seen by a physician.

Being quite stout, the parents had not noticed any change in the arm, but at this time being on a visit near a physician, something led them to consult him, and he is said to have straightened the arm. They soon returned home and the child was put under the care of a neighboring physician. They report that he neglected the patient, and his treatment was thought to have been inefficient.

The result, according to the mother's report, was, that a

marked crook remained in the arm up to the middle of May last ; when the little patient fell again, and was brought to Augusta for treatment.

Being an only girl, the parents were particularly anxious to have everything possible done to restore the arm. This disposition on the part of responsible friends helps matters along very much, as they are then prepared to appreciate the surgeon's difficulties and efforts, and to do all in their power to aid him.

The position of the arm when at rest was that of almost complete pronation. Supination could be produced only to the extent of bringing the palm of the hand parallel with the side of the body. The child was using the hand freely within these limits, and evidently without pain.

After thorough etherization the arm was more fully examined. The radius was found strongly flexed outwardly at a point a little above the middle. The curve or arc described by the bent bone, if a true curve, would about equal the fourth of a circle. At the point of flexure was a large callus which was evidently old. There was slight flexion of the ulna at the same point.

The radius was straightened and reduction accomplished by pressing both thumbs firmly upon the angle, the fingers meanwhile grasping the upper and lower ends of the bone. With gentleness and firmness, and the exercise of considerable force, the bone was felt to yield, and was pressed gradually back to its place. Contrary to expectation it went fully back, notwithstanding the six months of delay.

There was a tendency, however, to spring back to the bad position. To counteract this was the chief aim of further treatment. Bearing in mind the shortness of the bones of the infantile forearm, one can readily perceive the uselessness of forearm dressing, in case of their fracture. Such dressings cannot be applied so as to produce any leverage, by which to act with certainty against malpositions. Here was the error of both the former attendants : the dressings on such a little fat arm were constantly getting loose and slipping down. The fracture being nearly painless, the little thing would constantly use the arm, hugging her dolls and doing all sorts of things to bend it again.

Long dressings therefor are nearly always preferable for children, and often for their seniors.

In this case a long straight internal splint of wood was applied, and a long straight external one of artificial leather (leather pasteboard), moulded in hot water. A firm compress was placed under the outer splint over the seat of fracture, and the whole was secured by an ordinary roller, every lap of which was sewed in several places,—a small but important precaution. This dressing, of course, secured nearly complete supination, as was desired. It was renewed several times, at intervals of from three to five days, and afterwards a calcined plaster dressing was applied, the whole length of the arm. This remained twelve days, and then all dressings were removed. The result of the twenty-eight days' treatment was a practically perfect arm.

The ideal perfection is slightly marred by the still remaining callus, and a just perceptible lack of complete supination. The callus seems to be the hinderance to the outward rotation, and this we may expect to see wholly absorbed in time.

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### SURGICAL NOTES.

BY E. CLARK, M D., PORTLAND, ME.

*Reported to the Maine Homœopathic Medical Society.*

OPERATION FOR VAGINISMUS. — Mrs. —, of sanguine encephalic temperament. Lost her health several years ago, and was treated allopathically and hydropathically for several years. She was confined to her bed about two years, and, her health gradually failing, her hydropathic physician suggested the expediency of trying homœopathic treatment in her case.

I found her confined to her bed, with the left thigh strongly flexed upon the trunk, and with anterior curvature of the spinal column, caused, without doubt, by myalgia of the psoas and other muscles of the spine. A walking chair, crutches, and various articles of gymnastic apparatus had been used in vain to relieve her intense sufferings.

My notes of this interesting case extend over three years;

at the end of this time she was able to walk nearly erect, to ride with comfort, and to engage in many domestic avocations. But it is not the object of this paper to detail the means used to effect this improvement; it relates only to the subsequent development of the case.

She had married a very worthy young gentleman, and they were fairly launched on the sea of life, with no ordinary prospects of a felicitous voyage. A few weeks after their marriage the husband informed me that the vagina must be inflamed, as coition was impossible. She suffered from the most intense pruritus, chiefly of the nymphæ, but extending to the labia majora; it was a source of constant annoyance. Severe neuralgic pains in these organs, the back, and hips, and often in the head, broke down her health. The nymphæ, from the meatus urinarius to the fourchette, were covered with eczema. The parts were sensitive and extremely painful, even when touched never so lightly. The finger could be introduced only so far as to ascertain that the sphincter vaginæ was firmly contracted, the nymphæ thickened and rigid, and the parts very dry and hot.

*Bell.*, *Platina*, *Caladium* and *Tarantula* were given, each by itself, and in both low and high dilutions, but with only temporary relief.

The operation for vaginismus was proposed, but for several years the parties declined to submit to this procedure.

At length, her increased sufferings, always aggravated by the menstrual period, and her general increasing discomfort and failing health, induced them to submit to the measure previously advised, as the only means which could afford a chance of a radical cure.

Assisted by my friend Dr. D., the operation for vaginismus, as described by Dr. Sims, was performed. The nymphæ, from the meatus urinarius to the fourchette, were carefully dissected away with curved scissors and the scalpel. Little hæmorrhage followed. The index and middle fingers of the left hand were introduced into the vagina, and under the influence of ether, the sphincter was found to be much relaxed, presenting little obstruction of the passage to the uterus. Guided by the fingers,

the scalpel was carried up to the sphincter vaginae, and it was divided on the left side. The knife was carefully conducted to the posterior commissure, which was divided to the raphe of the perineum. These parts were very hard. The tact of the fingers indicated when the work, out of sight, was properly done.

The slight hæmorrhage was arrested quickly by compresses. One of Sims' vaginal dilators of one and one fourth inch was inserted, and kept in place with a T bandage, and the patient placed in bed. The dilator was worn two or three hours daily for the first week, and then one hour daily for about three weeks. Infusion of *Calendula* was injected into the vagina, and the traumatic fever was relieved with *Arnica and Baptisia*. Her convalescence was rapid and satisfactory. Four weeks after the operation, the husband declared to me that the surgical procedure was perfectly successful, and that most of the long-continued sufferings had disappeared.

STRICTURE OF URETHRA, AND URINARY FISTULA. — G. C., a man of thirty-four, of bilious temperament, had contracted gonorrhœa some eight years ago, and was treated with injections and large quantities of balsam of copaiba. After several weeks the secretion was suppressed, but the stream of urine was noticed to be rapidly diminishing. In a few weeks more, a catheter was required to draw off the urine. Dilatation with bougies was partially successful. He could, for the most part of the time, relieve the bladder voluntarily, or by using a very small catheter.

Feb. 3. — He requested me to take charge of his case. I found a urinary fistula in the perineum. The scrotum was inflamed and enormously distended, with extravasated urine. A stricture, near the orifice of the urethra, admitted only the smallest gum catheter, which was arrested in the membranous portion of the canal. Sea-tangle was introduced with difficulty about three fourths of an inch, to dilate this stricture near the orifice. The urine passed away through the openings in the perineum.

Feb. 4. — Attempts were made this morning to remove the sea-tangle, but it resisted the strongest force I thought it safe to apply. A narrow-bladed knife was passed into the urethra,

using the sea-tangle as a director, and the stricture was divided. A small silver catheter was then carried down to the next stricture, but could not pass it. Only a very small gum catheter was passed into the bladder.

After a few days a bougie was pressed firmly upon the stricture, and retained half an hour. In two hours after this operation a very severe chill followed; it was of long duration. Intense febrile reaction followed. There was frequent, hard pulse; the tongue was coated and very dry in the middle; the skin was hot. He had no appetite, and his nights were restless. This condition of the system precluded, for the present, all further attempts to dilate the stricture. *Aconite* and *Veratrum vir.* relieved this fever, and in about two weeks it was gone.

April 9. — Not wishing to risk a return of the chill and fever, it was resolved to divide the stricture. Ether was given to produce anæsthesia. After using about a pound and a half of Squibbs' best, in an hour and a half, without other effect than to make him sing and pray and swear, with frequent hiccough and nausea, we abandoned the further exhibition of it, and postponed the operation. The patient afterward acknowledged that he was very fearful of the effects of the ether, and resisted its effects most energetically. Whether this power of the will was the cause of the failure of the anæsthetic, I do not determine, and refer this question to more experienced operators; this, however, is the first case in which I have ever failed to induce a state of insensibility.

April 12. — The patient submitted to the operation very cheerfully, without ether. The perineum was much thickened and very hard,—there were several fistulous openings from the posterior part of the scrotum for two inches towards the anus. The canals were numerous and tortuous. A grooved director was passed into the urethra down to the first stricture, in the membranous part, and the knife thrust through the posterior part of the scrotum, into the groove, and that stricture was divided. This was very firm, and hard as cartilage. The director was then pushed up very nearly an inch towards the bladder, where its further progress was interrupted by another



band. The knife was again passed into the perineal opening in the urethra, with its edge towards the anus. It was carried along the groove of the director until the remaining stricture was divided, and the director passed into the bladder. A number eight silver catheter was then inserted into the bladder and fastened. After careful sponging, the wound was closed. Not more than an ounce of blood was lost.

In about six hours I was requested to see him, as no urine would pass through the catheter. I found the catheter in the bladder. Only a few shreds of coagulated blood would pass, and he was suffering severe pain in the bladder. Withdrawing the catheter, it was found to be plugged with blood. A few coagula following the catheter, forced their way through the urethra. Believing the bladder to be filled with blood, it was deemed best to give it the shortest way out. The stitches were removed, and several ounces of coagulum were pressed out; — but the pain in the bladder showed clearly that that organ was still distended. Remembering the effect of an infusion of *Hydrastis* upon blood contained in the bladder, about a gill was thrown in through the catheter, and in a short time blood passed freely through the catheter, to the amount of nearly a pint.\* This gave the patient ease; and a few doses of *Arnica* procured a comfortable night. The next morning blood was again found in the bladder, which was dissolved and washed out by the same process. From this time there was no more bleeding.

The incision healed by granulation, and the urethra was kept properly open by using a number ten catheter several hours daily, and then by inserting twice daily for half an hour, a number eleven bougie. After the injection of the *Hydrastis* there was no more flow of mucus, which he said had been copious from the time of the formation of the stricture. The canal appears perfect, and the cure seems complete.

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\* In answer to questions following the reading of the paper, Dr. Clark stated that from his experience in this case, and previously, he was led to believe that an infusion of *Hydrastis* actually possessed the power of dissolving coagula in the bladder. If further confirmed, by equally careful observers, this application may sometime prove of great use in like cases of emergency.

J. B. B.

## DISPLACEMENT OF THE LONG HEAD OF THE BICEPS.

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

THIS may not be the correct diagnosis of the following case, but it seems the most probable one to me.

Mr. J. M., well known in Boston as a purveyor of fast horses to its fast inhabitants, was leading four horses behind a wagon, and driving quite rapidly. Just as he approached an overhead railroad bridge, a train thundered over. The horses all suddenly stopped, the driven one wheeling about, and horses, men, and wagon mingled in a pile upon the ground. The driver was a heavy man and probably fell upon Mr. M., who is light but very muscular.

I saw him within an hour. He complained of nothing except the right side of the chest, which had evidently been considerably crushed, but without actual fracture. Under the application of firm compresses and a roller, and the administration of *Arnica*<sup>200</sup>, the chest rapidly recovered.

No other injury could be discovered except some slight bruises.

A day or two after, however, he complained of the left shoulder. There was pain, and some swelling and difficulty of motion. There was no perceptible deformity, and passive motion could be made in every direction, but motions upward and forward were painful. He could move the arm himself freely in every direction except upward and forward.

The swelling disappeared in a few days, and the pain subsided under the application of strong alcohol externally and *Rhus tox.*<sup>200</sup> internally. Since the swelling has gone down a careful comparison of the two shoulders shows rather more prominence over the head of the left humerus than the right. The head of the bone seems slightly advanced from the socket. There is tenderness at this point on pressure, or on bringing the arm up across the chest.

I diagnosed displacement of the long head of the biceps with contusion about the joint, and gave an unfavorable prognosis as to the entire restoration of the motions of the shoulder.

That was the 8th day of May last. The shoulder has been thoroughly inspected several times since, but remains unchanged except a subsidence of the tenderness. He uses the arm freely, in driving and otherwise, but does not like to lift it far from the body, or flex it strongly across the chest.

Diagnosis in this case has to be made chiefly by elimination. It cannot be a complete luxation in any direction. It cannot be a fracture of any sort or location. It is, then, one of three things; viz., a partial dislocation, a rupture of the long head of the biceps, or a displacement of the same. The symptoms exclude any other conclusion except that named above.

Partial dislocation of the humerus, as taught by Sir Astley Cooper, and admitted as possible by some other surgeons, has never been accepted, I think, by the profession at large, nor does it commend itself, it seems to me, to one's common sense.

That the head of the humerus should become tilted up, on the edge of the glenoid cavity, without rupture of the capsule or ligaments, and there remain, does not, to say the least, look very likely. Neither does it seem probable that if force sufficient to rupture the capsule should be applied, it would at the same time remove the head of the bone so slightly from its seat. The latter consideration excludes rupture of the long head of the biceps from this case.

Nothing else then remains capable of producing the slight upward and forward position of the head of the bone, except the displacement of the tendon of the biceps. The impaired motions are accounted for also by this diagnosis although not particularly characteristic of it. How this displacement occurs, in a given case is not always clear; but we may readily conceive how it may occur, with the arm extended and rotated inwardly, the forearm flexed, and the biceps in action. These conditions and others favoring the displacement, may happen with comparative frequency, and it seems therefore likely that this accident has occurred more frequently than has been supposed, or has been recognized.

It may be added that the test of Prof. Dugas, which is very valuable, excludes a dislocation of any sort or degree. It is as follows: *If any dislocation exists, the patient cannot place the*

*hand upon the opposite shoulder and at the same time allow the elbow to be brought closely to the chest.* (Prof. Gross, in his surgery, strangely omits the last part of the test, rendering it no test at all.)

As to the treatment of this accident, it can only be said that the tendon has in some cases returned to its place spontaneously after a longer or shorter time, but has never been artificially reduced, to my knowledge, nor does any method of reduction seem likely to be devised.

This displacement is doubtless likely to occur in many dislocations of the humerus. It is also likely to remain after the reduction of the dislocation, and to cause painful and impaired motion, and a suspicion that the reduction is not completed. On this account it may be well to give a guarded prognosis in such cases.

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## CHEMISTRY AND PHARMACOLOGY.

E. P. COLBY, M.D., EDITOR.

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### FRESENIUS AND HIS LABORATORY.

We transcribe from the *Chemical News* the following article by J. S. Unzicker, M.D., showing the manner in which the study of chemistry is pursued under the tuition of one of the most celebrated of modern instructors.

Dr. R. Fresenius, although fifty-four years of age, is yet in the prime of life, as regards mental and physical activity. Of his great reputation as a chemist, I need not speak; that is well known to all men of science. But as a man also, no one stands higher in the community, nor more respected by all who know him, than he does for his urbanity and universal kindness toward all who may come in contact with him. It is not in chemistry alone that he has built up a great reputation, but he has also rendered great services in natural science, public education, agriculture, and manufacturing. . . . In acknowledgment of this, the government has conferred upon him the title of "Privy-Councillor of Court."

*Laboratory.* This is a private institution assisted by the state, but owned and under the supervision of Dr. Fresenius. It is located on Capel Strasse in Wiesbaden.

The building is one hundred and twenty feet front, overlooking the city, with a fine view of the Taunus mountains in the distance.

The laboratory includes three distinct departments, — qualitative analysis, quantitative analysis, manufacturing.

Students entering the institution commence work in the qualitative laboratory, which is a room twenty-four by forty-five feet, well lighted and accommodating thirty-three students. The room is furnished with a set of Bunsen's filtering pumps, glass-blowers, lamps for fusion, and apparatus for keeping up a constant supply of distilled water. By means of large wooden hoods shut off from the laboratory by glass sashes, all noxious vapors are conducted off. Each student has his work-table, also a closet with lock and key. The course of work consists of the analysis of one hundred different substances of unknown composition. Fresenius visits his students daily, and always expects a detailed account of the work of each; and when a difficulty arises, lays great stress on the importance of every reaction being tried for itself.

The quantitative analysis is conducted in a room twenty-four by forty feet, having tables for nineteen students, and is fitted with all the necessary apparatus like the first. In this, as well as in the former room, two assistants representing Fresenius are constantly occupied. The quantitative assaying room, accommodating six students, is furnished with a cupel and assay, furnaces, etc.

Sulphuretted hydrogen, as a reagent, is employed only in the open air; for which purpose an apparatus yielding a constant supply, and covered by a hood, is convenient to each room. The balance-room, containing nine chemical balances, is situated between the two quantitative rooms and is carefully heated to a constant temperature. The course of work in the quantitative department consists in the analysis of about fifty different minerals; alkalies, ores, paints, dye-stuffs, coal, soap, and manure; fire assays and elementary analysis of sugar, starch, gum; gas analysis, etc. All quick and practical methods for purely technical purposes are here most thoroughly worked out, and students can fit themselves to become at once chemists in all branches of manufacture.

In the manufacturing department, the chemical reagents used in the Institution are made in a state of almost absolute purity by an experienced assistant of Fresenius. In the furnace-room

you will find sand-baths and retorts for the purification of acids, etc.

Here instruction is given in special branches of manufacture, as of aniline colors, crystallized salts, etc. The library room contains a complete selection of all the standard works and journals relating to chemistry and all branches connected therewith, where students can retire for consultation. There are also two lecture rooms; a private test room with analytical balances and other apparatus to prove the correctness of important analysis. Next comes the private laboratory, library, study, and reception-rooms of Fresenius. The best students, after completing their studies, are generally allowed to become private assistants to Fresenius in his own laboratory. Students have to provide themselves with all the small utensils and apparatus necessary, but all large ones are loaned to them by the Institution. The Pharmaceutical Department connected with the Institution is also assisted by the state. The charges are very moderate, being only, for a full laboratory course of one semester, thirty-six dollars and seventy-five cents. There are also lectures on Botany, Zoölogy, Mineralogy, etc., etc., for which a small extra fee is required.

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#### THE PREPARATION OF ANATOMICAL SPECIMENS FOR MICROSCOPIC EXAMINATION.

An article in Vol. 1, of *The Lens*, by Dr. J. J. Woodward, of the United States Army Medical Museum, is so full of valuable information, that we are sure the following notes will be acceptable to many of our readers, particularly to those who make frequent use of the microscope to verify their diagnosis, and who desire to preserve characteristic morbid specimens as records of their practice. We regret that lack of space prevents giving in full the valuable remarks upon the more general use of the microscope by practitioners. The author goes on to say:—

Already a very considerable number of medical men habitually use the microscope for the examination of urinary deposits, various morbid secretions and discharges, or even for the study of the form elements obtained by scraping the cut surface of tumors and of diseased organs. There are, however,

comparatively few who have made themselves acquainted with any convenient methods of obtaining suitable sections of the structures they desire to examine, or of preserving them in a permanent form for subsequent study and comparison. That such sections are indispensable to the right comprehension of the structures examined is admitted on every hand.

*To cut thin sections of organs, and morbid growths, to stain them with carmine, and to mount them, for permanent preservation, in balsam.*

The method may be divided into three stages : —

- a. Hardening the tissues, and cutting thin sections.
- b. Staining the sections.
- c. Mounting the sections in Canada balsam.

To mount any soft animal tissue in Canada balsam so as to show the details of its structure, the water which the tissues contain must first be got rid of. Drying so deforms the structure of the specimens as to greatly impair their value, but it has been found, that by means of alcohol, the soft tissues may be gradually dehydrated without materially deforming the elements, and that sections of tissues thus prepared exhibit the details of their structure, after immersion in Canada balsam, with wonderful beauty and detail.

a. *Hardening the tissues and cutting thin sections.*

A comparatively small portion of the tissue to be examined, say a cube of half to three-quarters of an inch, is dropped into a two-ounce wide-mouthed bottle, and covered with one or two fluid ounces of proof-spirit. After a few days this is poured off, and replaced by the same quantity of stronger alcohol — about seventy-five per cent, — which after a few days is replaced by the same quantity of alcohol of over ninety per cent, — say Atwood's, — and after a few days more this is finally replaced by an equal bulk of absolute alcohol, in which the specimen remains until hard enough to cut thin sections from. The time required to effect this result, varies from a few days to several weeks. The sole object of these several stages is to deprive the tissue of its water *gradually*. The softest tissues, even

jelly-like lymph masses adherent to serous surfaces, can be rendered hard enough to permit thin sections to be prepared, in which the form elements are well displayed, provided the process is conducted with sufficient deliberation, and the principle of gradual dehydration is not disregarded. The alcohol once used need not be wasted, but as it is poured off from the specimens should be emptied into a jar, and after a sufficient quantity has accumulated, it is to be filtered and used for the preservation of ordinary anatomical or pathological pieces.

The selected portion of tissue having been sufficiently hardened, thin sections are next to be prepared. The author does not hesitate to say, that with a good sharp scalpel or razor it is easy to cut, off-hand, sections of great tenuity and of considerable size. Where the fragment is too small to be conveniently held between the thumb and finger, it may be imbedded in some suitable substance. In the German laboratories a mixture of wax and oil is used. At the Army Medical Museum the preference is given to paraffine, as giving better results, with less trouble. A sufficient quantity of paraffine having been melted over a spirit-lamp in a suitable vessel, is poured into a mould made by folding a piece of ordinary writing paper into any convenient form, and the fragment of tissue is held in the middle of the fluid with forceps until the cooling paraffine is sufficiently hard to retain it in place. It is then left to itself until the paraffine is quite cold, when the paper is unfolded, and sections can readily be made by cutting through the paraffine in any desired direction. The sections as made are dropped into alcohol, in which the tissue is readily disengaged from the paraffine by a small forceps. When it is desired to cut sections of considerable size and uniform thinness, a mechanical section-cutter will be required, in which case the paraffine is to be run into the brass cylinder instead of into the paper mould, and the sections cut with a razor, one side of which has been ground flat. In cutting sections, whether with the section-cutter, or off-hand, it will be found advisable to keep the cutting instrument constantly wet with alcohol, to move it deliberately, and usually to give it a slight sawing motion. The sections as made are to be thrown into a watch-glass or capsule full of ordinary alcohol, and are



ready for immediate staining; or they may be transferred to a bottle, and kept in seventy-five to ninety-five per cent alcohol for several days.

b. *Staining the sections.*

Many modes of staining the tissues, intended to render their study more instructive, have been recommended. They all depend upon the fact that different portions of the tissues, being unlike in their chemical composition, exhibit diverse affinities for certain reagents.

The substance most generally useful for this purpose is carmine, which stains the nuclei more readily, intensely, and permanently, than the protoplasm of cells, young protoplasm rather than old, and any protoplasm rather than intercellular substance or matrix. Carmine staining, therefore, is a very valuable agent for exaggerating optical differences which already exist. It renders the identification of these different portions of the soft tissues facile. Thiersch pointed out, in his work on Epithelial Cancer, that the ammoniacal solution of carmine is not stable. When first made, it stains less energetically than after a few days, when certain ill-defined decompositions have commenced in the fluid, but as these progress its staining energy again diminishes. If applied to specimens previously colored by silver, the black markings are promptly dissolved and the preparation is rendered useless. Thiersch advised for certain especial purposes the use of carmine dissolved in a saturated solution of borax; and, with some modifications, this method is probably the most useful of any yet proposed. According to his formula, one part by weight of carmine is dissolved in sixty parts of saturated solution of borax, the fluid mixed with twice its volume of absolute alcohol, filtered, and the filtrate used for staining. It will be found, however, that the greater part of the carmine, crystallizing in some as yet un-studied combination with the borax, remains on the filter. These crystals are to be dissolved to saturation in distilled water, and this solution used for staining, — entirely rejecting the alcoholic solution. This aqueous solution is to be filtered and preserved in well stoppered bottles.

The process of staining is as follows: A small quantity (say half a drachm to a drachm) of the carmine fluid is poured into a watch-glass, and the sections immersed until they are uniformly colored dark-red. This requires from a few seconds to four or five minutes, according to the size and thickness of the piece.

The fully-stained sections are to be well washed in common alcohol. They are then transferred to some acid solution, by which the superfluous carmine is removed from the matrix and protoplasm, leaving the nuclei alone darkly stained. A saturated solution of crystallized oxalic acid in alcohol is recommended by Thiersch. The acid not merely removes the superfluous carmine, but transforms the dark lilac-red of the borax-carmine staining to a brilliant rosy hue. The sections should be removed from the acid as soon as their dark lilac color is changed to a handsome pink, and after being well washed in common alcohol to remove all traces of acid, should again be placed in a bottle containing an ounce or two of absolute alcohol, for the purpose of abstracting from them all the water absorbed during the process of staining. When this is effected, they are ready to be mounted in Canada balsam, or any selected resinous substance.

*c. Mounting the stained sections in Canada Balsam.*

A variety of substances have been employed in mounting the sections, but none give more satisfactory results than Canada balsam. A good sample of Canada balsam can be procured from almost any first-class apothecary; it should be of a light straw-color, as nearly colorless as possible, and a drop boiled on a glass slide for a minute or two should become hard and brittle on drying. An ounce or two of good Canada balsam should be poured into a capsule and carefully evaporated over a spirit lamp, avoiding boiling or burning, until on cooling it becomes perfectly hard and brittle. The solid balsam is to be removed from the capsule and dissolved in benzole or chloroform. At the Army Medical Museum preference is given to benzole as a solvent. The balsam mixture should be kept in a closely-corked bottle to prevent the evaporation of the benzole

or chloroform. It may be used not merely for the soft tissues, but for mounting diatoms, and many other microscopic objects; being always used cold it is less troublesome, and much more uniform in its results than the old way of mounting in pure balsam by means of heat.

To mount the sections in benzole and balsam proceed as follows: A small quantity of benzole is poured in a capsule or watch-glass, a section is lifted out of the bottle of absolute alcohol and laid carefully on the surface of the benzole, where it floats until the alcohol evaporates and is replaced by the benzole; when this operation is complete the section sinks to the bottom of the liquid, and may at once be lifted up by the forceps and spread out in a drop or two of the balsam mixture placed on an ordinary glass slide. The thin glass cover is now laid carefully over it and the mounting is complete. If the section is inclined to wrinkle and lift the thin glass cover, place it under a small weight for a few hours. After the benzole has evaporated and the balsam has become hard, it is customary to paint around the edge of the cover with a varnish of Brunswick black.

In the same journal, Dr. I. N. Danforth says:—

Every physician, however limited his means, is abundantly able to possess a microscope of sufficient power for the satisfactory examination of all morbid growths; and, even if his fingers are all thumbs, he ought to be perfectly capable of making delicate sections, and of permanently preserving them. . . .

Although this enthusiastic declaration may somewhat overstep the facts of the case, nevertheless it is undoubtedly true, that if our physicians in general practice would make more free use of the microscope and familiarize themselves with the necessary manipulations, it would be of inestimable value to themselves; and the pathological specimens carefully prepared for microscopic investigation would prove an invaluable fund of material for the profession generally.

Prof. J. W. S. Arnold recommends as an agent for staining sections, the coloring matter of *Hæmatoxylon Campechianum* — extract of logwood — on the grounds that it is sometimes desirable to stain protoplasm as well as the nucleus, which is not so

thoroughly done by carmine; and again that it is sometimes required to harden the tissues with chromic acid or bichromate of potash, in which case the carmine does not give equally good results.

He uses the logwood in the following manner: The ordinary logwood extract is finely powdered, and about three times its bulk of powdered alum added; the two are well rubbed up and mixed together in a mortar with a small quantity of distilled water; this will require fifteen or twenty minutes. More water may now be poured on, and mixed by rubbing. The solution when filtered should present a clear, somewhat dark violet color. If a dirty red is obtained, more alum is required. By always having an excess of alum and logwood in the mortar a saturated solution can be obtained. After filtration, add one ounce of the logwood fluid to two drachms of seventy-five per cent alcohol. Should a scum arise after standing a few days, add a few drops of alcohol, and refilter.

With a strong solution, such as described above, the staining requires but a few minutes; if a slower tinting is demanded, dilute the fluid with a mixture of one part alcohol to three parts water. By this process the nucleus is colored a most brilliant purple, and the cell-body a distinct neutral tint.

His method of treating new pathological formations differs somewhat from that of Dr. Woodward, and is as follows: The section (previously hardened) is placed for the required time in the logwood fluid, and is then immersed in distilled water, to remove the crystals of alum; from the water the section is transferred to seventy-five per cent alcohol, when, after soaking for ten or fifteen minutes, it is clarified in oil of cloves, and may be mounted immediately in balsam dissolved in chloroform or in dammar varnish. He claims that by this process, no curling-up or distortion occurs, which sometimes follows the use of absolute alcohol, benzole, or turpentine.

NOTE. Markoe's chloroform solution of balsam is a very fine and serviceable preparation, and will save the busy practitioner the trouble of selecting and preparing it himself. It is sold by Messrs J. T. Brown & Co., 292 Washington street, Boston.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, AUGUST, 1873.

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### THE RIGHTS OF MEDICAL SOCIETIES.

THE recent action of the Massachusetts Medical Society has been such as to attract the attention of the public generally, and to provoke the comments of the non-medical press throughout the country. Our worthy cotemporary, the *Boston Medical and Surgical Journal*, is greatly troubled at this. After quoting some parts of a severe and scathing article from the *New York Evening Post*, which we publish elsewhere, it says: —

“ We are surprised to see that the *Advertiser* claims the right of publishing private affairs in defiance of the wishes of those concerned. In an editorial article of June 2d, entitled ‘The Recent Medical Trial,’ we find the following passage: ‘The Society having no conceivable claim on our silence in a matter of so general public interest, it is unnecessary to explain why its wishes were not deferred to!’ It, is, indeed, quite unnecessary, but we think it would be well to explain under what circumstances a family or a society may be allowed to decide as to the privacy of its own affairs.”

This very naturally raises the question how far medical societies are private associations. That many of them are strictly private, no one would question. Thus a medical club for social or professional purposes is just as private as any other club, and its members are bound in honor by its by-laws. So a medical association in which its members voluntarily unite themselves together for any specific purpose, either social, professional, or literary, may make its own by-laws and enforce them; as for instance, the Journal Association, for the use of medical journals, the Medical Benevolent Society, for the aid of its impoverished members, the Society for Medical Improvement, the Gynæcological Society, the Society of Medical Sciences, and the Boston Homœopathic Medical Society. All these and many other societies in the country are strictly private associations; they make their own by-laws according to the wishes of the majority, and enforce them at will. But there is another class of societies entirely different in character, those chartered by the State to which

special powers and privileges are given by public enactment — powers and privileges which are designed for the whole profession. Such a society can claim none of the prerogatives of the privacy of a family or of a club. Established thus primarily by the State and for the public good, it ceases to be a private association, and it can act only in conformity with the powers conferred by its charter. Especially is this the case with the Massachusetts Medical Society, designed to include every educated physician in the State, and with which, more than with any other, the public weal is or should be associated. To the public, such a society is answerable for all its acts, that they shall be conducted with justice and in accordance with the letter and the spirit of its by-laws. These can, of course, only be framed in accordance with the letter and the spirit of its charter; if otherwise, the same power which conferred that charter may revoke it. Such a society cannot conduct its affairs in private. It cannot institute star-chamber trials. The public press and the community have a right to know what its transactions are, — and to discuss them too. And the *Journal* may assure itself that if one, to which the State has given such privileges as to the Massachusetts Medical Society, shall, without just cause, attempt not only to take away those privileges from any of its members, but for a difference of opinion or practice to brand them as dishonorable, secular journals will not be likely to forego their right and fail of their duty to comment upon such acts in unmistakable terms.

↳ The Society itself, in perpetrating an act, which seen through the jaundiced eye of allopathic prejudice may seem all right, but which each advancing year will prove to them is all wrong, invites all the castigation it gets. By this act the Society has forfeited its charter, which the legislature of Massachusetts could at any time revoke. It has lost its character as a State society, and become simply an anti-homœopathic society. Few of its members would now, as formerly, think it any great credit to display its diploma, or add M.M.S.S. to their names. There is an old saying that *Time makes all things even*. And we have no fear but that the acts of bigotry and injustice attempted by the Society against certain of its members will eventually, if it has not already, rebound with the greatest severity upon the Society itself and upon the individual actors in it.

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WHAT IS AN HONORABLE PHYSICIAN?—Among our Saturday despatches was one from Boston containing the decision of a board of trial of the Massachusetts Medical Society in the case of several

physicians who were charged with having violated their right of membership. The board recommend the summary expulsion of seven members for "conduct unbecoming and unworthy an honorable physician, by practising homœopathy." We do not know what the rules of the Massachusetts Medical Society are — and that is of little consequence to the question which this decision seems to open. If the society's constitution excludes homœopaths, that is its own affair only, and we cannot complain if it enforces its rules.

But the question, What constitutes a worthy or an honorable physician? does concern the public, who will be apt to ask by what rule the board of trial of this society assumes to dictate the manner in which diseases may be "honorably" treated. If this judgment is to be law in medicine, why may not the lines be drawn still straighter, demanding a return to the old practice of emetics and starvation? Why not banish cold water, air, and exercise for patients? May we also suggest that it would be well to have a standard measure for doses of medicine, for fear that tender-hearted doctors may treat their patients too homœopathically even in allopathic medicines? While we are about it, let us fix the standard of "honorably" orthodoxy in doses so accurately that no wretch of a physician who has a mind or a theory of his own can endanger the profession for the sake of his patient. Let us establish the fact beyond doubt that a man who may be cured by an heretical or "dishonorable" treatment is not cured, although he may live to the age of Methuselah, and that the man who dies under the schedule treatment, by weight and measure, still lives in spite of natural appearances. — *New York Evening Post*, May 26.

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## CORRESPONDENCE.

PHILADELPHIA, July 20, 1873.

DEAR EDITOR:— Your design of giving our young men an opportunity to learn to criticise, by publishing in the *New England Medical Gazette*, Vol. 8, p. 7, a Layman's opinion against our school, and afterwards a defence of Grauvogl, Vol. 8, p. 201, has now been fully and satisfactorily accomplished by the Layman's reply, Vol. 8, p. 299.

The controversy has reached a climax so that very little has to be said for our thinking young men. The rising youth in our profession never had so good a chance to learn to think, and to criticise a critic. From first to last, the reply is a practical illustration of Schopenhauer's *Eristics*, or collection of *Stratagemata*. It seems as if our Layman had followed the advice given to him in the defence of Grauvogl, p. 203, line 20 to 26, and studied the art of carrying the point, right or wrong, and had now given a series of very ingenious tricks. As there is a translation of Schopenhauer's *Stratagemata* in preparation for the use of our young men, and as all that was wanted was

practical illustrations of our homœopathic controversy, we acknowledge thankfully, and will insert each in its proper place. It is a real stratagem of great skill to take the quoted anecdote of the young doctor declaring homœopathy to be nonsense, and Grauvogl no homœopath, to break off the real point, that he still professed to believe all the mean slanders of his teachers, and finding them not applicable to Grauvogl's doctrines, to declare him no homœopath.

This young doctor was nothing but a moral coward, and declined all discussion because he was unable to see the absurdity of his contradictory remarks.

It is another stratagem to talk first of Helmont's "mystical, fanciful, mediæval speculations," and asserting the same of Grauvogl, to make Helmont now a forerunner of Lavoisier and to say "If the surmise is a false one, so much the worse for Grauvogl," as if the absurd comparison was still a valid one.

He talks repeatedly of what he calls Grauvogl's obscurity of style, and forgets entirely that in all such cases the fault may just as well be in the reader as in the writer. An admirable stratagem he gives his readers, on p 305. He supposes that the rule of homœopathy can be reversed, and says, "The usual statement I believe, is, that what produces a morbid symptom in a healthy individual will remove a similar symptom from a diseased individual. It appears to be allowed to reverse this, and to say that what removes a certain symptom from a diseased person will produce a similar symptom in a healthy one."

Leaving it entirely aside that this is a most shockingly narrow wording of our leading rule, we will only mention its appearance on reversing it.

What would our Layman say if his tailor should bring him his next winter coat, and while holding it up for admiration before his eyes, a philosopher by trade should take it out of the tailor's hands, and turning it inside out, show it to him (the Layman), with the query, "Could you wear this thing and go with it into the street?" We have to thank our Layman even for an entirely new stratagem in his reply. Schopenhauer collected from Aristotle down, all he could discover during forty-two years, and came only to number thirty-six. Now we get a number thirty-seven, which our Layman found by his favorite manner of turning things inside out. It is the more admirable, as Schopenhauer's number thirty-six is surpassed by far. This number thirty-six, "the last of all tricks," as Schopenhauer says, is to be applied if you become aware that the opponent is too much for you, and that you will "come out of the little end of the horn." You must become personal, offensive, rough and rude. You leave the object of the dispute, and attack the person; "we might," says Schopenhauer, "call it the *argumentum ad personam*; in contrast to the *argumentum ad hominem*;" our Layman had the most ingenious and admirable idea in abhorring, as a polite gentleman, this number thirty-six as the rough side of the stocking, so he turned the inside out, and the outside in. Reading in Schopenhauer on the next page, line 3d, from above, "To man there is nothing more pleasing than the gratification of his van-



ity," he introduced as a new stratagem an appeal to vanity. After pouring out a whole bucket-full of assertions against Grauvogl, p. 305, last five lines, and p. 306, first nine lines, which would require just as many pages to prove untrue, he suddenly swings around and overflows with laudatory acknowledgments to the defender of Grauvogl, and thus fills the last page with them. This is really a very notable stratagem; and it shall be mentioned in the *Eristics* of Schopenhauer. All the rest we leave to be answered by Grauvogl himself in the new edition, soon forthcoming, of his hand-book.

C. HERING.

NOTE. With this letter, we close this interesting criticism and defence of Grauvogl in the GAZETTE, satisfied to leave the "summing up" to Grauvogl himself.

GENERAL EDITOR.

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### SYMPTOMS WITH THEIR CONCOMITANTS.

DEAR GAZETTE, — The way in which our provings are sometimes cut up, and scattered about, reminds me of an anecdote of my grandfather, the late Rev. Daniel Smith, who, while on a tour through New England, in his youth, called at a farmhouse for a lunch of bread and milk. The aged matron, intent on hospitality, asked whether he would have his bread "crummed or mumb'ed." Never having heard of it as served in that way, he answered that, if it were all the same to her, he would prefer it "mumb'ed." Think of his consternation when the woman began chewing a loaf into little wads, which were swiftly dropped in the bowl of milk, and presently set before her hungry guest. We have seen provings not only crummed, but literally "mumb'ed." Is n't it about time to protest against this sort of fine-cut? Let us have the symptoms of drugs in their sequence, and then the task of learning their true pathogenesis may be a possible accomplishment.

Dr. A. Triphyllum had a Frondsham watch that needed a little cleaning. He took it to pieces one afternoon, by the open window. The wind blew in big gusts, but he persevered, and brushed and scoured all the little wheels that didn't blow into the neighbor's yard. He remarked, that, after he had put back as many screws and wheels as the case could be made to hold, "there were enough more left to make two additional watches; but that somehow the old thing worked better before it was repaired." *Hæc fabula docet, etc.*

J. HEBER SMITH, M.D.

MELROSE, July 20, 1873.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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## BOSTON HOMŒOPATHIC SOCIETY.

Reported by F. W. Payne, M.D., Secretary.

FEBRUARY 20, 1873. — The paper appointed to be read by Dr. Underwood was deferred, as he has not had time to complete it. He had selected for discussion, the subject of—

SCARLET FEVER. — Dr. Holt, of Chelsea, spoke of a case which he now has under treatment, in which scarlet fever, before it had exhausted itself, was followed by variola.

Dr. Sanders said that some years since he had a case of scarlet fever, followed by measles before the patient had been out of her room. Dr. Sanders asked, if he had understood rightly at a former session of this society, that the effluvia and odor from variola had been entirely arrested and destroyed by the use of *Vaccinine*, administered internally? Several of the gentleman present said they had confirmed this result in a very marked degree, in their own practice.

WHITLOW. — Dr. Whiting reported three cases of whitlow treated with *Sil. 40<sup>m</sup>*, with the best results. They were cured in a week's time; in the course of the first forty-eight or seventy-two hours after commencing the use of the remedy, a slight suppurative point made its appearance over the seat of the pain, which, being punctured, discharged freely; and with that, the diseased action terminated. All of these cases went through a similar course. If the pain was very severe, he allowed his patients to hold their hands in hot water, or to make use of a poultice, which ever was desired, but he considers the former method better. He also said, that anæmia can be arrested more satisfactorily, successfully and speedily by the use of *Nat. sulph.* than by any other remedy.

Dr. E. P. Scales finds that felons can be often aborted if the offending member is repeatedly and hastily dipped into very hot water in which common salt has been dissolved, particularly if the case comes under treatment at its commencement.

Dr. F. W. Payne recently had a case of felon to treat, which had been progressing eight days before he saw it. The parts were much swollen, sensitive and very painful; the pain was much aggravated at night, in bed. He opened the finger freely, gave *Sil.*<sup>200</sup> internally; the pain subsided in a few minutes after the incision was made, the diseased action was immediately arrested, and the patient made a speedy

recovery. Those cases in which an incision alone has been relied upon, usually continued three weeks or more before recovery took place. A case which he had to treat several years since, characterized by very severe pulsative pain, much ameliorated by going into the open air, or a cool room, and again aggravated by coming into the warm room, was speedily and permanently cured by the use of *Nat. sulph.*<sup>3</sup>, internally.

Dr. T. S. Scales said, he cured the case of paronychia, spoken of at a previous meeting, by applying *Merc.*<sup>3</sup> to the parts, after removing the cutis, which was raised from the true skin by the effused serum. This person was consumptive, had had a cough for thirty years. She is now sixty years of age; her cough is no better when her finger is sore, than at any other time.

Dr. Sanders verbally reported a case of congestion, induced by tickling in the throat, with much pain in that region, cured by *Brom.*<sup>500</sup>.

WARTS. — A child, whose hands were completely covered with warts, was entirely cured in ten days, under the use of *Dulc.*<sup>3</sup>; every wart disappeared.

Dr. Whiting reported a case, which presented itself to him for treatment, with many painful warts on the hands; one in particular, on the end of the finger, just under the edge of the finger-nail, was very sensitive and painful. They were entirely cured in two weeks by *Dulc.*<sup>200</sup>.

Dr. Sanders and Holt reported cases of warts on the hands, cured by *Rhus*, and others by *Rhus* and *Thuja*, in alternation.

PRURITUS VULVÆ. Dr. Underwood spoke of a case of nymphomania in a little girl, six years of age, which had recently come under his notice, in which there was as much sexual excitement developed as is possible in an adult. The genitals were enlarged, and the clitoris long. She picks her nose much during the day, but sleeps well at night.

Dr. C. Wesselhoft said, that pruritus vulvæ differs from nymphomania. Cases of the former condition were rather common; the presence of ascarides is frequently an exciting cause.

Dr. Sanders said, the local use of the flowers of sulphur often dissipates the trouble, particularly if caused by worms.

APRIL 3, 1873 — CEREBRO-SPINAL MENINGITIS. — On motion of Dr. Thayer, the subject of Scarlet Fever assigned by continuance for this meeting, was postponed, and that of Cerebro-Spinal Meningitis was taken up.

Dr. Thayer said, he was called to a patient a few days since; a little girl, eleven years of age. She had been sick for four or five days, and had been given up by three allopathic physicians, who had diagnosed her case as one of cerebro-spinal meningitis. He found her comatose; the eyes partly open, pupils contracted and insensible to light; the muscles of the arms contracted spasmodically; hands tremulous; pulse imperceptible in all parts of the body; urine passed involuntarily; face bluish and swollen; opisthotonos; much rattling

of mucus in the chest; death seemed imminent. He gave her *Bell.*<sup>3</sup> internally, and caused her to be wrapped in a cold, wet sheet. In two hours she came out from head to foot with scarlet fever eruption, which staid out all over till she died. the next day. She gradually sank from nervous prostration, probably with effusion into the ventricles of the brain. She died without convulsions. Dr. Thayer said, although many of the cases of brain difficulty prevailing this season are called cerebro-spinal meningitis, yet this one, although so classified, proved to be scarlet fever affecting the brain; and it was only certainly diagnosed after the eruption made its appearance.

Dr. Carruthers reported a case from his practice, which, he said, he did not fully understand; he wanted the opinion of the older members of the Society expressed upon it. A little girl was taken very suddenly, while jumping rope, with a severe, sharp, shooting pain in the head, followed soon by convulsions. He found her with her head bored into the pillow; there was a contraction of the muscles of the nape of the neck, clonic spasms of the muscles of the whole body, and drawing of the muscles of the face; hands and feet, cold; features, sunken and death-like; conjunctiva bluish. Occasionally, one shrill, piercing shriek was uttered. There were alternating cramps in the stomach and chest; when the stomach was affected, the muscles became as tense as a board, and when the spasm was in the chest, the breathing became stertorous, with loud rattling of mucus in the lungs. He gave *Acon.* and *Bell.* in alternation, internally, and applied *Humamelis* tincture on cloths, to the back of the neck, and afterwards gave *Hamamelis* internally. She began to get relief immediately, and almost the first thing she said, was, "I wish God would take me away, the pain in my head is so severe." The next day she called for her doll, and from this time made a speedy recovery.

Dr. Sanders said it would be called meningitis by many.

Dr. C. Wesselhoeft inquired whether bluish, ecchymosed spots showed themselves anywhere upon the body.

Dr. Carruthers said they did not, but on the contrary her body was pale, and became gradually more so towards the feet.

Dr. C. Wesselhoeft had a case last year, of a little boy, who contracted the disease at a certain locality in one of the Western States where cerebro-spinal meningitis was prevailing in consequence of malaria. The parents started for home with the boy as soon as he commenced to show signs of the disease. In four or five days from that time Dr. Wesselhoeft saw him. When first seen the pupils were considerably dilated; there was severe pain in the back of the head and nape of the neck, with rigidity of whole body, which gradually increased, as time went on, to tonic spasms with opisthotonos, — the patient resting on the forehead and heels, the body being curved in the form of a bow. These spells came on every other day regularly, and became very severe and lengthy, after their periodicity was fully established. They did not come at regular times in the day, but he sometimes had one paroxysm only, and at other times more on the same day; each one lasted from three to five hours. He was entirely conscious during these attacks, but very much prostrated after them.

He could not swallow at the time of a spasm ; the muscles of deglutition were spasmodically affected, and entirely beyond his control. The hands were drawn forward, and the fingers clenched. The child was continually moaning ; his body was cold and pale, with blue rims around the eyes ; at other times he was feverish, with full, bounding, and accelerated pulse. Yet he played some with his toys. There were ecchymosed spots over the whole body, about one hundred in number, irregular in form, and about the size of a modern five-cent piece. The characteristic symptom in this case was the aggravation every other day. Several remedies were given, the last of which was *Silicea*<sup>300</sup> ; after taking the first dose of it, he did not have another attack. The pain in the occiput, beginning in the nape of the neck, and extending over the head was found under the proving of all the remedies given, but the peculiar aggravation only under *Silicea*. The patient made a good recovery. All cases of this disease vary in their symptoms, according to the part of the spinal cord, brain or meninges involved.

Dr. Gambell spoke of a case which he saw under allopathic treatment. A girl, who was taken suddenly on a hot day in summer, with intense pain in the head and the nape of the neck. In a short time she was unable to speak ; but when requested would open her mouth for a drink. She died in ten days. A post mortem examination revealed pus in large quantities in the base of the brain and the medulla oblongata.

Dr. C. Wesselhoeft wanted to know whether the general indiscriminate vaccination, during the last year, might not be the cause of so much severe disease this spring ; he thinks it is. Whether the virus is uncontaminated or not, some who have psora must necessarily suffer much from the complication. The "pure" virus, as taken from the healthy heifer, is at best, only effete matter from a loathsome, disgusting disease.

Dr. Thayer spoke of the case of a child to which he was called last night. The attack came on very suddenly ; the first intimation the mother had was, that the child screamed out, with very severe, acute pain in the back and right side of the head. Being very tired, he did not visit the patient, but sent *Sulph.* and *Bell.* ; the *Sulph.* was to be used for two or three hours, but if it was not effectual in removing the pain at the expiration of that time, the *Bell.* was to be given. The *Sulphur* was taken without effect, but *Bell.* relieved very soon. No further trouble ensued.

He knows of an apparently similar case, where *Sulph.* removed the symptoms immediately.

## REVIEWS AND NOTICES OF BOOKS.

ON THE PRESENT STATE OF THERAPEUTICS: with some suggestions for placing it upon a more scientific basis. By JAMES ROGERS, M.D., formerly physician to the British Legation, and to the Abouchoff Hospital at St. Petersburg. London: John Churchill & Sons, 1870. Octavo, pp. 232.

This is a most remarkable book, as it is the first that has appeared, since Hahnemann published his theory of the healing art, which has temperately and candidly examined the theories he advanced, or the later facts adduced in support of them. The author says:—

“At the commencement of my professional career, I was much struck with the reported success of homœopathic treatment. I knew from satisfactory evidence that many remarkable recoveries had taken place under that method; but, like many other physicians who had no faith in the curative action of infinitesimal doses of medicine, I did not believe they could be ascribed to the action of the drug employed. It appeared to me, however, that properly detailed histories of cases, in which homœopathic treatment had been employed, would afford us invaluable information with regard to what could be accomplished in disease by the *vis medicatrix naturee*.”

He then goes on to state that trustworthy reports show the success of homœopathic treatment as compared with the usual or allopathic method, and then seeks to establish the fact that *expectant*, or no-medicine treatment fully equals homœopathic, and excels the “heroic” method. This is done in a spirit of fairness which should command the respect of all of our own school, and might be carefully studied by our allopathic friends.

In the introduction he acknowledges the absence of fixed principles in therapeutics, and gives reasons for it. He then proceeds to examine the principle *Similia Similibus Curantur*, and thinks that while it has been condemned in wholesale terms by thousands of physicians, Jörg is the only one who has fairly grappled with it, and endeavored to prove its falsity by trials of drugs on the healthy system. He quotes the failure of Cinchona to produce intermittent, and Sulphur, itch. But though he seems to think that Jörg’s experiments are quite satisfactory, yet he says:—

“A knowledge of the natural course of disease is of such immense importance to treatment, that every conscientious physician who takes an interest in the improvement of medicine ought to throw aside whatever prejudices he may have formed against homœopathy, and examine calmly and dispassionately the question of the comparative results of expectant and homœopathic treatment, the solution of which will undoubtedly form an epoch in therapeutics; and he may probably find, as I myself have done, that the large proportion of recoveries which take place under homœopathic treatment may be a fact, although the principles of the doctrine are unfounded. I have had

many opportunities for observing what occurs in homœopathic practice, both in hospitals and dispensaries; and what I have there seen explains in a natural and satisfactory manner why homœopaths adhere so firmly to their fallacious opinions. They ascribe the recoveries to the action of their drugs, and thus commit a mistake with which medical men of the old school are sufficiently familiar — *post hoc, propter hoc.*"

The investigations of Dr. Rogers proved with him sufficient to disarm prejudice, which clears the path to knowledge. Let him continue his investigations and he will come out all right. Let his associates examine homœopathy with eyes not wilfully blinded, and we have no fear of the result for our science. In regard to Jörg's demonstrations, we are reminded that not many years ago it was shown by scientific men that steam could not propel a vessel across the broad Atlantic, nor could the electric telegraph span the ocean; but millions of persons have been transported by the one, and all the important events of distant countries are told us daily by the other. Such theoretic demonstrations are of little worth beside constantly recurring facts. Let any physician, who wishes to learn what there is positive in homœopathy, place his patients under strict expectant treatment for one year, and then, for the same length of time, under homœopathic, and we will be quite willing that our system should abide the result.

#### NEW YORK OPHTHALMIC HOSPITAL. ANNUAL REPORT FOR 1872.

THE Twenty-first Annual Report of this institution is a most encouraging document. The past year is characterized as "eight months of shade and four of sunshine." The "shade" was an enormous debt on the splendid building, one of the most complete in proportion to its size, ever erected, and it is scarcely among the small edifices. Such heroic undertakings seldom end in disaster; the "sunshine" came in with a donation of \$100,000 from Mrs. Emma Keep, who, according to the old epitaph, — *quod dedi, habeo*, — thus keeps a magnificent sum. But bold as the undertaking was, it was too cautious for the growing wants and the unanticipated resources; an addition, from want of which they are cramped, is to be erected at once, and the balance at their bankers is more than eighty thousand dollars.

The eventful history of this institution we all know, — how the new science won it from the old faith without an intrigue, without an effort. The event justifies the revolutionary act of 1867. This magnificent year's work — funds, building, and relief of human suffering, could hardly have been thought possible by those who had watched only the first fifteen years of its history. The number of eye-patients was fourteen hundred and one; the ear patients, two hundred and eighty-two; in all, sixteen hundred and eighty-three. There were sixty-seven in-door patients, all the beds being occupied and pre-engaged constantly during the latter part of the year. Of these, thirty-one were cured, thirty-two improved, and four unrelieved. The deaf will be glad to hear that not only is there a rapid increase of aural cases treated annually (67, 92, 154, 181, 282) but also a greater percentage of cures, besides the achievement of some important clinical provings.

Ninety operations were performed. Of these, thirteen were for cataract. In the ninety, there were but four failures.

The hospital is more than a hospital: it is a school where is taught what can nowhere else be learned as well. Here we have didactic lessons as well as clinical, with examinations and diplomas. A grievous omission in many a curriculum is thus supplied.

The year has seen, with other improvements, a considerable change in the organization of staff. The surgeons now are Drs. T. F. Allen, C. T. Liebold, C. A. Bacon, and A. K. Hills; Aural Surgeon, H. C. Houghton, M.D.; Consulting Surgeons, Drs. G. E. Belcher, H. D. Paine, Carroll Dunham, P. P. Wells, and J. Mc E. Wetmore; House surgeon, G. S. Norton, M.D. Their success is ours, and the establishment of this splendid institution makes it all the easier for others to do likewise.

#### A GENERAL SYSTEM OF BOTANY, DESCRIPTIVE AND ANALYTICAL. —

By Emm. Le Maout, M.D., and J. Decaisne; London: Longmans, Green, & Co.; Boston: Lee & Shepard. Pp. 1078, quarto or large octavo.

The study of Botany in America began with Amos Eaton, whose *Manual*, published in 1817, first enabled Americans to determine the name of a flower hitherto unknown to them. This marks our first botanical era. The second began in 1831, with the publication, by the late lamented Torrey, of an American edition of Lindley's *Introduction to the Natural System*, containing a list of the American genera arranged in accordance with it. The structure and properties of each order were given, and the most important plants in each were enumerated. This work gave the first idea of the vegetable kingdom as a whole, and the place which our plants, and the most important of the rest, held in it.

In 1846 Lindley expanded this work into *The Vegetable Kingdom*, a volume of nine hundred and seventy-six pages, with some thousands of figures, and a list of all genera known to him, — 20,806 in number. This enabled us to know something of the structure and properties of every plant that is scientifically named. But the classification is such as botanists refuse to accept; and while many thousand copies of successive English editions have been sold in America, at nearly ten dollars each, it met but imperfectly the wishes of the purchasers.

The appearance of the splendid volume before us, marks a new era in botany. Thanks to Sir Joseph D. Hooker, its orders are those of the only system that prevails or can prevail in our day, — in fact the only system that has even a local predominance. He, too, filled in the few less important orders, that the original authors had omitted. Lindley used three hundred and three orders; this system divides the vegetable kingdom into two hundred and ninety-three. Many of these are divided into sub-orders; and of each of these, the structure and properties are given, and the important plants enumerated.

The most important advance of the new book over Lindley is in the illustrations. No such a collection of these could have been made by all the botanists of the world in 1846. Nothing like them has been



hitherto attempted. There are engravings no larger than a thumb-nail that have the results of weeks, if not of months of labor in them. The engravings alone sum up all that has thus far been learned of the anatomy of plants. The botanists only can judge how far many splendid and costly volumes of botanical plates fall short, when compared with these incomparable engravings which occupy nearly one half the bulk of this immense volume.

The first drawback to the usefulness of this volume is its cost. At the present price of gold, it takes nearly twenty-five dollars to buy it with our paper money. Hence, many who want it most, must go to rich libraries for it. To some it will come as an unexpected and an almost regal gift; and to others its reflected light only will come. Cheaper works will be improved in value because their authors will have consulted this.

But there is one most serious deficiency; it does not enumerate all the known genera, — omits in fact nearly half of them, and these are the least known. Two evils arise from this; when an obscure genus is named to us, of which we have not heard before, this book can give us no idea of it; and it is not a guide, as otherwise it might be, by which to arrange an herbarium. Endlicher, for instance, numbered continuously all the genera he knew, from 1 to 6,895. *Camellia*, for example, is No. 5,425; knowing this we can go at once to its exact place in the herbarium, which is next before *Tea*, No. 6,496. It cannot be, that Sir Joseph and his enterprising publishers will consent that older and inferior shall have such an advantage over their splendid work, to the cost of which it would add so little, but to its value so much.

**TEN YEARS IN ST. GEORGE'S MISSION**, being an account of its origin, progress and works of mercy. By the Rev. C. F. Lowder, M. A., Incumbent of St. Peter's, London Docks, and Supervisor of the Mission. London, 1867.

We refer to this little work of less than two hundred pages, and which, although published several years ago, has but recently and accidentally fallen under our observation, not for the purpose of criticism, or even of giving an account of its general contents; but in order to extract from it a remarkable testimony in favor of the homœopathic treatment of cholera. The testimony it gives is the more important and valuable, from the fact that it is entirely voluntary, and is derived from the experience and observation of intelligent persons whose vocation and field of duty gave them the best means of forming just conclusions, as far, at least, as relates to the cases cited.

The whole account of the mission, whether considered in its religious, social, or sanitary relations, is exceedingly interesting, and as it has proved an extraordinary success from a most unpromising beginning, its careful perusal cannot fail to convey instruction and encouragement to all who are seeking for the best methods of doing good, especially to the poorest, the lowest and the worst of their fellow-men.

Did our space permit, we should be tempted to notice here at least

such departments of the "Mission" as have to do with the care of the sick and suffering poor of the district in which it is situated, the helps for the convalescents, and the work among the degraded, miserable women, who abound in that quarter of London. But if we were to begin an account of them, we fear we should find it difficult to stop till we had gone over the whole, and thus lose sight of the object with which we began this article.

The Mission of St. George's-in-the-East has for its field of labor the most crowded, wretched, wicked and noisome part of London. Its population is mostly connected with the docks, or river; it abounds in sailor boarding houses and dram shops of the lowest sort, dancing and concert rooms and other low places of amusement; brothels swarm in it, and their wretched inmates flaunt their sin and finery openly and unchecked by day and night. Ratcliff Highway, so notorious for deeds of violence, scenes of debauchery and flagrant vice, is mostly in this district. The population, — of some 30,000 souls — is, perhaps, as mixed as any in the world. Sailors and outcasts, thieves and prostitutes, from every country, are among its component parts. This neglected and forsaken district was chosen, in 1857, by two or three clergymen, and as many lay volunteers, as a good place to reform. How they began by making a home for themselves in the very heart of this Sodom, and taking up their abode there; opening, at the same time a room as a chapel, but preaching as often in the open air, and by various methods making themselves friends with their rough neighbors; how, in spite of dangers to life and limb, and through abuse and open assault, the work grew and expanded, and attracted other helpers, male and female; how churches, houses and schools were built; how infirmaries, refuges for the fallen, orphanages, sisterhoods, etc., gradually occupied the ground, are all told with quiet simplicity in the book itself, but upon which we cannot dwell.

In the summer of 1866, the cholera appeared in London, and naturally found its readiest victims in the crowded and poverty stricken district of the Mission. For many weeks it prevailed, carrying death and terror in its train, and taxing to their utmost the energies and resources of the noble-hearted missionaries, who, unflinching, remained at their post, ministering night and day to the physical and spiritual necessities of the stricken inhabitants. We need not repeat the harrowing details of such a pestilence in such a district; nor the expedients which were, on account of the rapid spread of the disease, hastily improvised for the comfort of the sick and the protection of the well.

After mentioning some of the most available measures employed, the writer sorrowfully continues: "It was sad to see how little even this could avail for their recovery; medical remedies, the most assiduous nursing and care, were all baffled by the virulence of the disease; one remedy after another, one system of treatment after another, one theory after another was tried, but without any apparent effect"

A little later, however, he mentions the better results that followed the use of camphor as a preventive, at least. Owing to the inadequacy of proper medical help, and the extreme malignancy of the

attacks, the Sisters in charge of the temporary hospital were obliged to treat many of them as best they could.

“During the prevalence of the disease, a Sister was always in the entrance hall assisted by one or two girls, ready to attend to every call. She had at hand, prepared for immediate use, that most valuable of all preventives, the homœopathic tincture of camphor, of the strength recommended by Dr. Rubini. So efficacious did this prove in numberless cases in checking the first symptoms of diarrhœa, and so great was the confidence felt in it by the poor in general, that probably half the houses in the district applied for it during the alarming season.”

The account concludes with the following summary of therapeutical results:—

“And now, in concluding this chapter, we would say a few words on the sanitary and medical experience which such a trial has brought with it. We may, perhaps, offend the prejudices of some of our readers; but lovers of truth, whether in religious or physical subjects, must be glad to hear the simple results of experience. While, then, we found on all sides that medical science was completely at fault, that system after system was tried without effect, that the ordinary, or allopathic treatment completely failed; in a small sphere, certainly, of experience, yet in a sufficiently encouraging one, we found the homœopathic remedies eminently successful. We should have been very glad to have been able to test them on a larger scale by opening a hospital on that system; but there were too many difficulties in the way to make it practicable, and it was not for the clergy to interfere with the treatment carried out by the regular medical authorities, except under very pressing circumstances. We have already spoken of the value of the tincture of camphor as a preventive; when this was used in time, on the very first symptoms of the attack, it seldom failed to arrest the disease, and of this we had numberless proofs, as there was no difficulty in giving it at once, before the medical man could attend to the case. But even when this failed, or the stomach refused it, and cramps supervened, the homœopathic preparations of *Veratrum* and *Cuprum*, with applications of ice to the spine, and fomentations to the bowels, were found very efficacious. In one of the most violent attacks of cramps on a woman of weak constitution, by no means a favorable case, when the attacks were most frequent, the agony intense, the contortions of the body fearful, and her screams so violent that they disturbed the neighborhood, these remedies had a most remarkable effect in first lessening the frequency and violence, and finally altogether arresting the recurrence of the attacks, while the patient, instead of falling into collapse, as would have been ordinarily expected after such an attack, was gradually restored by *Arsenicum*. A remarkable circumstance in this case was that the patient having been persuaded to take some allopathic medicine about twenty-four hours after the cramps had ceased, suffered a return of them and was obliged to return to the former remedies, which had proved so successful before, and again revived her.”

Other cases are cited, and some very judicious observations on the use of stimulants, dietetic regimen, and other sanitary questions, are added, but for which we have no room.

These results of experience are not without present interest and value, in view of the possible recurrence of the epidemic in our northern cities, and may help to strengthen the confidence of our readers in the efficacy of the generally-recognized remedies of our school, according to the instructions put forth by the authority of the American Institute of Homœopathy in 1866. H. D. P.

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## ITEMS AND EXTRACTS.

**PHOSPHORUS** taken internally, has been supposed to restore the color of the hair and of the iris.

**HELONIN IN DIABETES.** There is hopes of cure of Diabetes mellitus by *Helonin* <sup>1 dec.</sup>

**EXPLORATIONS.** — Dr. G. Simon explores the abdomen by inserting the hand and forearm into the human rectum.

**THE POST-PARTUM BANDAGE** has many strong opponents in the obstetrical society of Edinburgh.

**ENURESIS.** — Dr. Leonardi has cured five cases with chloral, in doses from seven to fifteen grains, sometimes taken as many as five successive evenings.

**GUARANA.** — The tincture of guarana is coming into use in England as a remedy for sick headache.

**SODIC SULPHOVINATE.** — Three or four drachms of this salt in seltzer water or lemonade, is a very palatable remedy for constipation.

**CHLORAL.** — One part of the hydrate, to three of water, is said to make an excellent wash for suppurating wounds and ulcers.

**HEMLOCK BARK.** — The extract of *Pinus Canadensis*, is used for tanning the ulcers of the os uteri, and for similar complaints.

**OBESITY.** — In the cases of two hundred and fourteen stout women, Mr. Kirsch, of Prague, observed menstrual irregularity in two hundred and eight.

**SPIRITUALISM.** — Of the 24,000 lunatics in the United States, Prof. Marvin estimates that 7,500 have lost their reason through spiritualism.

**SPINAL IRRITATION.** — Dr. Anstie maintains that stated healthful occupation would cure many cases of spinal irritation, and prevent many more.

**ANCIENT DENTISTRY.** — Egyptian mummies are found with gold-plugged teeth; and a Peruvian skeleton had artificial teeth held in place by gold wire passed through the cheek.

**PANCREATIC JUICE,** in children of less than three months, does not convert starch into sugar, while the saliva of new-born babes will do it from the first.

**WEEPING SINEW.** — The compression of an elastic bandage of rubber is recommended to promote the absorption of synovial dropsy, bursæ, etc.

**ANOTHER ANÆSTHETIC.** — A volatile compound, prepared by distilling chloride of carbon with a small quantity of alcohol, is proposed, — to be used by inhalation of the vapor.

**OVARIOTOMY IN SPAIN.** — There has never been but one operation in Spain, and that — at Madrid, last February — terminated fatally in fifty-six hours.

**VITALITY OF JEWS.** — It is a settled fact that in Roumania, the deaths exceed the births in the Christian population; but in the Jewish, the case is reversed.

**ARTIFICIAL SHORTENING OF LIMBS.** Prof. Rizzoli, of Bologna, has made his fourth artificial fracture with his ingenious "osteoclast," reducing the sound leg to an equality with a damaged one.

**HOMŒOPATHIC PHARMACY IN ITALY.** — The Parliament has had an animated discussion on the question of allowing homœopathic physicians to dispense their own medicines.

**CÆSAREAN SECTION.** — A woman in England, from whom a seven-months fœtus was removed by hysterotomy in 1866, was, in 1872, delivered of a male child at term, by the aid of the forceps.

**VITALITY IN THE SEXES.** — Dr. J. S. Hough maintains that in animals and even in diœcious plants the female will survive more serious injuries than the "tougher sex."

**MICHIGAN UNIVERSITY.** — The Medical Record quotes to the allopathic professors, in view of the advent of the two homœopaths, Sumner's telegram to Stanton — "Stick!"

**CHRONIC DYSENTERY** has been successfully combated in numerous instances by carefully cleaning ulcers in the rectum and washing them with a strong solution of argentic nitrate.

**LIGATION OF ARTERIES.** — Prof. Verneuil recommends the disuse of the tourniquet and compression, and advises the ligation of arteries, as far as possible, before dividing them.

**TUBERCULOUS FOOD.** — Mons. Colin has satisfied himself that tubercle does not inoculate itself in the digestive parts. He is welcome to all the tubercle that he chooses to eat.

**CARBOLIC ACID IN DYSENTERY.** — Dr Ammeburg has used with success a dilution of one to two hundred of carbolic acid with a little opium, followed in from two to five days by tonic and opium, or catechu.

**RUPTURED UTERUS.** — In a dreadful case in Reading, England, a loop of intestine was mistaken for placenta, brought down into sight, and returned; the placenta was removed, and in forty days the patient had entirely recovered.

**BLANCHED BY FRIGHT.** — Three-fourths of the hairs of a boy who was badly frightened some months ago, have turned perfectly white; the rest remain unchanged. The scalp itself, the face, etc., are as white as snow.

**CUNDURANGO.** — Dr. Edmund Andrews infers from twenty-three cases that "cundurango has no equal in the materia medica in its power to increase the growth of granulations and hasten the cicatrization of ulcers," but that it has shown no effect on the progress of cancerous tumors.

**REMAINS IN A PEAT-BOG.** — The body of a woman was found in a bog in County Antrim, ten feet below the surface. The skin was mostly entire and tanned; but the bones were soft and compressible. In another case scarcely anything but the tanned skin was found.

**POISONOUS FORAGE.** — Forty-three oxen of Lord Dunraven were recently killed in about a week by eating the Water drop-wort, (*Cenanthe crocata*, one of the most virulent of British umbelliferæ, allied to the conium of our pharmacy.

**ANÆSTHETIC MORTALITY.** — Chloroform is supposed to kill one out of every 2,873 that take it; bichloride of methylene, one in 5,000; ether and chloroform mixed, one in 5,588; but ether alone, only one in 23,204.

**TRANSPLANTING THE CORNEA.** — Wm. Powers, of London, thinks that he has succeeded in transplanting a cornea from a rabbit to a human eye; but, most unfortunately, *it became opaque*. Grafts from the mucous membrane of rabbits have succeeded.

**NÆVUS MATERNUS.** — Two nævi were removed from the perineum and abdomen of a babe, by simply painting them and the skin adjoining with equal parts of liquor ferri persulphatis (Monsel's solution), and glycerine.

**GELSEMINUM SEMPERVIRENS.** — This plant has been clinically tried at St. Bartholomew's for tooth-ache and "neuralgia of the jaw," so called, and for other pains, and with good success. See *Lancet* for May, page 731.

**A CHILD'S TRICK.** — Children often run about with a stick projecting from their mouth. A boy of eight in Ireland fell from a bed to the floor with a steel umbrella-rib in this position; it injured the spinal cord, but the child escaped with his life.

**BELLADONNA.** — Dr. Ringer states that this drug prevents sweating by heat or disease. A hypodermic injection of a two-hundredth of a grain of atropine will generally check sweating for a night, without dilatation of the pupils, but with dryness of the fauces.

**ABLATION OF THE UTERUS.** — Sixty-four cases, have been recorded of the removal of an inverted and procident uterus; forty-four of the patients recovered. The removal by ligature requiring about a month has proved the most successful method.

**FIVE HUNDRED MEDICINES.** — It is estimated that civilized man uses five hundred different drugs as remedies for disease. Greater skill in the use of a smaller armamentarium is the want of most practitioners

**RELAPSING FEVER.** — In the blood of the patients, drawn during the fever, filiform bodies are found, apparently endowed with voluntary motion. They are not found in the intervals. Do successive broods of hæmatozoa cause the regular and systematic relapses?

**CHLORAL.** — A correspondent of the *Lancet* (May, 1873, page 789) gives a melancholy case of chloralism, and maintains that "if it is to be kept up constantly it requires increased doses and surely depreciates the mental and bodily tone." A case of delirium tremens from it is recorded, *supra*, p. 754.

**GREGARINES.** — Again the charge is renewed, in the *Sanitarian* of June, that parasites in the chignon are capable of working vast mischief to the scalp and the hair. A correspondent finds in a "rat" made of hair numerous nests of "psorosperms" each capable of establishing a colony of fifty in the hair follicles of the scalp.

**RESUSCITATION.** — Dr. John J. Marshall reports the birth of a child apparently dead; but a slight motion of the heart led to artificial respiration. This was continued an hour before the first breath was drawn, and half an hour longer before the second. It took nearly four hours to establish respiration.

**GELATINE SUPPOSITORIES.** — In cases of obstinate constipation, due to accumulated fæces, Dr. Nagel finds that suppositories made of brown gelatine steeped for twelve hours in water bring about an evacuation of pultaceous fæces in twenty-four hours, if aided by appropriate regimen.

**WARM BATHS FOR PHTHISIS.** — Prof. Lassaque has found the advantage of baths maintained at three (centigrade, five Fahrenheit) degrees below the temperature of the patient. He advises them on alternate days, and from twenty to forty-five minutes in duration. The first trials are attended by a slight degree of oppression lasting for a few minutes.

**DEATH FROM CHLOROFORM.** — In a fatal case of anæsthesia at Broadmow Hospital, Berkshire, England, it was supposed that the bag contained 11,000 cubic inches of atmospheric air when it held but

8,400. Instead of twenty-five minims of chloroform to each 1,000 inches, there were actually thirty-two and three-fourths; hence, possibly, the fatal result.

**LOCAL ANÆSTHESIA.** — This is readily produced by immersion in a very cold liquid. If the liquid be water, much pain is caused, if ether more, and still more if mercury. But the application of alcohol at twenty-three degrees produces no pain, nor that of glycerine. Dr. Horvath, of Kieff, recommends the extinction of pain from extensive superficial burns by cold alcohol.

**AMMONIA AND SNAKE-VENOM.** — The *Lancet* (June 1873, page 900) gives one of the very few strong cases in favor of the use of ammonia to counteract the venom of serpents. Fifteen minims of strong ammonia with as much water were injected into the median cephalic vein of each arm, eight and eleven hours after the bite. From a moribund state the patient recovered. This remedy is pronounced a failure in India.

**SKIMMED MILK FOR DIABETES.** — A patient at Middlesex Hospital, London, who on Dec. 1st, 1872, voided one hundred and two ounces of urine, with four ounces of sugar, was treated for twenty days with opium with no diminution of the sugar. He was then put upon an exclusive diet of skimmed milk. On 18th January, no trace of sugar was found; on the 21st the restrictions on his diet were relaxed, and up to 23rd May no sugar had since been found.

**AN IMPORTANT MEDICAL AND SCIENTIFIC EXPEDITION.** — Dr. M. Mayer Marix, coroner of this county, will shortly leave on an expedition of great interest generally, but which may and no doubt will result in special advantage to our territory. We mentioned some time since that, at the last session of the American Institute of Homœopathy, a national association composed of the most eminent physicians of the homœopathic faith throughout the United States, a committee on climatology had been organized, of which Dr. Marix is chairman. This committee represents the various sections of the Union, having one member each from the north Atlantic coast, the Atlantic coast south of 32° north latitude, the interior lakes, the middle, the north-western and the south-western states, the Pacific coast and the high interior. Of the last section Dr. Marix has specific charge.

The object of the American Institute, in the organization of this committee is to obtain an elaborate and complete report of the climate of the entire United States with special reference to its influence upon the various forms of disease. Thus far no combined effort has ever been made towards the attainment of this important object, and we look forward with more than ordinary interest to the result of the labors of this committee. That Colorado will occupy a prominent position in this report, and that her reputation for healthfulness and her claims to be regarded as the sanitarium of the Union, will be fully established we have no doubt.

Dr. Marix expects to stay several days at various altitudes, but will



make his headquarters at Georgetown, which, in altitude, is about midway between the eastern boundary of Colorado and the highest peaks. The instruments necessary for meteorological observations, such as maximum and minimum thermometers, aneroid barometers, hygrometer, etc., are all of the most approved pattern and models of accuracy, and are now *en route* from the East. As a leading physician, a gentleman of culture, refinement and scientific attainments, we commend Dr. Marix and his mission to the courtesies of the press. — *Denver News*, July 15.

**HOW THE ENGLISH WORKMEN LIVE AT VIENNA.** — The British display at the Great Exhibition appears to have been admirably managed in all respects. In the machinery department, the English portion was the first ready and the first in motion. We find in a Paris journal an interesting account of the arrangements made for the English workmen. By the private munificence of one of the Royal British Commissioners, about sixty workmen have been housed in two buildings of galvanized iron brought from England. Here they are provided with good beds, and in some cases with separate rooms, at the cost of five shillings (\$1.25) a week. Their board costs them eighteen shillings for the same length of time. Each cottage is surrounded by a pretty little garden, where the men grow cabbages, carrots, etc. Near these small buildings, a portable cooking-apparatus, in the shape of an engine, is stationed. This curious machine goes by the name of the "British Workman's Hotel," and serves for boiling and baking meat, steaming vegetables, and making tea or coffee; it is on four wheels, and can be drawn by one horse. By means of this machine one hundred workmen, who for want of room cannot be lodged in the cottages, are provided with breakfast, dinner, and tea, in an adjoining tent, at the rate of 2s. 6d. (62 cents) a day. There is also a laundry, fitted up with patent apparatus for washing, boiling, rinsing, bluing, wringing, and drying the clothes. One small fire supplies all the hot water, dries the clothes, and heats the smoothing and polishing irons for finishing the linen — *Boston Journal of Chemistry*.

**A NEW SPECTROSCOPE.** — A spectroscope without a collimeter or telescope, and consisting in fact of nothing but a simple prism, will probably be somewhat of a curiosity to most chemists and physicists. Such a one is described by Prof. A. K. Eaton, in the July number of *Van Nostrand's Engineering Magazine*.

The professor found if he allowed the light from any source to fall upon the face of a prism, as nearly parallel to that face as he could without its being totally reflected, that upon placing the eye in the proper position on the other side of the prism, he obtained a pure spectrum. This is owing to the fact that the limiting angle of each color is different from the color immediately preceding or following it. On repeating the experiment with a small prism of 60° made from dense glass, we found no difficulty in detecting sodium, calcium, lithium, and potassium, in a mixture of these elements. A very simple way of performing the experiment is as follows: —

A prism of flint glass, which has a refracting angle of about 60°,

and which is most conveniently about an inch square on each face, is put before the eye in such a manner that one of the faces (the unpolished one, if but two are polished) is placed against the bridge of the nose. A Bunsen burner, in the flame of which the substance to be examined is placed, is put about two or three feet from the shoulder of the observer in such a manner that the light from it cannot be seen without slightly turning the head.

If the prism is applied to the right eye, the lamp must be on the left side. A little adjustment of the position of the eye will now enable the operator to get a distinct view of the light through the prism; then, without changing the relative position of the eye and the prism the head must be turned until the lines almost disappear, when it will be found that they become quite sharp and distinct.

Of course no one with a good spectroscope at command will use this method, but we think it will be found very convenient in many cases when such an instrument is not to be had, and as an optical experiment it is very interesting and instructive. — *Boston Journal of Chemistry*.

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## PERSONAL.

CARROLL DUNHAM, M.D., is spending the summer in Switzerland. Our readers will be glad to know that his health is improving,

WM. P. WESSELHOEFT, M.D., and wife, are passing the summer abroad.

HENRY M. SMITH, M.D., of New York, is also spending a short time in Europe.

D. H. BECKWITH, M.D., and family, have been travelling in Europe the past year. They have just returned in good health and spirits.

LOCATED. — HENRY WATERS, M.D., graduate of N. Y. Homœopathic Medical College, class of 1873, at Stockton, Me.

C. A. LIBBY, M.D., also a graduate of the same college the present year, at Arlington, Mass.

REMOVALS. — W. W. SMITH, M.D., from Aschockton, O., to Leechburg, Pa.

N. R. CHACE, M.D., from Providence to Newport, R. I.

MARRIED. — A. L. MARCY, M.D., of Bridgeport, Conn., to Annie M. Currie, of Evanstown, Ill., at the latter place, June 4th, 1873.

DIED. — JOHN DAVIES, M.D., in Chicago, March 23th, 1873.

JOHN HARLAN, M.D., in Wilmington, Del., June 18th, 1873.

JOHN YOULIN, father of Dr. J. J. Youlin, of Jersey City, in Monmouth County, N. J., June 8th, 1873, aged 86 years.

ESTHER KENT SMEDLEY, wife of Dr. R. C. Smedley, of West Chester, Pa., May 13th, 1873.

JOSIAH TALBOT, father of Dr. I. T. Talbot, in Norwood, Mass., July 26th, 1873, aged eighty-eight years.

Mrs. MYRA W. DAKE, wife of Dr. William C. Dake, at Nashville, Tenn., June 13th, 1873. Mrs. Dake was the daughter of Richard Wiggin, Esq., of Alleghany County, Pa. She had been married but three months, and her sudden death leaves a sad void in the family circle and community of which she had so soon made herself an essential part.

THE  
**New England Medical Gazette.**

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[VOL. VIII.

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**MATÉRIA MEDICA.**

J. HEBER SMITH, M.D., EDITOR.

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**ON THE MENTAL SYMPTOMS OF DRUGS.**

BY J. HEBER SMITH, M.D., MELROSE, MASS.

WE have been objects of derision to allopathists on account of the prominence given by us to the mental characteristics of drugs. And perhaps not without some occasion, as we feel ready to acknowledge, after an impartial survey of the store of so-called moral symptoms in our literature, too many of which are either trivial, or clothed in language too obscure for the formation of a just conception of the prover's condition, as modified by drugs, and by the accidents of birth, hereditary transmission of mental peculiarities, and environment. And yet the student of our materia medica will often find nuggets of gold in this mine, opened so well by the early provers, but more especially by Hahnemann. He taught us the useful lesson of closely observing the effects of drugs on that in man which thinks, wills, and feels. But let any one make the mental symptoms, as now recorded, the subject of a day's close reading, as it has been my self-imposed task to do, and he will feel like one who has been long groping in a labyrinth, where groans and laughter mingle, from those who, on the one hand, have found nervinia or fantasia, and on the other, sit in gloom, the victims of terror, rage, malice, jealousy, and all the evil passions that can rend the soul. Lost in the windings of this maze, is there no golden thread that can lead us to the light?

In the study of these records we are often impressed with the seeming identity of dissimilar drugs, on account of the imperfections of the language, frequently also of the translation. While the science of language shows us the formation of, as it were, new mental ganglia in the formation of every new word, it will be seen how important it is to look beneath the language in which mental symptoms are couched for the interior state, or what the Greeks called the inward Logos. The whole network of the nerves is outside the mind. The parallelism between nervous states and states of consciousness is, when we come to details, beyond all comprehension. We can hence see how impossible are absolutely correct representations in language, which is literally outside of the mind, of states of internal consciousness, whether morbid or healthy. The secret of the power possessed by drugs to alter the internal consciousness lies in the alterations which they are capable of effecting in the great nervous centres, which should be studied as the mechanism of the soul. We cannot but deprecate the evolutionary materialism, which everywhere seeks to explain life as only a mode of chemical action, and thought as solely a movement of nervous molecules.

Beyond the obscurity of express on there is also, in our materia medica, a want of a physiological nexus which shall enable the student to comprehend the true pathogenesis of a drug by its effects on the sensorium. Were this chain of consistency, between mental symptoms and those produced upon the periphery, made more clearly visible, there would be increased respect for our provings, and the memory would receive an efficient aid. I purpose showing that there are such connecting links between the mental symptoms of a drug and its general symptoms, and that in the development of a true physiology there stands yet another pillar of support for our great principle of the similars.

Whether the appropriate and peculiar seat of the soul is in the brain or not, we are aware that this part of the organism is connected in a very intimate degree with the exercise of perception and volition. And we know that the functions of the mind depend on the proper supply of the sanguineous fluid to

the brain. This viscus is supposed to receive immediately from the heart about one tenth of the blood, while it is in weight only about one fortieth of the whole body. It is to be considered, then, that the effects which are wrought upon the mind by noxious agents are caused by an intermediate influence on the blood. Also any considerable acceleration of the blood's motion, or increase of its volume, sensibly affects the cerebral substance. Boerhaave long ago found that in sleep the brain occupies less space than in the vigilant condition. The states of quietude, sleep, coma, paralysis, and rigid tonic spasm are degrees of a condition influenced to exist under attraction of the nervous particles of this organ; while, on the other hand, by repulsion of these particles, are produced degrees of another class of phenomena, known as vigilance, restlessness, agitation, and clonic spasm. In health there is no extreme of attraction or repulsion. But if the health be disturbed by some poisonous drug, we discover that the usual balance between the attractive and repulsive forces is lost; the brain and nerves influence the due balance in the arterial and venous systems. With arterial fullness, there is irritability and inflammation; with venous fullness there is congestion. The degrees of variety in nervous and mental phenomena, dependent on these opposite states of the arterial and venous systems, are innumerable, and, whether nervous or psychological, fall particularly, as subjects of inquiry, in the province of the student of homœopathic medicine. The satisfactory solution of many problems suggested by our investigations of drug action can, perhaps, be better arrived at by arranging many of the gradations of facts belonging to the nervous system under a scale, of which the extremes are the deep tonic and the deep clonic spasms. Between these extremes fall the manifold aberrations of mental activity, and perversions of consciousness, resting on a physiological nexus, consistent and harmonious. The most devoted psychologist need have no fear of drifting into materialism, by admitting the now well-established principle, that physical antecedents excite those states of consciousness which we call sensations, and the pleasure and pain associated with them. Nor should such an one be unwilling to admit,

that as sensational consciousness can be excited by physical antecedents, so may equally ideational and emotional. There is psychological as well as physiological evidence that the excitement of the ideational consciousness is the result of a series of physical changes taking place in the cerebrum: hence we have the suggestion of one idea by another through a chain of association, some links of which lie outside the sphere of consciousness. Finally, it is evident from the study of the action of drugs in the human system, that physical antecedents may produce moral pleasure and pain, as well as sensorial pleasure and pain.

Having now prepared the ground for a critical analysis of our drugs, with especial reference to a clear understanding of their mental symptoms, I will endeavor to illustrate the way in which they should be studied, by a few examples.

The provers of *Nux moschata* experienced sudden vanishing of thoughts, or, as one expresses himself, "Sudden disappearance of ideas, — while writing, even before the idea is half written down, he forgets what he was intending to communicate. The lost thought is called back after a time with great difficulty." This condition is but a lesser degree of that curious affection termed hysteric coma, which consists in the sudden supervention of complete insensibility, and the equally sudden and complete return of conscious intelligence, without any other indication of brain disorder. The insensibility may come on while the patient is talking, so as to interrupt the utterance of a sentence. With our present improved knowledge of the action of the vaso-motor system of nerves in producing local contractions of the arteries, and of its liability to be influenced by the mingling of foreign, physical substances with the blood, we can scarcely doubt that this form of thought-hiatus, as well in the prover of *Nux moschata*, as in the subject of hysteric coma, originates in a temporary disturbance of the circulation through contraction of the cerebral blood-vessels. This view is confirmed by a further examination of the symptoms recorded of the drug now under consideration. In addition to vanishing of thought, it produces reeling, violent vertigo, with gradual rigidity and insensibility, also unusual drowsiness and

a very marked tendency to faint. How beautifully consistent appear now these gradations of conditions belonging to the side of the deep tonic spasm, having their origin in the increased power of attraction of the nervous particles of the brain, as an effect of the drug, with insufficient supply of blood: vanishing of thought, vertigo, followed by drowsiness, fainting, insensibility, *rigidity*, and lastly, should the proving be followed to a hazardous length, the extreme type of this condition of the brain, deep tonic spasms. Following the rigidity has also been recorded paralysis, as one of the legitimate members of this physiological group. Verily the fathers in homœopathy built wisely! Let us beware of rejecting their work, lest the very key-stone to our arch of triumph be thrown among the rubbish.

Through the action of *Nux moschata* on the vaso-motor system of nerves, it contracts not only the cerebral blood-vessels, but also those of the periphery. Hence we have the other well-known characteristics of this drug: chilliness, with unusual sensitiveness to cold and dampness, with general pallor. From this lessening of the capillary calibre at the surface, we are led to expect, as a matter of course, that the drug is capable of producing portal and thoracic engorgement. That it does occasion this condition pre-eminently, the following symptoms from the records witness: "Heaviness in the region of the liver; swelling of the liver; fullness of the stomach, with oppressed breathing; sensation of constriction of the chest; fullness, and sensation of a heavy weight pressing on the chest." As a resultant of this engorgement, of the abdominal organs more especially, we find what we should expect with the certainty of a mathematical demonstration, — "depression of spirits and hypochondriacal mood."

I knew a young man in the habit of eating considerable quantities of this drug. In consequence, he was afflicted not only with several of the foregoing symptoms, but also with a periodic, intense pain in the anterior, lateral lobes of the brain, apparently from venous congestion. With these headaches there was an insane mirthfulness, like hysteria. Without reference to the pseudo science of phrenology, it is probable from many facts before us, that in this portion of the cerebrum lie

the nervous ganglia whose peculiar function it is to receive and retain impressions of mirth. Among the recorded symptoms of *Nux moschata* are: "Pulsating, pressing pain on a small spot over the left eye; violent sensation in the forehead as if it would be pushed out. Excessive disposition to laugh, everything appears to him ludicrous; ludicrous ideas crowd upon his mind all the time." It is in the open air, more usually, that this occurs; on entering the room the blood leaves the over-charged cerebral vessels, and in turn he becomes drowsy and faint.

There is a drug that has doubtless suggested itself already to many of my readers, which, in respect to its action on the vaso-motor system of nerves, is the opposite of the one we have been considering. *Glonoine* enlarges the calibre of all the blood-vessels, producing erethism, and pulsating even to the finger-tips, and a peculiar sensation of warmth through the whole body. The free exercise of thought depends, as we have seen, on the stimulus of arterial blood, in due quantity and purity. This drug, which is capable of so intensifying the cerebral circulation by dilatation of the blood vessels, has, of course, quite different mental symptoms from those of *Nux moschata*. The provers of *Glonoine* who so limited the dose as to escape its intense, congestive headache with *fear of death*, and not without cause, experienced rather agreeable mental conditions, as though stimulated with pure oxygen. They felt "unusually bright and loquacious, with great flow of ideas."

Moreover, drugs should be studied in relation to their power to effect alterations not only in the circulation, but also in the very quality of the blood itself. These deep, silent streams that course their mysterious way, independent of gravity, at once the nourishers and depurators of the spirit's temple, — who can measure the loss to the mind that follows any alteration in their crimson currents?

Drugs that impoverish the blood have mental symptoms analogous to those that accompany starvation, as is the case with *Arsenicum*. This drug causes anguish, restlessness, despair, spectres, madness, and — more characteristic than all — suspiciousness, which is one of the most striking psychical results



of mal-nutrition. To this group belong *Calcareæ carb.* and *Natrum mur.*, together with many others having the symptoms, fear of impending danger or calamities, despairing mood, difficult thinking, etc. But the possible advantages to be derived from studying the remedies in groups of this kind can never compensate for the neglect of learning them singly. We cannot cast up a royal highway to a thorough knowledge of the materia medica, nor are the secrets of nature to be read running.

Delirium is excited by drugs which act especially on the tract whence originate the nerves of respiration. Through their paralyzing effect on these nerves, the escape of carbonic acid gas from the lungs is retarded, the face becomes dark-red, bloated, with symptoms of venous congestion, and there is a legion of delirious fancies and hallucinations, closely simulating asphyxia by drowning or strangulation. To this class of drugs, among others, belong some members of the Solanaceæ, as *Belladonna*, *Hyoscyamus*, and *Stramonium*. That these agents act as above stated on the base of the brain, and the tract whence originate the respiratory nerves, is shown by their well-known effects on the sexual organs: asphyxia by hanging is not more certain to cause erection and ejaculation of semen, than are over-doses of these drugs. I need only recall the action of *Cannabis indica* in producing satyriasis, and violent erections, with seminal emissions while riding, walking, or sitting still, even without amorous thoughts. That the retention of carbonic acid gas in the cerebral circulation is capable of temporarily stimulating the action of the nervous ganglia, is shown in the familiar effects of asphyxia by submersion on the memory. Events which had faded from recollection loom into mental view in ghastly distinctness; the moments seem years. So great indeed is the extraordinary exaltation of the automatic action of the brain, manifesting itself in the rapidity and intensity of the current of thought, that drowning becomes, before the final, terrific spasms of the heart, a positive luxury.

The similarity between narcotic poisoning and asphyxia has been the subject of comment by different writers, among whom may be mentioned Sir Benjamin Brodie and Dr. Carpenter. It is strange that no more use of the discovery has been hitherto

made by our physicians, in facilitating an understanding of the mental symptoms of these drugs. For the purpose of throwing still more light on this interesting subject, let us select from this group of drugs some one for particular study; *Cannabis indica* will serve our purpose well. The symptoms recorded of this fascinating narcotic, whether obtained in the privacy of the physician's retreat, in the artist's studio, or in some Oriental café through the intoxicating fumes of the narghélé, have, in their tropic profusion, served rather to bewilder than to inform the practical student as to its true mental pathogenesis.

As in asphyxia, one of the first effects of *Cannabis indica* is a sensation of constriction across the forehead, as though a cord were tightly drawn around the head. Then follows a wavering of vision, as though the pupils were dilating. Suddenly the constriction, and the disturbance of vision cease, and a sense of expansion of all the powers, physical and mental, succeeds. Every sense, every nerve, every muscle, seems endowed with a new and more subtile life and power. A sense of illimitable development possesses the whole being. Objects recede as though viewed through a reversed opera-glass. The very walls expand. It gradually weakens the power of volitionally controlling and directing the current of thought, the possession of which characterizes the sound mind. The mind is turned by every wind. It has a tendency to exaggerate everything, and the slightest impulse carries it along; time seems ages, moments hours, and a short space miles. The sense of hearing becomes equally exaggerated.

The celebrated artist, M. Gaultier, describes himself as hearing sounds from colors, which produced undulations that were perfectly distinct to him. "The slightest deep sound produces the effect of rolling thunder; his own voice sounded so tremendous that he did not dare to speak, out of fear of throwing down the walls, or of himself bursting like a bomb." "Fixed idea that he was dead, thinking however that only his body was defunct, his soul having quitted it." Do not all these symptoms indeed read like the narrative of a resuscitated victim of asphyxia? These modifications of the normal form of mental activity are clearly referable to the perversion of the

usual action of the blood upon the brain, from the retention of carbonic acid gas, the proper expulsion of which was prevented by the introduction of a new and paralyzing physical agent into the circulation. I might continue the analogy further, but will add only the following symptoms of this drug, the striking pertinency of which cannot be overlooked: vertigo on rising, with a stunning pain in the back part of the head, he falls; heavy, insurmountable pressure on the brain, forcing him to stoop; sensation as if the calvarium were lifted, followed by terrible pressure on the top of the head; uncontrollable laughter till the face becomes purple.

Again, drugs are capable of affecting the sensorium through their electro-positive or electro-negative states. This action may be dependent on their ability to disturb the polarity of the blood-corpuscles. There are sensitives who vividly experience the influence of crystals; large magnets affect them distinctly at the distance of several feet. That greatest of observers, Göthe, represents the sweet Ottilie as so sensitive to the influence of crystals and minerals, that crossing the path under which lay a mine occasioned her a distressing pain in the right side of the brain. The right side of the body is known to be electro-positive, and the left electro-negative. Is not this, at least, suggestive of an explanation of the one-sided action of many important drugs? I have seen a sensitive who, in her last illness, was sick only on the right side; even the tongue was heavily coated on that side to the exact median line. May not the subtle laws of vital chemistry, in their final aberrations, have undermined the frail dwelling which, one side having toppled, fell thus to the mother earth? That many perverted sensorial functions are due to disturbed electrical states is certain. Animal life and animal magnetism,—who can separate their eternal embrace, or fathom the laws that sway the microcosm called man?

Over all sits the soul, the bosom's lord, receiving momentarily lessons through the thousand avenues of the bodily senses, until it becomes a true unity, released from every bond and all concrete alloy, a force clear and conscious of its relations with the infinity of like unities, which draw near to it by thought

and love. Until that unity becomes released from its prison of flesh, needing no longer bodily organs to effect its purpose, and soars in the ideal ether, it must ever continue to sit like a solitary hermit within its little cave, the sport of every change in the vital currents, and dependent on the uncertain forces of social aggregation for its nourishment. Who shall weigh the soul, that bright, celestial monad, or set bounds to its aberrations? Into that sum what perturbations enter, what disturbing factors! To grasp with understanding the mental pathogenesis of drugs, the physician should be versed in vital chemistry, mental philosophy, and the science of sociology. The mental symptoms will yet be viewed as of the first importance in selecting the curative remedy. Disease lying latent in the solids is suspicious; in the fluids, it is quick and threatening; in the gases, death comes apace; but when it invades the subtle essence of the mind, he is the good physician who can discern its spirit, and say: "Come forth, and see that thou enter not in again."

The time has come for us to answer the reproachful question of Macbeth:—

"Canst thou not minister to a mind diseased;  
Pluck from the memory a rooted sorrow;  
Raze out the written troubles of the brain;  
And, with some sweet oblivious antidote,  
Cleanse the stuff'd bosom of that perilous stuff,  
Which weighs upon the heart?"

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### BELLADONNA POISONING.

BY G. P. JEFFERDS, M. D., BANGOR, ME.

Oct. 19, 1869. — Mr. J. M. D. had been sick eight weeks, under the charge of two allopathic physicians, who had faithfully watched the case, and administered remedies until convinced that he was beyond medical aid. They had accordingly announced to him and his friends that he would probably live but a few hours, or days at most. He sent for me, hoping, as he said, that I could give some medicine that his stomach might retain, and so relieve him of some distressing symptoms during the short time he had to live. He had no expectation of re-

covery, and had already arranged his business affairs, and even given directions relating to his funeral.

Having heard during the day that he was not expected to live from hour to hour, I felt reluctant to respond to a call that seemed to be the result only of some undue outside influence. But as the messenger assured me that it was the wish of the patient himself, and of his mother, I consented to call. On entering the sick-room I was at once impressed by the appearance of the patient, with the idea that his condition was not that of any natural disease.

The patient was lying upon his back, with several attendants holding up the bed-clothes, as he could not endure their weight. His eyes were sparkling, and the pupils dilated. The least motion of the head threw him into a kind of swoon; he had at times severe neuralgic pains in the head; leaving the head these pains would attack the abdomen or the limbs. He had excessive nausea with frequent paroxysms of retching and vomiting.

It was only by the lightest manipulation that I was enabled to examine the abdomen and chest, so sensitive was he to the slightest contact. On exposing the chest to view, I discovered a dark hue of the skin. I inquired the cause, and was informed that a belladonna plaster had been applied several times during his sickness. At once the mystery of his condition was apparent. I ordered light compresses wet with tepid water to be applied to the abdomen and chest, and prescribed *Veratrum alb.*, a few doses of which controlled the nausea.

By further inquiry, I learned that, during the most of the past eight weeks, the patient had been unable to sleep before two o'clock in the morning, and then slept but two or three hours, on account of the neuralgia. Medicines abundant both in quantity and variety had been given, but all were of no avail, except to increase the nervousness, nausea, and disgust for everything put into the stomach, and to diminish the general strength. I then prescribed *Hyos.*, to be taken as an antidote to the belladonna, hoping it might induce an earlier sleep.

Oct. 20. — I called in the morning and found that he fell asleep before midnight and had a good night's rest. He had no return of nausea. And now the question of diet arose. For

weeks past he had eaten less and less daily, until nothing but milk punch was used, and even the thought of that nauseated him. Indeed he loathed the taste or smell of any kind of liquor, as he had tried so many during his sickness. He was allowed to sip, every two hours, some water with a very little brandy in it, and to take three times daily a few drops of beef-juice.

At 9 P. M. I called again and found him asleep; it was an unprecedented thing for him to sleep so early in the night. The nurse reported that he had passed a comfortable day and I left without awakening him.

At 10.30 P. M. I was called to visit him as quickly as possible, for he was said to be in a condition similar to that of the day before. Hastening to his bedside, I found him with cold extremities, of livid color, somewhat convulsed, his jaw set, his pupils dilated, and severe neuralgic pains in the head. I ordered bottles of hot water to be applied immediately to his feet and hands. As soon as the mouth could be opened sufficiently I gave *Hyos*. It was given dry on the tongue on account of the spasm of the throat which prevented swallowing liquids. Very soon the circulation was restored; the nervous system was quiet in the course of an hour. As he had been assured by his former medical attendants, on rallying from his last attack, that he could not survive another, he had not the least expectation of recovery. Several of his most intimate friends were present to perform their last acts of regard for him, as they thought. I never was more convinced that he was a victim of drug-disease, and felt confident of the resources of homœopathy. Wishing to watch the case, I dismissed all of the attendants and took sole charge of him the rest of the night. He feared to go to sleep, lest he might fall into the same state again, but I assured him that I would be able to prevent the recurrence of such symptoms. Confiding in this assurance, he soon dropped quietly asleep. He rested well; occasionally, when he awaked, I would give him a sip of brandy and water.

In the morning he was decidedly better. That day he continued taking the diluted brandy and more of the beef-juice. After that day the brandy was discontinued. The food was gradually increased. He slowly improved in strength day by

day, so that in a few weeks he was out again attending to his business. During his recovery he was occasionally attacked with neuralgia, which yielded readily to *Bell.*<sup>200</sup>. During the last two years he has been sick two or three times, and the most prominent symptoms have been controlled by *Bell.*<sup>200</sup>.

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## CLINICAL PROVING OF TITANIUM.

BY E. CLARK, M.D., PORTLAND, ME.

*Read before the Maine Homœopathic Medical Society.*

TITANIUM was discovered by Gregor, in 1791. Wollaston's experiments, in 1822, made us better acquainted with it. This rare metal is found chiefly at the bottom of large smelting furnaces in iron works. It is seen in deep-red copper-color cubes, hard enough to scratch glass, and of a very brilliant metallic lustre.

Dr. Sharp, of England, had a centesimal trituration prepared, and with it made a proving which he communicated to Sir Benjamin Brodie (see *British Journal of Homœopathy*, Jan. 1862, p. 98). He says, after two grains once a day, for a week, I became greatly disordered, and felt and looked wretchedly ill. He sums up its action thus: It brings on nausea, loss of appetite, and a feeling of discomfort; it produces giddiness, a desire to keep the eyes closed, and imperfect vision, — the peculiarity being that half an object only could be seen at once; and lastly, such a derangement of the sanguineous system, that the proving could not without danger be carried further.

The study of the following case, in which it was the true simillimum, will show its sphere of action: —

The patient, a married lady of about forty, living in one of the northern towns in New Hampshire, was treated wholly by letter, her case being reported to me by her husband, from a copious daily record which was kept.

Nov. 29, 1872. — The first letter states that she is very constive. She passes nothing from the bowels without injections, and then very scanty and hard fæces. She dare not take cathartics, on account of the inflamed state of the stomach. She

has paroxysms of excessively severe pain and distress, mostly in her right side and back, relieved only by vomiting, — which strains her very much. These attacks are from two days to a week apart. She is comparatively easy in the intervals. The matter ejected is mostly mucus and undigested food, and, at times, black matter like coffee-grounds. She eats but little, for fear of this distress. She is very weak and emaciated. During these paroxysms of distress, the bowels swell and are hard; much fetid gas passes from the stomach; there is a great deal of "foaming in the stomach." I diagnosed the round ulcer of the stomach, and gave her *Atropine*<sup>2dec.</sup> for the pains, and *Carb. veg.*<sup>30</sup> to be taken once in four hours.

Dec. 5. — The husband writes: "I judge you are not aware of the reduced state of my wife. She is exceedingly emaciated and very weak; the bowels are much distended, and the fæces very dark. There is much soreness of the stomach and back, frequent vomiting of dark-grayish matter mixed with mucus. The breath is offensive; there is thirst, but no appetite; chills precede the spells of distress and vomiting; she has night sweats and a soreness of the right side." I prescribed *Arsen.*, which gave some relief.

Dec. 9. — The same catalogue of symptoms is repeated, with some relief. The report adds, "the urine is thick and acrid; it deposits a whitish matter; she vomits less frequently, but more in the night; she has more distress in the stomach and back, and says that she cannot eat anything." Gave *Hydrastis* occasionally.

Dec. 18. — The report says that the sharp pains in the pit of the stomach continue, also the vomiting which is relieved by the *Arsenicum*. A repetition of the aforementioned symptoms follows. *China*<sup>6</sup> was prescribed.

Dec. 29. — Again the report is unsatisfactory. The same symptoms recurred, at irregular intervals of time, with great severity, and the case appeared nearly hopeless. I prescribed *Titanium*<sup>2</sup>, one grain of the powder to be taken three times a day.

From this time the improvement of the case was rapid and uninterrupted. There was no more nausea nor vomiting; the



bowels gradually became regular, the sleep refreshing, and the appetite good. In March, 1873, she visited Portland, in very good health.

Titanium is clearly entitled to the place of honor, in the case of this severe and interesting case, — one of ulceration of the stomach, and blood degeneration, as I regard it.

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### CLINICAL PROVING OF SULPHUR.

BY R. R. WILLIAMS, M. D., VASSALBORO', ME.

*Reported to the Maine Homœopathic Medical Society.*

AUG. 18, 1872. — I was called to see Bernard C., aged two and a half years, with light hair, fair skin, and blue eyes, who had been under allopathic treatment five days. There was great thirst, the mouth and tongue were red, dry, and hot; there were occasional outbursts of profuse perspiration, soon ceasing, and leaving the surface harsh, dry, and hot. Fluids given for drink were vomited. The abdomen was greatly distended, tympanitic, and extremely sensitive to touch or movement; the bowels were constipated. Prescribed *Bryonia*.

Aug. 20, 7.15 A.M.—There were profuse evacuations every two hours, of a brownish gritty fluid, containing small fecal lumps. The abdomen was less distended, and there was not much tenderness. There were brief flushes of heat, with sudden breaking out of sweat on the head. The forehead was cold, but it warmed readily under the hand. There was some rolling of the head from side to side; the pupils were dilated and insensible. There was a constant, subdued moaning. Gave *Silicea* ʳᵒᵒ.

Aug. 21, 9 A.M. — The patient is growing rapidly worse; there are constant restless movements of the arms and legs; the eyes are partially closed, and are rolled upward; there is constant rolling the head from side to side, and moaning; *regularly protrudes and retracts the tongue*, opening the mouth wide and pushing out the tongue its full length, and completely retracting it within the mouth each time. It has a heavy, dirty-yellow coating at the base, about half the length being clean. The skin is moist and warm; the watery evacuations continue;

the urine is suppressed. The pulse, rapid and fluttering. Having once before had a little patient, apparently in the later stage of hydrocephalus, that presented this same symptom of the motions of the tongue, who was promptly cured by *Sulphur*, this remedy was given in the 200th potency, in solution. After an hour from the first dose the little patient passed into a quiet sleep, and from that time the improvement was uninterrupted to perfect health. Will our observers produce confirmatory instances of this symptom as a characteristic of *Sulphur*?

NOTE BY THE EDITOR. — In the case of a child, presenting the symptoms of acute hydrocephalus in a very intense degree, whose tongue was darted back and forth with great rapidity, like a snake's, *Cuprum acet.* possessed all the other characteristics of the patient and developed a favorable crisis in a few hours.

J. H. S.

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## OBSTETRICS AND THE DISEASES OF WOMEN.

J. H. WOODBURY, M. D., EDITOR.

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### USTILAGO MAIDIS.

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

THIS substance has many points of similarity to ergot, and also some of radical difference, to which I propose to call attention in the course of this article. Perhaps there is no drug in the whole scope of the materia medica concerning whose value and efficiency there is a greater diversity of opinions among physicians than the one under consideration. While some are loud in its praise as a medicine of undoubted energy and efficiency, others have come to look upon it as altogether inert and worthless.

Two causes have doubtless contributed to this widely different estimate. First, a truer knowledge of its sphere of action may have enabled some physicians, in the absence of any thorough and reliable provings, to prescribe it more successfully than those less familiar with its peculiarities and characteristics; and second, the quality of the drug used has, in many cases, I am fully convinced, made all the difference between a perfect success and an entire failure. Like the ergot it deteri-

orates rapidly with age, and I feel very little confidence in any specimen more than a year old. Great care also should be exercised in gathering this fungus. It should be selected in the field, at maturity, before it has been injured by the heavy autumnal rains and winds. Very little value remains in this drug after having undergone the heating process incident to the gathering and husking of the corn, hence it should never be obtained either from the shock or the bin.

The properly selected specimens, shortly after being gathered, should be made into a tincture or carefully dried and triturated. But however carefully prepared, it soon begins to lose its strength, and in a few months becomes nearly or quite inert. One cannot but feel that this was the condition of the drug used in some of the published "provings" of this medicine, contained in various reports and journals. Having used this remedy quite extensively during the past three years in the treatment of various uterine diseases, I will add a few therapeutic hints, with cases illustrating its action. As before observed, it has a general resemblance to ergot in its physiological action. It controls uterine hæmorrhage and induces uterine contractions in a manner similar to ergot, but not with the same promptness or vigor. Somebody has called conium "the aconite of chronic diseases" with only a moderate degree of accuracy, however; but *Ustilago* is pre-eminently the ergot of chronic uterine hæmorrhages and passive congestions. I would not give it in active hæmorrhage from an enlarged uterus with dilated os and cervix, when the blood is of a bright-red color, and readily coagulates; in such cases, even if *Secale* was not deemed the similimum, our materia medica would furnish many remedies more efficient and more prompt in their action than the *Ustilago*; but where for many days there has been a slow but persistent oozing of dark blood with small, black coagulæ; when the finger, upon being withdrawn from a vaginal examination, is covered with dark semifluid blood, as though partial disorganization had taken place; when the uterus is enlarged, the cervix tumified, and the os somewhat dilated, but swollen and flabby, indicating that the whole organ is in a most passive and congested state; when in spite of all treatment the blood

continues to ooze day after day simply from lack of some means of overcoming its "invincible inertia," the *Ustilago* is, in such cases, a remedy of most gratifying promptness and efficiency. It has shown itself able in several cases not only to control the hæmorrhage, but to remove the entire pathological condition upon which the hæmorrhage depended.

CASE I. — Mrs. D., a brunette, stout, and inclined to corpulency, two years married, had, about one year since, a severe hæmorrhage; abortion was suspected but no ovum discovered. Since then she has had frequent and long lasting attacks of hæmorrhage of dark, very offensive-smelling blood; the menstruation was of a similar character, and during her intermenstrual periods she had a copious and most offensive, yellowish discharge. Any unusual exercise was followed by flowing, lasting for several days. The cervix uteri and fundus were greatly enlarged, but not sensitive to the touch. Various remedies were administered, among which were *Sepia*, *Trillium*, *Crocus*, *Secale*, *Ipecac*, and *Sabina*, all of which had a fair trial, but without any appreciable effect. Applications were made to the os of pledgets of cotton saturated with glycerine, pure and also in combination with iodine and carbolic acid. These produced their usual, characteristic, copious, serous discharges, but without sensibly diminishing the size of the womb. At this juncture I determined to dilate the cervix in order that I might obtain an accurate idea of the condition of its cavity; since from the character and frequency of the discharges I feared the existence of some form of neoplasm.

It was necessary to postpone this operation, however, some four weeks on account of some engagements of the patient, and during this time I gave her a package of powders of *Ustilago*, 1st trituration, with directions to take one three times a day for the next twenty days. At the expiration of that time she returned with a most favorable report. The leucorrhœal discharge was much diminished in quantity and its odor less offensive. She now took long walks without a recurrence of the flowing, and her menstrual period, which she had just passed through, lasted only five days, instead of eight or ten, as previously. On examination I found the hypertrophy considerably lessened. The

same treatment was continued for four weeks longer, the patient meantime making a visit to New York, which she had deferred a long time on account of her liability to excessive flowing from extra exertion. On her return she pronounced herself well, and treatment was discontinued some four months ago. Up to this time there has been no return either of the hæmorrhage or of the leucorrhœa. It may be asked upon what data was *Ustilago* administered in the above case? In reply I would say that in the absence of any reliable provings upon the female organism, I gave it upon the hypothesis that if this medicine was capable of curing hæmorrhage resulting from chronic congestion or simple capillary engorgement, why might it not remove the engorgement itself. The result proved the correctness of my reasoning.

CASE II. — Miss S., blonde, tall, slender, sanguine temperament, subject to copious menstruation, was attacked with hæmorrhage at a wedding reception, which she had made great exertion to attend, travelling to New York and back in two days for that purpose. The hæmorrhage was not very copious, the effused blood being of a dark color, with slight, stringy clots. She suffered great pain in the uterine region and through the inner portion of the right thigh half-way down to the knee. She took opium and astringents from an allopathic physician for ten days without benefit. When she applied to me I found the symptoms as above stated. A digital examination revealed a considerable enlargement of the cervix uteri and fundus, with great tenderness to the touch, both internally and externally. The hæmorrhage, though not very copious, was persistent. The stain left by the blood upon my finger after the examination was of a dark-brown or mahogany color. She had occasional attacks of very severe pain through the uterus and extending down the right limb, alternating with intervals of entire freedom from suffering. I gave her *Ustilago* every three hours. The next day I found her manifestly improved; continued the same medicine for six days, when she reported to me that she was entirely well. No other medicine given.

CASE III. — Mrs. H., brunette, mother of four children, subject to irregular menstruation. It was sometimes absent

for three or four successive months, then too frequent and very copious for a week, after which it was continuous, scanty, and dark-colored for an indefinite time, frequently for ten or twelve days as at present, with a great deal of pain in the uterine region, "not spasmodic and cramp-like, but a steady hard ache." Digital examination revealed hypertrophy of the uterus, with a soft spongy os and cervix, which was sufficiently dilated to easily admit introduction of the finger. The blood was dark, but so thin as scarcely to color my finger, though some small, black clots were found in the vagina. She had taken from her "domestic" case, *Crocus*, *Hamamelis*, *China*, *Platina*, and *Pulsatilla*, each one day, but with very little relief to the pain, and no diminution of the flowing, which had now continued seventeen days. *Ustilago* was given in powders every two hours. Next day the pain was much less and the flowing nearly ceased; two days after, both had entirely disappeared. Believing the menstrual irregularities to be due to the long-continued, passive congestion of the womb, I continued the use of the *Ustilago* twice a day during the intermenstrual period, and twice each week applied glycerine to the os and cervix. The next menstruation was regular in time and normal in quantity, and has so continued since March last, now six months.

CASE IV.—Mrs. F., a blonde with auburn hair and blue eyes, has always suffered from excessive menstruation; has never been pregnant. Three weeks prior to my being called, her menstruation came on with unusual copiousness and pain, and has continued, scarcely lessened, ever since. Has taken a great variety of remedies, allopathic, homœopathic, and domestic, but without much benefit. The blood was bright, fresh, and without coagulæ, but examination revealed the same hypertrophied, sensitive condition of the uterus, and this determined me to try the *Ustilago*, which I did as before, the first trituration every two hours. Improvement was manifested within twenty-four hours, and the flow ceased at the end of three days. I might cite many more cases of a similar character, but these are sufficient to clearly indicate what I deem to be its sphere of action, and that is, briefly this: hæmorrhages caused by or attendant upon passive, chronic uterine congestion, characterized usually

by hypertrophy of the cervix and frequently of the entire organ. With oozing of dark blood, slightly coagulable, though forming occasionally long, black, stringy clots similar to those indicating *Crocus*.

How much more ample its sphere may be remains to be learned from future investigations, aided, I trust, by the thorough provings to be made by the coming Female Provers Union. Before closing this paper I must acknowledge the valuable aid I derived in the beginning of my investigations from a very brief report by T. Bacmeister, M. D., contained in the report of the American Institute for 1872, and which I think strikes the "key-note" of this medicine.

Dr. H. K. Bennett, of Fitchburg, writes, "I have used the *Ustilago* successfully in several cases of menorrhagia and in one case of abortion where the flowing had lasted for several days, greatly reducing the patient; the effect was apparent at once and the hæmorrhage arrested in six hours. In post partum hæmorrhage I much prefer it to *Secale* or *Macrotin*."

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## REPORT ON OBSTETRICS.

BY C. H. BURR, M.D., PORTLAND.

*Read before the Maine Homœopathic Medical Society, 20th May, 1873.*

SINCE it was your pleasure at our last annual meeting to make me a member of your Committee on Obstetrics, several cases have come under observation which have added to my experience in that department of medical practice.

In a somewhat busy professional life of more than twelve years, I have, up to the early part of last summer, enjoyed entire immunity from serious accident to any patient in child-bed, notwithstanding that many of the complications of labor have been met with. I do not mention this circumstance because I think it very unusual, but for the purpose of introducing a caution against being lulled into a sense of false security in relation to parturient patients. A single case, or a large number of cases which have been successfully conducted through the critical periods of child-birth, are no guarantee that the next will be as easily or as securely managed. Every case

should be approached with that degree of watchful anxiety which can be experienced only when we feel that we are liable at any moment to meet with serious and even fatal complications.

In order to be fully prepared for the emergencies of parturition, we require not only experience and careful observation, but we need constantly to inform ourselves of the best means and appliances for successfully meeting all dangerous complications. It is a duty we owe ourselves; and our patients have a right to expect that we shall be well informed and skilful in this branch of practice.

The opportunities for instruction are not wanting; publications containing the rich experience and cultivated observation of men whose lives have been devoted to this subject are within the reach of all, and it is the duty of every physician to be familiar with every means that will aid or strengthen him in the trying moments that are liable to come upon him at any time. There is a sense in which the largest number of obstetric cases does not give the largest and best experience. The old saying that "some men go through the world with their eyes shut" may well be applied to many practitioners. A great number of cases will never make a man skilful if he has not the power of observation and the capacity for studying, in all its phases, the wonderful mechanism of labor.

#### ANTE-PARTUM ATTENTIONS.

Among the most important services a physician can render an "expectant patient" is his treatment previous to her confinement.

The importance of this idea is not sufficiently understood by our patients, nor insisted on by the profession. Every pregnant woman should make choice of a physician, and in the early months of gestation should notify him of her situation, and he should give her the care and time requisite to ascertain if she is in a healthful and hopeful condition. Particular attention should be given to the character of the urine. It should be tested for albumen. And we should not be satisfied with the application of heat alone, for it is well known that alkaline



urine will not precipitate albumen under the influence of heat. Neither should we tell our patient she does not require medical treatment because she has neither anasarca, ascites, or œdema; because cases sometimes occur, where there is marked degeneration of the kidneys without either of these manifestations. The case I am about to report was literally free from them all; there was some anasarca, although not more than is frequently met with where there is no particular trouble at time of labor.

#### A CASE OF FATAL ECLAMPSIA.

I was called to see Mrs. F. in the early part of May, 1872. She informed me she was pregnant and expected to be confined about the first of August. She said she was not sick, but wanted to call my attention to some strange and unusual sensations in the head. She had previously given birth to seven children; the period of gestation had in every instance been passed without unusual discomfort, and labor had in every case been quick, and what is called comfortable. The symptoms of which she complained in her head, were a kind of shock followed by pain and confusion; it was more liable to come on at night, disturbing her sleep. The urine was scanty and contained some albumen; she also had pain and tenderness in the right ovarian region. I gave her *Apis mel.* and she was relieved; she sent me word that she was very much better.

She was seen from time to time during the remainder of May, and seemed to be progressing favorably. Her sufferings were generally relieved by what seemed to be the appropriate homœopathic remedy.

July 20. — While attending to some household duties, she suddenly became unconscious and fell to the floor in a convulsion. I was sent for, but not being at home, Dr. E. Clark was called and found her as she had fallen, — *rigid* and *unconscious*. I joined him as soon as possible. On vaginal exploration no sign of labor was detected. The os was soft, but undilated. The child had not descended into the cavity of the pelvis. We could not observe any contraction of the uterus.

The first convulsion occurred about 6 P.M.; at 7 she had

another, and never gave any sign of consciousness afterwards ; the convulsions came on about every forty minutes.

At nine o'clock, as labor did not seem to be progressing, it was thought best to rupture the membranes, which was easily accomplished with a common uterine probe. About eleven, the head of the child had descended so that the forceps was applied without difficulty, and delivery effected during the next pain. It was hoped this would bring some relief to the mother, but such was not the case ; she sank into a deeper and deeper apoplectic condition and expired about fifty-eight hours after the first attack.

Nothing has thus far been said regarding the treatment of this case, because there is not much instruction to be derived from it except of a negative character. The utmost care was used in selecting remedies, and they were administered in both high and low potencies, and, in addition, some of the best recommended auxiliary means were used. Chloroform was given in small quantities by inhalation, also in sugar-and-water as an injection. Bromide of potassium was given in twenty-grain doses *per anum*, but nothing, as far as the attendants could observe, had any effect in preventing the return of the convulsions.

The use of chloroform—according to present light—undoubtedly was a mistake ; the best authorities unite in saying it should not be administered where there is any tendency to apoplexy.

The child of this patient was small, poor, and feeble, and narrowly escaped with its life during the heat of the summer, but now furnishes a fine illustration of what a high potency of *Calc. c.* will do in cases of infantile atrophy.

#### ALBUMINURIA OF PREGNANCY.

A number of cases during the year have required treatment for albuminous urine ; and in every instance, except the above, satisfactory results have followed the remedies. The remedies most frequently used were *Apis*, *Apocynum can.*, *Asclepias syr.*, and *Mercuricus corr.* One case is now under treatment which promises to do well. The patient came under observa-

tion at about her fifth month, and was in a general dropsical condition, — so much so that it was difficult for her to move about. The urine was scanty and highly loaded with albumen; the face was bloated so that the eyes were nearly closed; the tongue was broad, swollen, and stiff, with indentations of the teeth upon its edge. She could not articulate distinctly, had great pressure upon the brain, and had occasionally a sensation of numbness and actual twitching of the muscles of the face and arms. She took *Merc. corr.*, and was relieved within twelve hours. I have given her no other remedy; all the above unfavorable symptoms have disappeared, and she gives promise of a safe accouchement in the early part of June.

*Asclepias syr.* has done excellent service in several cases where the patients have been dropsical, with scanty urine, and a great deal of pain in the head. In one case, in addition to the above symptoms, the patient had *profuse perspiration*, sleeplessness, and a feeling of bewilderment of mind. *Asclepias* relieved all the symptoms, with the exception of the perspiration, which continued until her confinement, and for some days afterwards.

#### POST-PARTUM ERYSIPELAS.

In looking over the works on obstetrics, I find but little said in relation to erysipelas as a sequela to labor or to child-bed fever. It has been my misfortune to meet with one instance of it, and I hope that I may never see another. Mrs. T., pregnant for the first time, passed the period of gestation with less discomfort than is usual for a primipara. Labor came on at full time and was unattended by any unusual phenomena.

About eighteen hours after delivery a severe chill came on, followed by high fever, flushed face, sighing, trembling, difficult respiration, and sharp darting pains in the head. *Belladonna* quieted this commotion in a beautiful manner, and hope was entertained that she had passed the crisis, but it soon became evident that there was metritis, and inflammation of the right ovary. The pain was severe, the fever high, pulse one hundred and twenty, lochia suppressed, and great prostration. *Veratrum vir.* moderated the fever, and reduced the frequency

of the pulse; and under its action the lochial discharge was restored. It was not, however, natural, but thin, light-colored, and offensive. In addition to the use of *Veratrum*, cold-water compresses were applied to the abdomen, and changed as often as the cloth became warm.

The use of cold water in such cases is looked upon with suspicion by some physicians, but I never have seen any bad effect from it; on the other hand, patients always express themselves as comforted by its application. Too much wet cloth should not be used, as it would be easy thus to do more harm than good. Two thicknesses of old cotton-cloth are sufficient; they should be wet in water that has been standing awhile in the room, pressed hard in the hand, spread smoothly over the abdomen and covered with rubber-cloth, or oil-silk. The advantage of the covering mentioned, is, that the cloth becomes warm very soon, and the weight is not oppressive. *Apis mel.* did good service in controlling the inflammation of the ovary and relieving the burning, stinging pains of which the patient complained.

The fifth day after confinement signs of erysipelas appeared upon the right hip, characterized by the pain, soreness, and burning heat peculiar to that disease. It rapidly extended down the thigh, across and up the back to the shoulders. The lochial discharge was again suppressed, and the inflammatory action of the uterus and ovaries was much increased. No secretion of milk ever took place. Phlebitis obtained to some extent — so that the limbs were heavy and immovable, and the veins swollen and knotted. The patient had a chill some time in every twenty-four hours, followed by heat and sometimes by perspiration.

The varying phases and symptoms of this case might be much extended, but I fear would not be of special interest. The number of remedies she took was not large, because the indications did not cover a wide range. *Belladonna* symptoms were prominent all through the course of the disease, and she took it in potencies varying from the sixth to the two hundredth. *China*, *Arsenicum*, and *Mercurius* failed to arrest the chills; and not until the first trituration of *Quinine* was given in about

two-grain doses did there seem to be any improvement in this respect.

As a local application she received comfort from the use of carbolic acid and milk. Of Nichols' solution of carbolic acid, about two teaspoonfuls were put into a cup of milk, and the parts were frequently bathed, and cloths were wet in it and laid upon the portion having the greatest amount of heat. The same preparation has been used in a number of other cases of erysipelas, with perhaps more satisfaction than any other local means.

Thanks to a good constitution, good nursing, and perhaps in part to such medicine as she received, she is to-day (eight weeks since her confinement) as comfortable as most ladies at that period, without any infirmities or scars to indicate the severity of the illness through which she has passed.

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#### CASE OF ECLAMPSIA, WITH FLOODING AND ŒDEMA.

BY G. P. JEFFERDS, M.D., OF BANGOR, ME.

Nov. 9, 1868. — At midnight, Mrs. K. G., pregnant seven months, was attacked with uterine hæmorrhage, for which I prescribed *Trill.* for forty-eight hours with success. I then learned that her limbs had begun to bloat four weeks previously, so that now, anasarca exists to such an extent, that she is unable to move about, sit, or lie with any ease. Her respiration is difficult, she complains of loss of sight, nausea, loss of appetite, severe headache, and scanty urine.

As no labor-pains followed the hæmorrhage, I judged it best to give *Apis*<sup>3</sup> and *Ipecac.*<sup>3</sup>, hoping to reduce the dropsy and nausea. These remedies were continued with good effect, till, on the 12th, at 9 P. M., she was attacked with a convulsion. Not being at home, Dr. B. (an allopath) was called, who gave chloroform. On my return home I visited the patient, and spent the night with her. The convulsions continued through the entire night. At the request of her husband, Dr. S., an allopath, was called in, and Dr. Blaisdell at mine. We all agreed in the use of chloroform, and I gave in addition *Hyos.*

There were no more convulsions after that morning. No labor-pains ensued, and I was advised by the other three physicians to bring on labor at once; but I judged it better to treat her for albuminuria, and wait for natural labor-pains. Accordingly I gave *Apis* and *Glonoine*<sup>300</sup> for six days, which very much reduced the œdema of the eyes and extremities, and the cerebral congestion. So that on the 18th, she felt more comfortable and stronger than she had for several weeks previous.

Nov. 19. — Labor-pains of a mild character commenced at 9 A. M., and I gave *Puls.* in alternation with *Apis*. The pains steadily increased until midnight, when the membranes broke, and immediately expulsive pains followed. The œdema of the vulva was so enormous, that I apprehended that the trochar would have to be used before the fœtus could be delivered, but by the free use of olive oil after a very few pains, the child was delivered alive (weight  $3\frac{1}{4}$  lbs.). The mother continued comfortable, and within a half hour, by a little manipulating, a pain was induced that expelled the placenta and membranes with little assistance. Rather excessive flowing followed, which was subdued in a few hours with *Trill.*

Nov. 20. — Resumed the use of *Apis* and *Glonoine*<sup>300</sup> or *Bell.*<sup>300</sup>, which were continued for four days with good effect. Each day the head felt better and the dropsical condition lessened, but there was no improvement of the eyesight, until the morning of the 24th, when, on awaking, she could, for a short time, distinguish objects.

Nov. 25th, the child was taken with spasms, and died at 10 P. M.

The mother, who had been very comfortable, was so grieved at the death of the child, that she was seized with violent cerebral congestion, that was subdued in a few hours by *Bell.*

Nov. 26. — She was better in every respect, with improvement of eyesight, increase of strength and subsidence of dropsy, which however continued to the 30th. *Apis*<sup>3</sup> and *Bell.*<sup>30</sup> were given each day.

Dec. 3. — She has sat up some for two days past. When the head aches worst, the sight is more defective. I find that the application of hot water gives more relief than cold.

Dec. 4. — Her head is better this morning; she sat up an hour. The œdema of the extremities and face is wholly gone, and the abdominal effusion is rapidly disappearing. Gave *Glonoine*<sup>200</sup> and *Apis*<sup>2</sup>.

Dec. 5. — She has had severe headache over the whole head, with tired, painful feeling of the eyes, a sensation as if the eyelids dropped, when *really* there is staring of the eyes; her sight is more defective when she is sitting, than when lying down. It is as if she were looking through gauze. Gave *Puls.*<sup>200</sup>.

Dec. 6. — The head and eyes have been better for the last twenty-four hours. Gave *Ferrum* and *Puls.*<sup>200</sup>.

Dec. 8. — She improves; continue the same medicine.

Dec. 12. — Her sight is much improved; she sits up an hour at a time, two or three times daily.

Dec. 13. — She continues to improve; she left her room for two hours with no ill effect.

Dec. 19. — She is down-stairs; has better sight and less headache. Prescribed *Puls.* 3d and 200th.

Dec. 27. — She has improved very much, and has rode out three times; she has little or no headace; the eyes are growing stronger; the sight better. She has had pain in the left side, beneath the breast, for which I prescribed *Bry.*<sup>2</sup>; and *Bell.* 3d and 200th, for the eyes.

Jan. 14, 1869. — I called to see her. Her eyesight is poor, but the eyes are stronger and better able to bear the light. Prescribed *Sulph.* and *China.*<sup>200</sup>.

From this date until August I occasionally prescribed. In February there was a falling out of the hair, for which *Graph.* 2d and 200th was given. Complete restoration of eyesight was not effected in less than a year from the time that the sight began to fail. Here I would remark that the direct cause of trouble with the eyes was from long and continuous application to fine needle-work and embroidery, previous to and during the first months of pregnancy.

## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, SEPTEMBER, 1873.

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### THE DUTY OF THE HOUR.

WHEN the husbandman has cast his seed into the ground, he must wait patiently for it to spring up, and yet longer for it to put forth the blade and the ear, ere it shall bring forth fruit. Neither impatience nor restless activity will hasten its development. But there are times when neglect, or even inactivity, will lose for him the harvest. So in any reform, like that of medicine, there are required hours of unceasing toil, and sometimes years of patient waiting. At the close of the last century, by unusual patience and sacrifice, the reform in medicine which we advocate was commenced. With what pains and labor has this reform since been guarded and nurtured, and though there have been times and places where its growth seemed almost imperceptible, choked and overgrown, as it were, by the seeds of prejudice, ignorance, and bigotry, yet even then and there strong hands and stout hearts have been found to protect it, and forward its growth. How widely it has spread and how many of the superstitions and extravagances of the profession it has uprooted! It has penetrated nearly every country on the globe, and thousands of physicians have gladly accepted the more certain method of cure, while tens of thousands are even now waiting, almost persuaded, like one of old, to try the better way. With this existing doubt, and this readiness to listen and to observe, come special duties to us. If we really believe homœopathy to be true, that it is a better way of healing disease and saving life, then it is our duty alike to ourselves, to the profession, and to mankind, to improve this favorable moment and help to spread the knowledge and practice of it. Pre-eminently is this the case in New England. The outrageous and self-destructive action of the Massachusetts Medical Society, in endeavoring by intimidation and obloquy to obstruct this reform, has produced a natural result, not only upon the community, but upon the profession, and there has never before been a time when so many were giving the subject thoughtful attention and earnest inquiry. And now, in these days of



sunshine, is the time for hard and earnest toil. In every part of New England there are, as never before, institutions waiting to be placed under homœopathic care. However pressing the demands of private practice may be, these must not be forgotten or overlooked. But more important still is the demand in every part of New England for properly educated homœopathic physicians. By a fortuitous circumstance a new university, destined to be one of the largest and best endowed educational institutions in America, has established, as one of its departments, a medical school embracing the widest scope of study, and including in its curriculum the teaching of the principles of homœopathy. To equip and thoroughly establish this school is a duty incumbent upon every believer in homœopathy, and more especially upon every practitioner. At least two hundred thousand dollars should be raised for this purpose; and to what better object can its friends devote their energies and their money? To the homœopathic physicians of New England we must especially appeal. Now in the early life of this new school it needs your aid and support. Let every one contribute, and solicit also something from their friends for this purpose. The demand for this school is already apparent from the numbers who seek admission to it. The announcement had been before the public but little more than a month when upwards of fifty students had applied for matriculation. No pains will be spared on the part of those connected with the school or with the University, to make it one of the leading medical colleges of the country, and with the help of the profession this will certainly be done. Is there any homœopathic physician or any friend of homœopathy in New England who can now reasonably doubt what is his DUTY OF THE HOUR?

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## CORRESPONDENCE.

### LETTER FROM DR. GALLINGER.

CONCORD, N. H., August 21, 1878.

*Editor of the "Gazette":*

The twenty-first annual meeting of the New Hampshire Homœopathic Medical Society was held in this city on the third Wednesday of June, and ever since that time I have been trying to find sufficient leisure to give the GAZETTE a record of the proceedings. I will not now attempt a formal report, but will sketch what was done and said. The chair was occupied by the President of the Society, Dr. W. A. Jones, of Wilton, whose zeal for homœopathy almost invariably brings him to our annual meeting in spite of professional obstructions.

In the absence of written papers, the secretary suggested that a discussion on cerebro-spinal meningitis would be in order, which proved of great interest to all present. The discussion was opened by Dr. H. H. Darling, of Keene, who said he had treated twenty-two well-marked cases, with only one death. A noticeable fact in most of his cases was a relapse at the end of every fourteen days, one patient having had four successive relapses a fortnight apart. In the early stage he used *Aconite* and *Lobelia*.—the latter remedy seeming to control the spasms wonderfully. He also used *Arsenicum*, *Bryonia*, and *Hyoscyamus* when indicated, and *Phytolacca* during convalescence. The remedies were all used in the 3d and 6th dilutions. In some cases he found benefit from ice-bags to the spine, while in others, hot applications and steam baths seemed preferable. The pulse was usually reduced, and patient languid. He rarely ever found spots on the surface, and thinks it a mistake to confound the disease with spotted fever.

Dr. G. H. Hackett, of Henniker, said that he had treated several cases successfully, and had found great benefit from *Veratrum viride*<sup>1</sup>, and also from *Rhus*<sup>2</sup>. He had noticed the tendency to relapse as suggested by Dr. Darling.

Dr. T. S. Scales, of Woburn, Mass., who was present as a delegate from the Massachusetts Society, thought *Baptisia* the best remedy for the languor, and *Cicuta* for spasms when they occurred.

Dr. Gallinger, of Concord, suggested that the disease often presents well-marked rheumatic symptoms. He relies almost wholly upon *Cimicifuga* tincture and *Veratrum viride* tincture in drop doses, frequently repeated if the symptoms are urgent. He has found little benefit from hot fomentations, and has not tried the cold applications. In one severe case, when the pain in the neck was very severe, great relief was obtained from the use of a liniment composed of one part of chloroform and four parts of alcohol.

Dr. D. F. Moore, of Lake Village, recently treated a case which promptly yielded to *Aconite*<sup>1</sup> and *Belladonna*,<sup>3</sup> but afterwards typhoid symptoms set in with hæmorrhage from the bowels, when *Arsenicum* and *Sulphuric acid* were used, under which treatment the patient is convalescing.

Dr. W. A. Jones, of Wilton, has found vomiting a constant and obstinate symptom, and his cases have spasms, with strabismus—in one instance both eyes being permanently inverted. The pupil is usually contracted. Relapses are common at the end of fourteen days. *Aconite* has failed to do good, even when the pulse was full and frequent. *Cimicifuga* and *Gelsemium*, in low dilutions, have served a good purpose, and for the spasms *Cicuta* has rarely failed. Ice-bags to the spine have been of great service.

Dr. Whittle, of Nashua, thought *Aconite* and *Belladonna* the chief remedies, although he had not treated any well-marked cases, and was of opinion that many cases were erroneously diagnosed cerebro-spinal meningitis

The officers of the society for the ensuing year are:—

*President*, Dr. H. H. Darling, of Keene.

*Vice-president*, Dr. J. H. Gallinger, of Concord.

*Secretary and Treasurer*, Dr. J. C. Moore, of Lake Village.

*Councillors*. — Drs. E. Custer, of Manchester, and L. T. Weeks, of Laconia.

*Censors*. — Drs. J. P. Whittle, of Weare, Wm. A. Jones, of Wilton, Henry Tucker, of Claremont, G. H. Hackett, of Henniker, and D. F. Moore, of Lake Village.

Committees to make reports at the next meeting were appointed, delegates chosen, etc., after which the matter of holding the next meeting in the lake region was discussed, and referred to a committee consisting of Drs. D. F. and J. C. Moore, of Lake Village, and S. T. Weeks, of Laconia, after which the Society adjourned.

Having been denied the privilege of attending the recent meeting of the American Institute of Homœopathy at Cleveland, I have enjoyed a rich treat in reading the full reports of the gatherings, in the *GAZETTE* and *Investigator*. Of course, being one of those homœopathists who believe in curing the sick anti-homœopathically, if need be, rather than to let them die under homœopathic treatment, I had very little sympathy with the criticisms made by Drs. Mayer, Lilienthal, Gregg, Pearson, and others, upon Dr. Clarke's treatment of phthisis, and I quite regretted that I had not been present to say a word in opposition to their narrow views. But I have no intention of rushing into print in defence of Dr. Clarke, as I know him to be fully able to defend himself, as his brief article in the July number of the *GAZETTE* fully proves. And indeed the only object I now have in alluding to this matter is to call attention to an article in the August number of the *Investigator*, page 477, headed "A Homœopathic Convention," which, it seems, was held in the Anatomical lecture-room of the Cleveland college on the second day of the meeting of the Institute. The report, made by Dr. G. M. Pease of Boston, says the "Convention" was held "pursuant to call," but whether or not the call was made sufficiently loud to be heard by all the members of the Institute present at Cleveland, or was whispered to a select few of the "faithful," probably we absentees will never know. At any rate the report says it was "a Convention," yes, and "a homœopathic convention" too, but it certainly strikes my mind as being singular that a homœopathic "convention" was needed to be held in the same city and on the same day that the Institute of Homœopathy was in session. But possibly the important (?) business transacted by the "Convention" will furnish an answer to this query. A resolution was presented and passed, protesting against Dr. Clarke's paper on Phthisis going upon the records of the Institute. "Shades of"—common-sense, what an absurd and ludicrous performance! Why didn't they go further and recommend for expulsion from the Institute all the members whose practice does not conform to their standard? That would have been consistent, and would have relieved them from the odium that now necessarily attaches to the proceedings of the "Convention." On the next day the "Convention" again met, and after settling the grave question that "fidelity to the law of Similia in practice should be the test, and not the question of potency," [pray who didn't know that before?] a committee was appointed to

present the resolution condemnatory of Dr. Clarke's paper to the Institute, but it does not appear from the published report that the Committee discharged the duties imposed upon them, so there is reason to hope that they saw the folly of their course and concluded to "keep cool" a little while longer.

Now, Mr. Editor, to an outsider like myself, there are several questions that naturally arise in reference to this matter that I would like to have answered. 1st. — If Dr. Clarke's paper was open to criticism, or unworthy of a place in homœopathic literature, why was n't the matter settled by the American Institute instead of by a self-constituted "Convention"? My honest conviction is that if the resolution adopted by the "Convention" had been presented to the Institute it would have been voted down by a large majority, and for one I regret that the contest did not take place. 2d. — I would inquire if the action of this so-called "Convention" does not plainly indicate that there are men in our ranks who are determined upon adopting the "rule or ruin" policy, and intent upon committing the homœopathic profession, under threats of ostracism, to their exclusive views? I may be mistaken in regard to this matter, but that is the way it strikes me. If such be the fact, let me say to those gentlemen that when the time arrives that "true homœopathy" (to use their own words) is to be peddled out to the profession by "Conventions" called without notice, they will find themselves opposed by a force neither insignificant in numbers nor wanting in ability. For my part I object to any "Convention" of homœopathic physicians assuming the right to blacken the professional character of so successful, devoted, and honorable a physician as Dr. Clarke. For my part I use palliatives and expedients in practice, notwithstanding I believe just as fully in "Similia" as any member of the "Convention" can claim to do, and the fact is that if these "simon-pure" gentlemen would tell the whole truth about their practice, as Dr. Clarke did about his, they would themselves be astonished at the audacity they exhibit in setting themselves up as censors over the practice of their neighbors. We all believe in "similia," but from lack of knowledge most of us practise, sometimes, what is not "pure homœopathy," and it is useless to deny the fact; and it would be criminal to do otherwise. Numerous cases that have come under my own professional care, out of the hands of "pure" homœopathy, and which were absurd enough to get well by treatment that the "Convention" would condemn as heretical, is a sufficient proof to me of the wisdom of being sufficiently "Eclectic" to cure the sick even at the expense of a theory or a particular dilution of a favorite drug. Trusting that the profession may not lose sight of the fact that the practice of medicine at best admits of widely different means and expedients, and with the hope that the homœopathic branch of it may not stultify itself by setting up arbitrary rules for the government of its practitioners, but that "liberality" and "progress" may be inscribed on our banner alongside of "similia," I am,

Fraternally yours,

J. H. GALLINGER.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., Editor.

\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M. D., Secretary.*

For some time there has been a growing desire among the homœopathic physicians of Boston and vicinity that the two local societies should coalesce, in order to secure greater unity of action and strength in advancing the interests of the cause in this part of the country. In accordance with this desire, a committee was appointed by the Boston Homœopathic Society to meet a similar committee to be appointed by the Boston Academy of Homœopathic Medicine, to confer as to the advisability of uniting the two societies; and, if this course should be decided upon, to draw up and submit a plan for re-organization, and also a Constitution and By-Laws. The report of the joint committee, recommending the dissolution of the two existing societies and the formation of a new one, was accepted by both societies, as was also the basis upon which the union was to be effected, as embodied in the Constitution presented by the committee. Accordingly the first meeting of the new Society was held at Wesleyan Hall, 36 Bromfield St., on Thursday evening, May 1, 1873, at 7 1-2 o'clock, there being quite a large attendance. The following officers were chosen: *President*, Dr. I. T. Talbot; *Vice-President*, Dr. O. S. Sanders; *Secretary*, Dr. H. C. Clapp; *Treasurer*, Dr. F. W. Payne; *Censors*, Drs. F. H. Underwood, C. Wesselhoeft, F. H. Krebs. The President and Vice-President were elected to "hold office for four successive regular meetings, and the Secretary, Treasurer, and Censors for one year."

After the transaction of some matters of business, and an interesting account, by Dr. Woodbury, of the condition and prospects of the new Homœopathic College, a collation was partaken of, and the remainder of the evening devoted to cultivating social and friendly relations. Before adjournment, on motion of Dr. de Gersdorff, it was voted that the thanks of the Society be presented to Dr. Conrad Wesselhoeft for his earnest, long-continued, and successful efforts to bring together in harmony the two societies.

The second, third, and fourth articles of the Constitution are as follow:—

## II. OBJECTS.

The objects of this Society shall be:—

(1.) The improvement of the art of healing in accordance with the formula *similia similibus curantur*:—

By the improvement of the *materia medica* through the proving of drugs upon the organisms of man and animals ;

By the improvement of the methods of applying in disease, according to the above formula, medicines thus proved.

(2.) The encouragement of special studies and reports tending to improve its members in the collateral branches of medicine.

(3.) The cultivation of more intimate and friendly social relations among its members.

### III. FREEDOM OF OPINION.

Science demands for itself absolute liberty. Hence this Society requires of its applicants for membership no creed or confession of medical belief, but only the expression of a willingness to act for the furtherance of its declared objects.

### IV. ELECTION OF MEMBERS.

Any person who has received the degree of Doctor of Medicine from a legally authorized medical institution, and who sustains a good moral character, may become eligible to membership, after having been proposed to the Society at least two weeks. The election shall be by ballot, and shall require a two-thirds vote of the members present at a regular meeting, the candidate having been unanimously recommended by the Board of Censors. After election the candidate shall sign the Constitution and By-Laws before becoming a member.

May 8, 1873. — After the transaction of business, the appointed subject for discussion for the evening, the *Organization of the College*, came up. Dr. Woodbury, the Secretary of the Committee on the College, appointed by the State Society, stated that it was necessary to make the appointment of the Faculty immediately, if the school was to go into operation next fall. He desired the gentlemen present to recommend to the Committee, before they make their final nominations for the professorships in the different departments, those who are the best qualified to instruct in each department, whether they reside in this vicinity or not. In answer to this request, quite a number of names were brought forward, and qualifications in each case stated.

It was voted to request the Secretary to issue notices to the South End physicians, of a meeting to be held at the building of the New England Female Medical College on Monday, May 12, for the purpose of establishing a Dispensary in connection with the new Homœopathic School.

May 22, 1873. — BROMIDE OF POTASSIUM. — An interesting paper was read by Dr. C. Wesselhoft on Bromide of potassium, and *Natrum mur.*, on which some discussion ensued. Dr. de Gersdorff spoke of the despondency, and the torpidity of the sexual organs, which the drug was apt to produce when given for epilepsy.

In reply to Dr. Chase, Dr. Wesselhoft said that the sleepiness of the Bromide was unlike that produced by Calabar bean ; it was pleas-

anter, without pain or discomfort, also without feeling of pressure on the brain, the narcotic heaviness, the intoxication. He had taken twenty grains at bed-time, and had experienced the effect on the second day. Perhaps they might have been worse with larger doses.

Dr. Krebs stated that he had known one symptom of Bromide, the roaring in the head, to last two and a half months.

Dr. Wesselhoeft had noticed no eruption of the skin after Bromide.

Dr. Hemenway said that, according to Prof. Clarke, acne appears in twenty per cent of cases after long continuation of the drug.

Dr. Wesselhoeft, in answer to Dr. Thayer, said that the trembling resembled that of fear.

Dr. Thayer had had a case of meningitis in which the trembling was peculiar, being greater in proportion to the warmth of the body, with chattering teeth and rigor. Bromide is used by allopaths for epilepsy, mania, delirium tremens, meningitis, and hysteria.

Dr. Chase remarked that, according to Hale's theory, it ought to be good in high attenuations.

The President stated that Dr. Sanders had a paper on the subject, which he would read at the next meeting, and urged members to report any further observations at that time. The discussions at any meeting need not necessarily be confined to one subject.

**NATRUM MURIATICUM.** — Dr. Thayer: The analogue of Bromide of potassium — Natrum Muriaticum — ought theoretically to cure acne in young people, if Bromide produces it, and in fact it has cured it often in my hands.

Dr. Talbot spoke of the peculiar effect of salt on the complexion, which a friend of his, not a physician, had noticed for fifteen years. He was even able to point out a person who was in the habit of using large quantities of salt. It produced a kind of hardness and roughness, and a brownish appearance of the skin, with little irregularities, as in sailors who live so largely on salt food.

June 12, 1873. — **BROMIDE OF POTASSIUM, continued.** — Dr. Sanders read a paper on Bromide of Potassium, based on provings and on clinical observation of the effects of the drug when given during allopathic treatment.

Dr. Carruthers stated that three years ago, at the Boston Dispensary (allopathic), he watched a case of epilepsy treated with the bromide for nine months. When not under the influence of the drug, the man had five fits daily. He was furnished with two ounces every ten days, which, to save trouble, he himself dissolved in water in proportion of half an ounce to four ounces. Under this treatment his constitution gradually broke down, and the important question was which of the two evils was worse, the drug or the disease. Dr. Carruthers had noticed repeatedly that the bromide affected the appetite, and the mucous surfaces, especially that of the stomach.

In answer to a question by Dr. Thayer, Dr. Sanders said that five years ago he had given the Bromide in attenuated doses in a case to which large doses had been given. The patient had been subject to daily fits, which were prevented by the medicine. After two weeks the medicine was omitted for one day and the fits returned. The ac-

tion of the Bromide in this case was about the same as when given in large doses. In fact, some think that the accurate selection of the right medicine is of more importance than the exact determination of the dose.

Dr. Krebs. That is correct to some extent, but not in all cases. Some constitutions are not at all acted on by high potencies. Some medicines act better in a highly attenuated condition, and some better in a low potency.

Dr. Woodbury referred to the monograph on Bromide by Clarke and Amory, in which it is claimed to be not anæsthetic but hypnotic, diminishing the calibre of the blood-vessels in the brain, and so producing partial cerebral anæmia as in natural sleep. He has used the Bromide in practice considerably. In two cases of chorea he had recently given three grains three times a day, and the same quantity of iron and quinine twice a day. In three weeks great improvement was manifest. The use of the left hand has been recovered in one case. He had a few days before met a man formerly in Guy's Hospital, who had been taking ten grains three times a day for four years, for epilepsy. Whenever he left off taking it the attacks would return in a week. His appetite had become impaired, and he was troubled with bad breath.

Dr. Squier. If the sole action of Bromide is to contract the blood-vessels of the brain, it is hard to explain the curing of epilepsy, which depends on a like contraction of the blood-vessels, or cerebral anæmia. It must therefore have some other effect. From the fact that the pathology of epilepsy and the physiological action of Bromide are similar, we may justly infer that the cure is on the homœopathic principle.

Dr. Krebs suggested the necessity of a full and complete proving of Bromide of potassium.

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### VERMONT HOMCEOPATHIC MEDICAL SOCIETY.

*By G. E. E. Sparhawk, M. D., Secretary.*

THE 23d annual meeting of this Society was held in the State House at Montpelier on Wednesday, June 11th. The meeting was called to order by the President, Dr. G. N. Brigham, of Montpelier.

The Bureau of Clinical Medicine reported several valuable papers. Dr. Houghton, of St. Johnsbury, related a case of inflammatory rheumatism — which had been under allopathic care some weeks — characterized by intense pain, great restlessness, and enlargement of the large joints; it was cured in seven days under the use of *Colchicum*. Also a case of true variola, where the patient was covered with pustules, yet under the use of *Sarracenia* recovered without a scar. Attention was called to the fact that prior to the eruption of small-pox being visible, if the finger be passed over the skin, small nodes like shot may often be perceived.

Several members testified to the efficacy of *Sulphur* in the high,



dilutions in cases of tuberculosis. Dr. Chamberlin, of Barre, reported an interesting case of ovarian dropsy, from which 1,700 pounds of water had been drawn by tapping; the patient has now so far recovered under the use of remedies as to be able to attend to ordinary household duties.

Cases of scarlatina, in which the prominent symptoms were a fan-like motion of the *alæ nasi*, great dislike to being left alone, rumbling in the abdomen, and inability to remain in any position except leaning forward and somewhat inclined to the right, were cured by *Lycopodium*, one-thousandth.

Dr. Worcester, of Burlington, read a paper on epidemic cerebrospinal meningitis, which was followed by a general discussion of the subject. The remedies found to be most generally useful are *Cimicifuga*, *Gelsemium*, and *Veratrum viride*, and in cases with nephritic complications, *Cantharis* and *Apis mellifica*. Dr. Scott, of Lawrence, Mass., said that, in the cases occurring in his vicinity, *Veratrum viride* was of much service in the first stage, of vomiting, with great depression; while for the later stage marked by spasmodic action, *Gelsemium* was beneficial.

The Bureau of Obstetrics reported interesting cases, and a discussion followed on the use of chloroform in labor.

Dr. Worcester, Chairman of the Bureau of High Potencies, reported that he had found the higher potencies, from the thirtieth to the two hundredth, of great efficacy in enteric diseases, and the disorders incident to children, and preferred them to the lower preparations; but was not prepared to make so confident an assertion in the diseases of adults.

Dr. J. H. Jones, of Bradford, had used nothing lower than the 30th, for some years; prefers the single remedy and dose.

Dr. Hill, of Waterbury, has had good success with the high potencies, especially in chronic cases.

Dr. Woodward thought the important point was the homœopathicity of the remedy rather than the amount of the dose.

In the Bureau of Surgery, interesting cases were reported by Drs. Brigham, Sparhawk, and Worcester.

The reports of the Bureau of Uterine Diseases were very valuable, and elicited much discussion.

On motion of Dr. Jones, of Bradford, the Connecticut River Valley Society was merged into the State Society, and it was then voted that the latter should hold its annual meeting at Montpelier on the second Wednesday of June, and that a semi-annual meeting should be held on the second Wednesday of January, at such place as might be determined at the annual meeting.

Dr. Scott, of Lawrence, Mass., was present as delegate from his State Society, and gave an account of the condition of homœopathy in Massachusetts. Letters were read from Dr. Gallinger, of Concord, N. H., and Dr. Talbot, of Boston. Dr. Talbot appealed to the Society in behalf of the Boston University, which has placed its medical department under the care of the homœopaths, as has the New England Female Medical College. A full corps of able professors has been appointed, and lectures will begin in the autumn.

The following officers were chosen for the ensuing year: *President*, G. N. Brigham, M. D., Montpelier; *Vice-President*, C. H. Chamberlain, M. D., Barre; *Treasurer and Recording Secretary*, G. E. E. Sparhawk, M. D., Gaysville; *Corresponding Secretary*, H. C. Brigham, M. D., Northfield; *Censors*, Drs. M. G. Houghton, M. W. Hill, J. H. Jones; *Auditor*, Samuel Worcester, M. D., Burlington.

The Society then adjourned to meet at St. Johnsbury on the second Wednesday of January, 1874.

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### CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

*By W. D. Anderson, M. D., Secretary.*

THE 9th annual meeting of the Connecticut Homœopathic Society was held in Hartford, May 20, 1873. A resumé of the Society's past was presented by Dr. Kellogg, and considerable discussion followed relative to its future. A committee was appointed to revise the By-Laws. Delegates were appointed to the Societies in Massachusetts, New York, and New Jersey, and to the American Institute.

The following officers were elected for the ensuing year: *President*, H. E. Stone, M.D., Fair Haven; *Vice-President*, W. C. Bell, M.D., Middletown; *Recording Secretary*, W. D. Anderson, M. D., New Haven; *Corresponding Secretary*, J. D. Johnson, M. D., Hartford; *Librarian*, G. H. Wilson, M. D., Meriden; *Censors*, Drs. Wilson, Swift, Knight, W. W. Rodman, Kellogg.

There is evidence that the Society will soon show more activity than it has in the past. Considerable interest was manifested by those present, and all promised their hearty co-operation. Several of the *founders* of the Society were at the meeting: Drs. E. T. Foote, C. H. Skiff, Bell, W. W. Rodman.

Three new members were admitted. The Semi-annual meeting will be held in Middletown, on the first Tuesday in November.

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### ESSEX COUNTY HOMŒOPATHIC SOCIETY.

*By N. R. Morse, M. D., Secretary.*

THE Essex County Homœopathic Medical Society held its regular monthly meeting Wednesday, July 16, by an excursion down the Merrimac to Plum Island, taking with them their ladies and invited guests, to the number of fifty or more, by invitation of the Homœopathic physicians of Newburyport, — Drs. Cummings, Foss, and Gale, — who made every possible arrangement, in anticipation, for the pleasure and comfort of their guests.

On arrival, the first discussion was of the excellent chowder and the tempting viands, after which, Dr. Morse, the Secretary, called the meeting to order. In the absence of the President, Dr. Lougee, the Vice-President, took the chair. The records of the last meeting were

read and approved, and the names of Drs. Fitzwilliam Sargent Worcester, of Salem, A. J. French, of Lawrence, and David L. Ambrose, of West Newbury, were proposed for membership.

A paper on the Early History of Homœopathy in Essex County, written by Dr. S. M. Gale, of Newburyport, was read by Dr. Cummings. It embraced the first decade, from 1840 to 1850, was carefully written, and rescued many facts from oblivion concerning the first pioneers of homœopathy in this good old county. In 1840, at Andover, Dr. Francis Clark, a pupil of Dr. William Cogswell of Bradford, had the honor of being first in this country to advocate and practise the new system which has already done so much to alleviate the afflicted and suffering; and has saved from an early grave so many of our little ones, — “our choicest jewels,” — who were annually sacrificed by being dosed and drugged to death, for the want of this better system, which arms its sugared granules with a healing balm more potent than Old Physic, in its happiest moments, ever dared to dream of.

Dr. Cate moved that the thanks of the Society be extended to Dr. Gale, for his valuable and interesting paper, and a copy be requested for publication. Adopted. On motion, the subject for discussion was postponed till the next meeting.

The President then said, We have with us to-day an ex-President of the American Institute of Homœopathy, also ex-President of the Massachusetts Homœopathic Medical Society, — Dr. David Thayer, of Boston, one of the renowned martyrs lately expelled from the Massachusetts Medical Society.

Dr. Thayer thanked the Secretary and Society for their kind invitation to be present on this occasion, and remarked that he had enjoyed the day fully, and was happy to be a martyr to the truth. We know all of old physic which our persecutors knew, and had learned a great deal more, — we had learned how to cure our patients, — “*cito, tuto, et jucunde*,” and they had not. He alluded to the study of homœopathy, — its beautiful valleys, pleasant hill-sides, and rugged mountains, — and said that there were many allopathists who were anxious to learn the better way, and were secretly trying homœopathic remedies; that we should encourage them to go forward, by giving them our sympathy and aid. He also expressed the hope that we should exercise charity, and deal kindly with our erring friends, and said that our expulsion from the Massachusetts Medical Society had done more to give us the sympathy and support of the community than anything else. Dr. Thayer briefly alluded to the many letters which he had received from allopaths, clergymen, and laymen from various States (15) in the Union, thanking him for his defence in behalf of freedom in medical opinion and medical science. Homœopathy, he said, was the field for the exercise of the loftiest genius and the highest culture.

The President then remarked that we had with us, also, the President of the Massachusetts Homœopathic Medical Society, — Dr. J. H. Woodbury, of Boston, Registrar of the Boston University School of Medicine.

Dr. Woodbury was glad to see the ladies present; he had lot ed

that the wives of homœopathic physicians were a little stronger homœopaths than their husbands. He spoke in glowing terms of the prospects of the new School of Medicine in Boston, to which ladies were admitted on the same terms as gentlemen, and in which ladies were even now enrolled among the professors. He remarked that its period of infancy would be its hardest, but that already forty students and upwards had made application for the coming winter, and that only day before yesterday he was informed by a legal gentleman, who had just drawn up a will, that, in the large property bequeathed by it, the Medical Department of Boston University was handsomely remembered.

Dr. Pease, of Boston, and Dr. Norton, of Portsmouth, N. H., were called up and made interesting remarks. Dr. Cate moved that the thanks of the Society be extended to the Newburyport physicians, who had provided so bountifully for the festivities of this meeting. Adopted by a rising vote, — the ladies exercising their rights by voting.

On motion of Dr. Cushing, voted, that the next meeting should be held at the house of Dr. Cate, in Salem, August 20th. Adjourned.

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## ITEMS AND EXTRACTS.

NÉLATON is in a perilous condition at Paris.

HAY FEVER. — A snuff containing quinine is said to remove not only the nasal but the general symptoms to a remarkable degree.

OPIUM POISONING. — *Strychnine* and *atropine* have both been used in China with brilliant success as antidotes for opium poisoning.

SANTONINE. — A case of hyperæsthesia of the retina, the sight, becoming suddenly dim and the letters indistinct when reading, was cured by *Santonine* <sup>2d<sup>ss</sup></sup> thrice daily for a few days.

COCCYDYNIA: CICUTA V. — Severe pain at the base of the spine, dating from parturition, and of several years' duration, was promptly and permanently cured by this remedy.

POOR LAWS. — The horse of a practising physician, if not worth more than \$100, is now exempted from taxation in Connecticut. The Legislature has just refused to extend the exemption to \$200 beasts.

TRAVELING IN ANÆSTHESIA. — A lady was taken from London to her home at Norwood, a journey of an hour and a half, in a state of insensibility from chloroform administered for the purpose, under the influence of which she remained two hours.

INFANTILE COLIC. — In a case of severe colic, remaining after an attack of dysentery, small doses of *Discorea* proved rapidly curative. The symptoms were constipation, vomiting of food, and sudden attacks of colic, the child bending backwards during the pains.

**EPILEPSY.**—From partial provings of absinthe by Dr. Magnan, this remedy promises to be of service in epilepsy,—both in its slighter and more severe phases. Sudden falling to the ground, frothing at the mouth, biting of the tongue, and other epileptiform symptoms were developed by the proving.

**NEW DISEASE.**—“Saratoga trunk on the brain” is now fully recognized by the medical faculty as a malady peculiar to the fashionable women of New York. A brilliant imbecile says that the trunks have an advantage over the women, inasmuch as they wear their own locks, which the women don't.

**PENCIL-CASE THERMOMETERS.**—Three patterns of clinical thermometer, having the form of the “American pencil-case,” are on sale in London. The thermometer is, in each case, either pushed out or screwed out of a silver or aluminium case that keeps it safe in the vest-pocket.

**EARTH-EATING.**—Geophagia is very prevalent and very fatal among children in some places in India. They will put aside wholesome food and eat earth with avidity, preferring that with which the white ants [which are not ants] have built their nest. Few who fall into the practice escape with their lives.

**MEDICAL EDUCATION.**—Last spring, at the London examinations, seven hundred and two candidates applied for their first examination, of whom twenty-eight per cent were rejected. But only four hundred and sixty-one applied for their final examination, and of these eighteen per cent were “plucked.” The variation in the success of the different schools was very striking.

**INCONTINENCE OF URINE.**—Surgeon Maccall, Lancashire Militia, gave chloral a fair trial in the case of two recruits, “commencing with ten grains twice daily, increasing the dose to thirty grains twice daily. After six days' treatment the two cases were completely cured, and at the end of the training the men had been constantly at duty without any return of the complaint.”—*Lancet*, p. 219.

**CHLORALISM.**—Dr. W. K. Murphy, in the *Lancet*, pp. 150 and 191, gives some frightful examples of the physical, mental, and moral effects of a long-continued use of chloral for sleeplessness. One, a living skeleton, reduced almost to idiocy by quantities extending to one hundred and fifty grains a day, resulting in partial paralysis and temporary blindness, was barely recovered by twelve months' treatment. A second who enjoyed a distinguished reputation as an authoress, and a daring horsewoman, lost her control over her thoughts, became subject to partial paralysis of œsophagus, and dimness of sight. Her cure was incomplete after eight months' treatment for chloralization.

**OXYGEN FOR GANGRENE.**—In La Pitié, Paris, a patient of fifty was attacked with senile gangrene in the first and second toes of the left foot, with small ribbon-like lines of dark red, extending to the ankle. The atrocious pain ceased immediately on the application of the oxygen bath. A large eschar at length formed, leaving no sign of dis-

ease saving a slight pinkish hue of the two toes, extending a little up the foot.

**LONDON SEWAGE.** — The water from twenty-one square miles north of the Thames, is pumped up a height of thirty-six feet, and carried at a high level to Barking, three or four miles below Woolwich. There it is stored in ten acres of tank, and let out, at the turn of the tide, into the Thames, which it renders fetid and turbid, and is fast blocking up.

**DIABETES.** — M. Lecorché submits to the Academy of Medicine of Paris, his opinion that glycosuria in diabetes is only a secondary circumstance, the principal phenomenon is a tendency to “disassimilation of protein substances. Diabetes may, in fact, be called *azoturia*. This disassimilation is the very essence of diabetes, and is characterized by the enormous quantity of urea which the patient is daily losing. To stop this loss of urea, the author maintains that “we have only one mode of treatment at command — the administration of cumulative remedies. Among these the principal ones are opium, arsenic, valerian, and perhaps bromide of potassium.”

**NATURAL AMPUTATION.** — Surgeon Curran, of the British army, gives, in the *London Lancet*, a series of instances of the spontaneous removal of injured parts. The bone leaves its socket at the hip or shoulder joint, or the brittle bone of a sphacelated leg breaks off in bed, or the projecting bone is ultimately covered by a sensitive skin. He questions whether the heroic surgery of the old masters was an improvement on that of nature in these cases, where skilled interference was not procurable.

**ALUMINIUM CHLORIDE IN CHOLERA.** — Surgeon Henry Blanc, of Her Majesty's Indian Army, administered “chloralum” to two patients in deep collapse at Sattara (Hindustan) and saved them both. He dissolved one part of the chloride in twenty-five of water; of this he gave doses of an ounce every half-hour, with enemata of twelve ounces every hour; and later the doses were less and less frequent. The strong solution was sprinkled freely on and around the bed. Dr. Blanc would have more hopes of this disinfectant as a prophylactic, or before any remedies had been used, which he thinks often injure the patient. Still he is “far from asserting that we have in chloralum *the* remedy for cholera.”

**HAY FEVER.** — Ch. H. Blackley, M. R. C. S. Eng., himself a victim of catarrhus æstivus, has been making provings of the pollen of many species of plants on his own mucous membrane, and finds the symptoms correspond with those of this annoying disease. The action he regards as partly mechanical and partly chemical. A drop of a centesimal decoction of pollen of *gladiolus* applied to the conjunctiva, instantly produced cartarrhal ophthalmia, and it lasted thirty-two hours. He finds pollen present in very variable quantities in different kinds of weather, and sometimes at altitudes of one thousand feet. He seems not to have tried a “respirator” as a preventive, nor does he speak of nature's respirator, the beard. His book is published by Baillière, Tindall, and Cox, London.

**MEDICAL REFORM IN PARLIAMENT.** — An editorial in the *London Lancet*, alluding to the presence of Gladstone at the banquet of the British Medical Association, says, "No interest has suffered more during the late session than the medical. Not one of the measures which it had at heart but was sacrificed to others of much less national importance. The Public Health Act retains all the provisions which impaired its usefulness a year ago. The adulteration acts are still crude in conception, and in many vital points practically inoperative. Mr. Dalrymple's Bill for the treatment of habitual drunkards was again postponed, after a commission specially appointed by the government had closed its labors by an emphatic approval of it. Above all, the great question of Medical Reform was shelved."

**LONDON UNDERGROUND RAILWAYS.** — The *Lancet* complains of the unhealthy sanitary condition of these tunnels, in which the trains are not only propelled by subterranean fires, but even by engines that do not consume their own smoke. The constant banging and clashing of the doors of carriages cause "shocks as of a cannonade, sufficient to distress even the most composed." No wonder that "complaints of a pecuniary nature" attend such management.

**VEGETABLE PARASITES.** — Any disease of the skin depending upon the presence of a vegetable parasite, may be cured in about fourteen days by the exclusion of light and air. The most convenient means for doing this is by a coat of Canada balsam. If one tenth of carbolic acid be mixed with the balsam before application, assurance will be doubly sure. Light may be excluded by coloring the coat of balsam with common ink, India ink, or lampblack.

**CUPRUM ACETICUM.** — From a recent paper by Dr. J. Drummond, published in the *British Journal of Homœopathy*, we gather some hints for the use of this remedy. It appears eminently serviceable in cases of sudden prostration of the nervous system by the repression or repercussion of exanthemata. In scarlatina marked by convulsions and insensibility instead of the usual rash, and in repressed measles marked by similar symptoms, it gave speedy relief. In cerebro-spinal meningitis, its administration induced a favorable change. In vomiting and diarrhoea, with nervous depression, following repercussion of eczema, it brought back the eruption and removed the other symptoms. In whooping-cough it is also very valuable.

**OZONE FOR CALCULUS.** — Chemical experiments have proved that ozone acts powerfully on uric acid, rendering it soluble. As nineteen out of twenty urinary calculi are found to be of uric acid, it will be seen how important is the bearing of this fact. Dr. Day, of Stafford, and Dr. Day, of Geelong, recommend the ethereal solution of peroxide of hydrogen (ozonic ether) in doses of thirty to sixty drops thrice daily in water. By this means they have treated various cases with great benefit, the attacks being quite relieved in fourteen days. We should suggest a dilution of the solution of peroxide of hydrogen for injection into the bladder as a more direct way of dissolving the calculi. The

oxonic ether will, however, recommend itself as a means of speedy relief, in preference to a surgical operation.

**INGROWING NAILS.**—The following expedient not only relieves speedily, but soon effects a cure: Cut a piece of dry, pressed sponge, the size of a barley-corn, and place it between the toe and the nail, holding it *in situ* with adhesive plaster. As the sponge becomes moist, it expands and holds the nail from the toe. The internal use of *Ant. crud.* will hasten the cure.

According to Chappot, the affected part is to be powdered daily with *Plumbum nitricum*, and the result is a speedy cure. This remedy is not new, but was successfully employed by Vanzetti in onychia maligna.

**RUBBER BANDS AS AIDS IN STETHOSCOPIC AUSCULTATION.**—It was my good fortune, a year or so ago, to discover, while using rubber bands around the margin of the chest piece of my stethoscope in order to make it conform better to the inequalities of the surface, that it not only answered the purpose intended, but also fulfilled to my great delight other most desirable objects; viz., the entire abolition of the roaring tubular quality of the sounds, as heard previously, and also rendering them less loud, in fact, *making them correspond almost exactly* with those heard by the unaided ear.

But this is not all. By its means I found myself able to auscultate to my entire satisfaction through several thicknesses of clothing, and even through a starched shirt bosom. This latter I have repeatedly tried, and always with better success than by the ear alone. Of course the less clothing intervening the better; the skin, however, need never be made bare.

Fretful children and infants can thus be auscultated without the annoyance and delay, and exposure to cold, incident to removing the chest clothing. The only precautions to be taken are to steady the instrument and press it well against the chest, after smoothing out the folds of the clothing and not letting the latter come in contact with any part but the rubber. It also makes the physical exploration of the "fair sex," whether for thoracic or abdominal affections, a far less indelicate procedure; an advantage which both patient and physician will appreciate.

I hope some of our instrument makers will see this and make the *smaller* chest piece of Cammann's instrument with a rim to put a rubber band on.

An ordinary elastic band, one half inch wide by two inches in length, found in the stores, will just fit the *larger* chest piece of Cammann's stethoscope. It is made to stick on by the aid of a little gum arabic, tragacanth, or flour paste, so as to lap over the inner margin of the rim, almost as much as the outer one. The elasticity of the rubber makes it fit snugly, and modifies the vibrations as they are conveyed to the rigid tubing from the chest. It is in reality just about the same density as the cartilages of the human ear, thus simulating the normal ear sounds, and doing away with that exaggerated intensity and tubu-



lar quality which obtains in all the (rigid) tubular stethoscopes, and which misleads most of those who are not experts.

If any are disposed to be sceptical about this, let them try it for themselves.—*Dr. Southworth, in the Buffalo Med. & Surg. Jour.*

**ENGLISH MIDWIVES.**—The London correspondent of the *Philadelphia Times*, in a recent issue, writes that it is calculated that there are ten thousand midwives practising in Great Britain, and that from 30 to 60 per cent of the women in many rural places and manufacturing towns are delivered by midwives, many of whom are very ignorant. A great excess of mortality among lying-in women is the result. A deputation of the Parliamentary Committee of the British Medical Association has waited upon the President of the Local Government Board, on the subject of establishing an examining and public register of trained midwives.

**DEATH OF DR. TYLER SMITH, OF ENGLAND.**—The death of this eminent physician took place from apoplexy, in one of the suburbs of London, on the 22d of June. He was found insensible by the roadside and expired shortly afterwards. For some time he had been suffering from Bright's disease of the kidneys and arterial degeneration, and had recently several attacks of epistaxis and subcutaneous ecchymosis. He was fifty-nine years of age at the time of his death, and for nearly half of that time had been prominently known as an obstetrician both in England and abroad.

**BELGIAN INSANE ASYLUMS.**—The Belgian government has recently ordered securely-locked letter-boxes to be placed in all the insane asylums of the country, public or private, in positions where they will be easily accessible to all the inmates. They are designed to allow complaints and suggestions to be made to the authorities in a way independent of any of the officers or attendants. No one connected with the institution can have access to them. They are in charge of the *Procureur du Roi* of the district, and the letters they contain are taken to him weekly for examination. The complaints are then investigated, and if any one claims to be sane, the case is ordered to be examined by medical experts. Abuses are corrected. The system, it is said, exerts a wholesome influence, and tends to secure proper management in all its details.

**PEN PORTRAITS.**—The artist of the *Cincinnati Medical Advance* gives us these off-hand sketches of some of the members present at the late meeting of the American Institute at Cleveland.

“Dr. Brown was the radical man ; Dr. Swazey the disputatious man ; Dr. Franklin the earnest man ; Dr. Wilson the witty man ; Dr. Beckwith the self-sacrificing man ; Dr. Duncan the silent man ; Dr. Kellogg the material man ; Dr. Cooke the funny man ; Dr. Smith the business man ; Dr. McManus the correct man ; Dr. Pearson the serious man ; Dr. Schneider the genial man ; Dr. Holt the talkative man ; Dr. Buck the scientific man ; Dr. Dake the reformatory man ; Dr. Sanders the polite man ; Dr. Gause the handsome man ; Dr. McClatchey the

useful man. Time and space will not suffice us to speak of all the notable characters whom we saw and heard."

**THE CONTROVERSY ON SEPTICÆMIA.**—After a long interruption, the French Academy of Medicine has again had the subject of septicæmia brought under its notice by Professor Vulpian, who has communicated the results of the numerous experiments he has undertaken in his laboratory, and which he thus summarises: 1. When rabbits or guinea-pigs are inoculated with the blood of a human being who has died of gangrene of the lung, and consequent septicæmia, they soon die, and their blood can prove, when injected into other animals, just as rapidly fatal. 2. To produce fatal results with blood which has been allowed to putrefy spontaneously and by exposure to the air, it is necessary to inject a considerable quantity, as much, in fact, as a cubic centimetre. The blood of the animal thus poisoned, however, acquires very virulent properties, and a much smaller quantity proves effective. 3. In certain cases the animals die at the expiration of several weeks, and the lesions consequent on purulent infection could then be demonstrated. 4. Blood taken from those affected with typhus fever never produced septicæmia in rabbits or guinea-pigs. 5. Well-marked differences in the characters of bacteria and vibrios are demonstrable in different instances, and Vulpian thinks these differences may possess an important influence on the activity of infection. 6. Vulpian regards true pathological septicæmia as distinct from that produced by experiment, and suggests the name bacteræmia for the latter. — *Lancet*.

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## PERSONAL.

**CARROLL DUNHAM, M.D.**—Our readers will all rejoice with us that Dr. Dunham's health has so far improved that he intends soon to return from Europe.

**EDWIN C. BOLLES, Ph. D.**, of Salem, has been appointed Lecturer on Microscopy,

**JOSEPH R. BUCHANAN, M.D.**, of Syracuse, N. Y., formerly of Louisville, Ky., Professor of Physiology, and

**N. FREDERICK MERRILL, Ph.D.**, of Cambridge, Professor of Chemistry, in Boston University Medical School.

**H. K. MACOMBER, M.D.**, who was obliged to leave this city on account of ill health, has experienced so much benefit from the climate of Atlantic, Cass Co., Iowa, that he has commenced practice there with very encouraging prospects.

A PHYSICIAN in a thriving town near Boston, is obliged to relinquish his practice. For particulars address the Editor of the GAZETTE.

**DIED, EPHRAIM S. WILLARD, M.D.** in Boston, April 18, 1873, æt. fifty-eight. Dr. Willard was born in Lancaster, Mass., June 12, 1815, and graduated at the Pennsylvania Homœopathic Medical College in March, 1860. After a practice of three years in Cambridge, he removed to Boston in 1863. Here he endeared himself to all with whom he was brought into intimate relations. Sympathetic, singularly free from professional pride and jealousy, and always ready to minister to the poor, he leaves among many classes of the community numerous sincere mourners for his loss. His life was, in a manner, a sacrifice to duty; he died of scarlet fever contracted from a patient.

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DISINFECTANTS IN SURGERY.

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

*Report to the Massachusetts Homœopathic Medical Society.*

FROM early ages this subject has commanded more or less attention. At first, without any well-grounded theory, and with no great certainty of action, certain mineral substances and decoctions of herbs obtained repute—according to the quaint expressions of the time—for cleansing wounds and foul ulcers. Since those primitive days, various theories have been put forward and overthrown. Even to-day the battle is still being fought—though upon more advanced grounds and with greater scientific accuracy—with unabated vigor, by the believers in the different theories, such as corpuscular transudation, heterogenesis or formation of matter *de novo*, and the presence of living germs in the atmosphere. We are reminded of the famous triangular duel of the Irish novelist. These modern theories are supported by the investigations of such men as Bastian, Hartley, Tyndall, Huxley, Cohnheim, Beale, and a host of others, equally prominent in the world of science. Good will undoubtedly come from these controversies; some good has already been derived.

Without committing ourselves exclusively to either theory, our duty is to seize upon such facts as are plainly established by results, empirical though many of them may be, and turn them to practical advantage in the treatment of those whose life and health are placed in our charge. Most of us know from bitter experience that in many patients who have undergone operations

which expose surfaces in such a manner that they are not protected by their natural covering, a condition is induced resulting in the formation of a pus prone to undergo decomposition and become putrid; this, by its return into the system in whatever manner, produces a dangerous disease, known as pyæmia, or septicæmia. This is the same, whether the original lesion is of traumatic origin or the result of extensive ulceration, provided the denuded part is exposed to atmospheric contact. This accident is contingent upon time, place, and circumstance. Some seasons are more fruitful of bad results than others; some localities, such as certain hospitals, are almost sure to have a large percentage of fatality; and the individual condition of the patient renders some more susceptible than others. In the first cases mentioned, the putrescence would seem to be, and undoubtedly is, of atmospheric origin, while in the last instance there is, in addition, some constitutional diseased condition which assists in bringing about this catastrophe. Laudable pus, the simple result of inflammation, in which putrificative decomposition has not taken place, does not produce from its absorption the previously-mentioned evil results.

Agents which arrest or prevent putrescence are called disinfectants, or antiseptics. By some authors a distinction is made between *disinfectants* and *antiseptics*, according to their use; but, as generally the same class of agents is employed both to destroy the process of infection and counteract the influence of the septic poison upon the system, this distinction is practically without a difference. Although the number of agents which may be classed as disinfectants, in the broadest sense of the term, is quite large, a few possess such a marked superiority that they have superseded all others, and it is to these more prominent ones that I propose to invite your attention. These important agents comprise chlorine and its compounds, carbolic acid and the carbolates, chromic acid, sulphate of iron, vegetable charcoal, permanganate of potash, etc.

Free chlorine has seldom been employed in surgical cases, on account of its disagreeable odor and irritative properties; as evolved from some of its combinations it has, however, been more frequently used than any other agent as a general disin-

fectant. As given off from chlorinated lime, or Labarraque's solution, it combines readily with hydrogen and ammonia, acting chemically upon the products of decomposition; hence its value in deodorizing offensive excreta. It also attacks the causes of decay, but in order to perform this latter function the substances must be used in such strength as to be improper for local use. Dr. T. Grace Calvert claims, from various experiments made with both free chlorine and chlorinated lime, that unless they are used in excess they encourage rather than retard the development of animal germs in albuminous fluids. For local disinfectants, then, chlorine and its unstable compounds have but little claim upon our attention. The more stable chlorides of zinc, mercury, iron, and aluminium are all of them powerful agents. They act upon the germs of animal life by coagulating albumen, which is a necessary ingredient in all living germs. There are insurmountable disadvantages attached to the use of chloride of zinc and bichloride of mercury, in that they are both, when used of sufficient strength to be of value, very powerful caustics, and the corrosive sublimate, if absorbed, produces its peculiar toxic effect.

The sesquichloride of iron (ferric chloride), as is well known, coagulates albumen, and forms with the blood, escaping from the wounded vessels, a hard coagulum, incasing the wound, and in a great measure shielding it from atmospheric contact.

Chloride of aluminium (chloralum) has much the same action, but does not form so firm a covering to the wound; this is a comparatively new agent, and much is yet to be learned in regard to it. One advantage it certainly has, that it is in no way poisonous.

Sulphate of iron (copperas) is a valuable and economical article for general disinfecting purposes. It is often of great advantage to add a strong solution of it to the contents of vessels used in the sick-chamber, thereby preventing one very prolific means of communicating contagion.

Carbolic acid (phenol) is, in the mind of nearly every member of the profession, immediately connected with the subject this paper. Much has been justly claimed for this peculiar product, and likewise a great deal that is impossible. It is

hardly within the bounds of reasonable expectation that any agent should be able to destroy the lower forms of life, and at the same time be perfectly harmless when absorbed by the human system, as it must be unless exhibited with the greatest care. The physical system of man is so entirely dependent upon protoplasmic organisms, hardly to be distinguished in point of structure from organisms which are both the result and probable cause of disease, that the utmost circumspection is necessary lest we either do too much, and destroy the life of the blood-corpuscles to a dangerous extent, or, on the contrary, do too little, and fail to prevent the germination of a very grave disease. Carbolic acid when added to a solution containing bacteria arrests their motion at once, and also prevents their germination, producing death of the organisms.

Dr. Lionel Beale says: "Carbolic acid injected into the blood-vessels of a living animal in health kills it, the circulation being instantly arrested, though the blood is not coagulated. The living matter of the flowing blood being killed, seems to be the sole cause of the stoppage of the circulation." This theory may reasonably account for the remarkably prominent symptoms of depression sometimes following the prolonged use of this substance even in a quite dilute solution. In other words, if it is used beyond an as yet undetermined limit, its very disinfectant properties render it a blood-poison; and we must recollect that it is taken up by the absorbents with considerable readiness. In my own practice, when I have sometimes used for a long time, and over a large surface, a solution of only moderate strength, it has been necessary to suspend its application on account of sensations of faintness and severe exhaustion, showing that the vital powers were essentially interfered with; it was in some manner impoverishing the blood. Introduced into the uterine cavity it has produced dangerous collapse.

Experiments have been made with a virus which, although different in the symptoms it produces in the system, undoubtedly acts in accordance with the same law as the septic poison. I refer to the virus of the vaccine disease. Repeated experiments show that if active particles of vaccine lymph are thor-

oughly mixed with a mere trace of carbolic acid, the lymph is always rendered innocuous. Carbolic acid being volatile acts as a general as well as local disinfectant and in a measure attacks and destroys whatever germs there are in the atmosphere, although some few of the germs, being better protected by their envelope of formed matter than are the majority, seem to escape destruction from the carbolic vapor, as was demonstrated in the experiments of Dr. R. A. Smith. He found that living organisms were found after a few days in an infusion of hay suspended in an atmosphere of carbolic acid. This could hardly have been the result had carbolic acid in substance been added to the infusion.

I have given a disproportionate amount of time to the discussion of this agent, as it is — perhaps deservedly — the fashionable disinfectant, and some of its enthusiastic admirers have demanded for it results not a whit short of the miraculous. I will now repeat a few of the formulæ for its administration.

The Carbolic Acid Water of the United States Pharmacopœia contains about eight grains of carbolic acid to the ounce. It is made by adding to ten drachms of glycerite of carbolic acid sufficient distilled water to make one pint. The Glycerite of Carbolic Acid, U. S. P., is made as follows: Take of carbolic acid two ounces; glycerine half a pint; rub them together in a mortar until the acid is dissolved. This is too strong for general use, and as a substitute we have the Glycerine Phenique, of *Lemaire*, which is composed of Glycerine, one hundred parts; Carbolic acid, one part; mix. If it is desired to use carbolic acid by inhalation in some purulent diseases of the nasal or other air passages, the most simple form is the Éther Phenique, *Lemaire*, for which the formula is: Ether, one hundred parts; Carbolic Acid, one part; mix. The Carbolized Oil, of *Calvert*, is unnecessarily strong, being composed of Carbolic Acid, one part; Olive Oil, six parts. For large burns it would be well to use, say, two parts of carbolic acid to fifty parts of olive oil. For cleansing the hands after any risk of contagion, the toilette preparation is very elegant and desirable. Take Carbolic Acid, ten parts; Essence of Millefleurs — or any other perfume — one part; tincture of *Quillaya saponaria*, fifty

parts ; water, one thousand parts ; mix. This is both detergent and disinfectant. I am indebted to Dr. J. H. Woodbury for a desirable formula from which to prepare solutions for lotions and vaginal injections. It is carbolic acid, one drachm ; carbonate of soda, one ounce ; water, four ounces ; this can be diluted to any strength desired.

Another important agent of great power, though not frequently used, is chromic acid ; from its mode of action this acid should have properly followed the chlorides. It possesses beyond any other single article of which we have knowledge, the power to cause coagulation of albumen, and consequently to destroy the germs of such disease as already exists, and to prevent the formation of others. So, whichever theory of genesis we follow in our belief, it is equally valuable. Being a powerful oxidizing agent, and its efficacy depending upon its own decomposition by contact with organic matter, it is not so likely to be taken up by the absorbents as is carbolic acid, the result of the decomposition being insoluble. It should always, if diluted, be dissolved in water, — as should also permanganate of potash. Chromic acid when employed as a disinfectant need not be used stronger than a one per cent solution, and ordinarily one grain to the ounce will suffice. With a vaginal injection of one grain to the ounce, I have known a foul-smelling, sanious lochia lose its offensive odor and become quite natural after two or three applications. Being without volatility it is worthless as an atmospheric disinfectant. If either this or carbolic acid be used to reduce fungous growths, either must be of sufficient strength to exhibit its caustic power, — nearly or quite pure.

The bichromate of potash is sometimes employed, but has no advantages over chromic acid.

The sulphites of lime, soda, potash, etc., are often used, more frequently being administered internally to counteract the effects of absorption of the septic virus. The same may be said of the sulpho-carbolates, and if we can judge from the record they bear, they are salutary in their action. Possibly this action may account, in a measure, for the beneficial results obtained from our favorite remedy, *Hepar sulphuris calcarea*.



Sulphurous acid is a reliable general disinfectant, and, as instanced by Beale, boasts a greater antiquity than any other, burning sulphur being mentioned by Homer in the twenty-second book of the *Odyssey* as used by Ulysses to purify the gory apartment in which he had slain the unfortunate suitors. It cannot, however, be conveniently used topically and is extremely irritating to the air-passages.

Charcoal deodorizes, but has no power to destroy germ-life.

*Hydrastis canadensis* has a good reputation for healing old ulcers, and rendering them clean and healthy. Dr. E. Clark records a case in *New England Medical Gazette* for August, 1873, p. 359, in which an infusion of *Hydrastis* certainly appears to have dissolved or rendered soluble coagulated blood in the urinary bladder. The same result is claimed in other cases. If it is found by experiment that this result is constant, the *Hydrastis* will at once become a valuable remedy, applicable where most others are not.

The agents mentioned in this paper, although leaving much to be wished for in practical application, and not being all-powerful, are still productive of great good, and deserve to be well studied and applied by us for averting accidents, that cannot be prevented by medication applied simply according to the rules of symptomatology; and, as physicians in the broadest and best sense of the term, let us make free and careful use of these, or of any other life-saving means that may come to our knowledge.

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### TREATMENT OF INDOLENT ULCER.

BY GEORGE B. PALMER, M.D., EAST HAMILTON, N. Y.

THE article of Dr. Sherman, in the *Gazette* for May, 1873, on the treatment of ulcer, by the local use of tincture of muriate of iron, was read by me with a great deal of interest. I had among my patrons a case for which I had vainly prescribed, some two years ago. I immediately visited her, and proposed to again undertake her case, to which she gladly assented. In my former treatment I had relied upon internal medication—had used *Ars. Sulph. Silicea, Calc. c.*, etc., etc., mostly in the

200th potency. Since then she had tried various ointments, salves, and patent and domestic remedies, to no purpose.

My patient was sixty-five years of age. The ulcer, now of some years standing, was situated upon the inner side of the left leg. It was irregular in shape, four inches in its longest diameter, and half an inch deep. The edges were elevated, and quite sensitive and irritable. The leg was swollen to the knee, very much discolored, and painful. She complained of great heat and itching, especially at night,—so much as to frequently deprive her of sleep.

After cleansing the ulcer with castile soap and water, and drying it carefully, I painted the surface with tincture of muriate of iron, using a camel's hair pencil. I then placed a soft compress over the sore, and bandaged the limb tightly from the toes to the knee. I directed the dressing to be repeated once in twenty-four hours.

The first night there was marked relief from the heat and itching, and improvement was manifest. It went on rapidly from that time. The swelling diminished, and at this time—September 13, 1873—the ulcer is healed, the skin appears of a natural color, the swelling is gone, and there is every appearance of a perfect cure.

No remedies have been used internally during the treatment. Should I meet another case of the kind, I shall certainly resort at once to the same treatment.

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## TWO CLINICAL CASES.

BY J. HEBER SMITH, M.D., MELROSE.

THE subjoined cases are from the note-book of a student, who gathered up what fell from the lips of those veteran teachers, Profs. Hering and Lippe. They seem worthy of preservation, and will undoubtedly be well received by the readers of the *Gazette*. I also trust that these gentlemen will pardon me the liberty taken in publishing them, since the cases are of such general interest to the profession, even if my hasty notes should not so fully or correctly represent their thoughts

as they might wish. They may serve to stimulate our physicians to a careful selection of the exact simillimum, whether it be given in one attenuation or another.

**RHEUMATIC FEVER.**—Mr. —, aged thirty, weighing two hundred and forty pounds, was in the seventh day of rheumatic fever. He had quinsy first, "beginning on the left tonsil and going to the right," which was cured with *Apis m.* Ten years previous, he had been a patient of Dr. Ricord, in Paris. During the past seven days he has had the following remedies: *Bry.*, *Rhus tox.*, *Sulph.*, and *Nit. acid.*; one dose of each. The profuse perspiration of hippuric odor, which suggested the *Nit. acid.*, is now less. The stiffness of the limbs is less. Pulse soft, 120. Much flatulency; flatus hard to expel; the anus feels as if it were constricted. Incarcerated flatulency, below the right side of the diaphragm, troubles him greatly. Respiration short and quick. Feels worse from a deep inspiration and from talking. Relieved if he lies on the affected spot, but the rheumatic pains compel him to lie on his back. Urine dark, with cloudy sediment. When he takes the least quantity of cold water, the stitching pains in the chest are aggravated, even amounting to a kind of spasm; less when warm water is taken. (This symptom is an important indication, left out by Dr. Hempel, and is to be found in Böeninghausen's small Repertory.) Dr. Lippe prescribed *Thuja*<sup>200</sup>.

**TYPHUS.**—It is the ninth day of the case, the patient lying on his back, with eyes wide open, staring and immovable. He is unconscious; face red; lips black; tongue dry and black; lower jaw hangs down. He passes urine involuntarily; it leaves large streaks of red sand on the sheet. Pulse over 200; skin dry. He looked, indeed, as if he were going to die within twenty-four hours. Dr. Hering was called in consultation, and both feared approaching paralysis of the brain. Before Dr. Lippe found the red sand, he was deliberating between *Opium* and *Hyos.*; the sand pointed to *Hyos.* *Opium* has the symptom more usually in the state of *snoring*, with the eyes *half-closed*; (*Lycop.* has the red crystals in the urine, and falling of the lower jaw; increase of urine only at night.) *Hyos.*<sup>200</sup> was prescribed, one drop in half a tumblerful of water. Several

spoonfuls were given, and in six hours the patient perspired, his jaw closed, and he was out of danger.

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## ALLOPATHY—PAST AND PRESENT.

FROM THE MONTHLY HOMŒOPATHIC REVIEW.

It is impossible for one who knows anything of the history of medicine during the early part of this century, not to remark the great difference existing between the allopathy "of the period," and that which was practised almost universally until about twenty years ago, and till still more recent times, by perhaps the majority of routine and country practitioners.

In the early period of Hahnemann's practice, his soul revolted from the barbarous system of treatment which was then prevalent, and rather than continue to practise it, even before he knew of a better system, he retired altogether into private life, and supported himself by writing. Patients at that day were bled over and over again for trifling ailments, which we now know are not only not cured or improved by such treatment, but are made materially worse. They were brought by this system of depletion to the very verge of the grave, a condition from which many never rallied, and others who did, bore traces of the treatment they had undergone, in chronic bad health ever after. Purgation was then the great stroke of business following upon the bleeding; but this was of comparatively little permanent injury in acute cases, compared with the treatment of nearly all chronic ailments by purgatives, with or without other medicines, treatment which has produced as its result so much of the chronic disease one meets with in patients who are old enough to have passed through it.

Lastly, in those days, how frequently one came across lamentable specimens of mercurialization in its different forms, which now one happily only knows from description in books. No wonder the noble soul of Hahnemann led him rather to give up practice altogether till he made his grand discovery, than degrade his moral perceptions by continuing to treat his patients in a way that he saw was utterly wrong and mischievous.

But allopathy, as at present practised by the best practitioners, is quite different from this. It is very much reformed and improved. The fashionable doctor of "the period" would have been some years ago reckoned a most unsafe man—one who would lose his patients for want of sufficiently "active" or "heroic" treatment. Nothing shows the absurdity of the adhe-

rents of the old school talking of orthodoxy, or charging us with heterodoxy, than this revolution in their practice. What was once orthodox with them is now heterodox, both in theory and practice, and the fashionable "doxy" changes so often that every honest man in the old school admits that there is no system in allopathy, that however much may be discovered in pathology and physiology, nothing in the way of a permanent or trustworthy science or system exists in the ordinary method of drug-treatment; while with a sigh of despair, it is too often added, that there never can be such a certain system as might be wished for.

It is both interesting and instructive to inquire in what points the allopathic practice has altered and improved, and what have been the influences at work in causing this change.

What will most probably first strike any one who thinks on the subject, is the smaller quantity of medicine administered for diseases in general, and that such medicines are administered in smaller doses. Instead of the course of powders, pills, and draughts, which the patient was put through in former days for the most trivial diseases, he nowadays escapes wonderfully easy. In minor complaints he gets, of course, a purgative, but of a comparatively mild sort, with the view of temporarily removing that dreadful bugbear, constipation; and if anything more is prescribed, it is a mere *placebo*, doing little good or harm. Strict injunctions as to diet are given, and in acute cases of a mild type, the patient is nursed and left to himself, to recover by the *vis medicatrix naturæ*, while he is amused by supposing he is taking some medicine of power. For diseases of a serious nature, too, one finds medicines formerly relied on, now almost abandoned; and it is, perhaps, in these cases that the change of practice is most observable. Listen to Trousseau's admirable lecture on apoplexy or cerebral hæmorrhage. It almost amuses one to read how he goes over each of the parts of the "heroic treatment," formerly employed as a matter of course, weighs each one in the balance, and finds them all wanting. And not only wanting, but positively injurious. His treatment of such cases consists of raising the patient's head, and applying cold to it. Not even a purgative, still less, bleeding and mercury. Again, look at pericarditis occurring idiosyncratically, or in the course of acute rheumatism. Not long ago the physician who did not get his patient rapidly under mercury was looked upon as culpably negligent. Now, the fashionable physician either openly laughs at the uselessness of punishing the patient in this manner, or gives small quantities of mercury that he may be able to satisfy the friends that he is doing

something. When questioned upon the efficacy or reason of this treatment, he shrugs his shoulders and says he must do something. It was a case of this disease of which the story goes, that a general practitioner called in a consulting physician of the advanced school, who, after examining the patient, pronounced it a case of pericarditis. The family attendant looked horrified at the notion that such a serious disease existed, and had escaped his observation. Amid profuse apologies for his carelessness and ignorance, the consultant replied, "Thank God you did not discover it, *or you might have treated it.*" Encephalitis, in a similar manner, involved, as a matter of course, rapid salivation in its treatment, — now, very few of the advanced physicians of the present day think of such a course, but content themselves with leeches, cold to the head, and purgatives. The use of mercury to salivation still holds its sway in the minds of many, in pleurisy with effusion, but in the practice of the younger, and amid the more common sense of the advanced school, it is given up, and in its place we find a case of acute pleurisy treated with poultices, medicines which are supposed to assist in reducing fever, as saline mixtures, etc., and subsequently iodide of potassium, with diuretics and blistering. In pneumonia, again, the change is remarkable. Formerly, bleeding, of course, general and local, with, in the hands of some, the never-failing salivation by mercury, and in those of others large and nauseating doses of tartar emetic, formed the prevailing treatment of a disease which was supposed to be in especial need of "active" lowering treatment. Now, pneumonia is the disease, of all others, where the expectant system shows most success, and where the powers of nature in recovering from acute disease, unassisted by drugs, if only put in the right way, by careful nursing and proper food, are shown most completely.

Peritonitis, up to a comparatively recent period, was, as a matter of course, treated with calomel and opium (the mercury being supposed to be the important ingredient), and the patient kept under it till the gums were affected. Gradually, however, the growing sceptical spirit crept in, and the boldest of the sceptics presumed to doubt the value of the mercury, and to state that the soothing effect of the opium held the principal rôle in the prescription; the result being, that opium alone is now prescribed, and the patient recovers more satisfactorily than when, as formerly, he was salivated. So in the allied form of puerperal peritonitis, and metritis, after bleeding, came the everlasting mercury, which has now given place to the milder opium.

As a last illustration of the change of treatment in acute disease, where that cursed system of salivation used to prevail, and reign unquestioned, we may mention *iritis*. To doubt the necessity of rapid salivation in this disease was, a short time ago, never thought of; now, it has been shown that though small doses of mercury, *short of salivation*, are very beneficial, some cases of iritis will recover without anything but the local application of atropine, to keep the pupil well dilated. And so with respect to syphilis, of which iritis is one of the not infrequent manifestations;—formerly patients were poisoned with mercury for hard and soft chancre indiscriminately; now the latter is known by every one to require no mercury at all, while the former is recognized as the first indication of constitutional affection, and found to be cured infinitely better, and with no danger of superadding to the disease the effects of mercurial poisoning, by giving the mercury in much smaller doses, or such as are *short of salivation*. In cases of disease of the digestive organs, again, as dyspepsia, the plan of treatment, by which a foul tongue, with want of appetite, was endeavored to be cured by emetics followed by a purging with blue pill and black draught, has very much given way to the “tonic” plan of treatment, with careful dieting, and the use of “mild laxatives”; while in phthisis, every well-educated old-school physician recognizes the fact that to relieve the cough by the antiquated “expectorant” mixture, consisting of squill, ipecacuan, and camphorated tincture of opium, is doing more harm than good, by destroying the patient’s stomach, and so preventing him taking the nourishment he so much requires.

Another very observable difference between old and new school “allopathy,” is the introduction, either alone or in combination with other drugs, of homœopathically-acting medicines; but we shall reserve consideration of this point, till we inquire into the causes which have been at work in producing this change of practice.

And first, we may at once dispose of the now exploded theory of change of type in disease. This was a most convenient theory to ease the mind of a man who had, in spite of himself, to alter his former ideas and practice; but we need not waste time in knocking down a man of straw. Since Sir Thos. Watson, who was the chief exponent of this theory, had the courage openly to express his conviction that it is untenable, we hear very little about it, and physicians of the old school have now to look for some other more or less satisfactory explanation of existing facts. It is undoubted, in our opinion, that the great cause of this improvement in allopathic practice is due to hom-

ceopathy. Even our opponents so far admit this. The fact that under homœopathic treatment cases of all kinds, acute and chronic, recovered in much shorter time than the same cases did under allopathy, was a great fact, which could not be gainsaid, and which astonished the minds of men who had till then believed that serious cases would die, unless put under so-called "active" treatment. Our opponents put it down as a maxim that required no proof, that homœopathic treatment was no treatment at all — simply the administration of cold water, with careful dieting and nursing. The dose was too small, according to their preconceived notions, to have any effect, therefore it had none. Of course, from these premises there was only one conclusion, viz. that many diseases, hitherto supposed to have a direct tendency to death unless treated "actively," had instead of this, a tendency to recovery, and that they would actually recover without the said "active" treatment. Hence came the new study of the "natural history of disease." The natural undisturbed course of disease was simply observed and noted by the school known now as the "expectant school." These men took a lesson from the homœopaths, by careful dieting and nursing their patients, both of which points, till then, were misunderstood and reckoned subservient to drug-treatment; but, except in this particular, they left their patients entirely to nature. The result was, that their mortality was much lower than that under the old system. Such a result inevitably suggested the corollary that the old-fashioned "active" treatment of acute disease, so far from being beneficial, was really pernicious and caused the death of many unfortunate patients, who would have recovered if they "had not been treated." In the hands of the most enlightened old-school men, therefore, the old treatment was thrown overboard. Such a radical revolution could not be effected at once; but the force of facts gradually told, and among the younger men, at least, the element of scepticism, as to the value of drugs, crept in. It is thus clear that, at all events indirectly, the great reformer of allopathy has been homœopathy.

But not only has homœopathy had an indirect influence in reforming allopathy practice, but it has had, and still has every day, more and more direct influence on the dominant system. We find that, unacknowledged though it is as to its source, homœopathic ideas and practice are leavening the lump. Those pieces of homœopathic treatment which are so well known as to be almost household words in homœopathic families, are gradually forcing themselves on the brains of allopathic doctors. The constant dropping of water hollows the hard stone; so the con-



stant talk of the value of *Aconite*, for example, in febrile affections has resulted in the chief anti-homœopathic organ, the *Lancet*, saying that aconite stands pre-eminent in febrile states, and that compared with it, "saline mixture," liquor ammoniæ acetatis, and all the vaunted "diaphoretics" are nowhere. In a similar manner we have *Nux vomica*, now a frequent ingredient in laxative pills, by the use of which allopaths find they can give much smaller doses of their rhubarb or aloes. We have nux vomica or strychnine in small quantity prescribed in dyspepsia with constipation, instead of the nauseous mixtures that it was absurd to suppose a delicate stomach could receive. We have sickness treated by ipecacuan; gastritis, etc., by arsenic; chronic diarrhœa by arsenic; cholera by the same; skin diseases by the same. We see mercury prescribed for syphilis in a homœopathic dose — that is, in a dose less than will produce physiological symptoms. We have, not to enlarge too much, Dr. Sidney Ringer bringing out a work on Therapeutics, as full of homœopathy as possible; where not a single reference to authorities, quoted from in the matter of drug-treatment, is given, for the simple reason that many of his references *must be* to homœopathic writings. We have even *lead* prescribed for constipation, when it is impossible to conceive that the physician prescribing it, could be unaware that he was prescribing a homœopathically-acting medicine.

All this shows the important part, direct and indirect, which homœopathy has played in reforming old-school medicine; although it suits our opponents, at present, not only to ignore its influence, but to endeavor to delude students and the public, by telling them that homœopathy is dead.

The last point we shall draw attention to, in reviewing the state of allopathic practice, past and present, is the unmistakable fact that, except when homœopathically-acting drugs are made use of, the improvement of the present day is simply negative, not really progressive. It is progressive in one sense, namely, in the necessity now recognized for careful nursing, attention to diet, and the giving of nourishment, and even stimulants, in acute cases — in short, for helping the natural powers to overcome the state of lowered vitality known as disease. This is all very necessary, and equally attended to by homœopaths; but in the matter of drug-treatment there is no advance in the principles of treatment. The disuse of bleeding is simply negative; so also is the abandonment of the salivating treatment of cranial affections, pneumonia, syphilis, and peritonitis; but in febrile affections and acute disease, when *Aconite* is not given, counter-irritation by purging the bowels — and a

very rough form of counter-irritation it is — is still resorted to. The treatment of pneumonia is negative; that of peritonitis by opium is also negative — that is, the nervous system is deprived of its sensibility to pain, and the patient is allowed to recover, if he can. Chronic constipation is still treated by drugs which temporarily relieve the bowels, but leave the disordered condition worse than before, except when homœopathic medicines, such as *Nux vomica*, are given. Blisters are still in vogue, though even in this there is a reform. The best men are beginning to see that in many affections of the brain and spinal cord, they really do harm instead of good. To be sure, several powerful medicines have been lately introduced, as bromide of potassium, and chloral, but they are used in a perfectly empirical manner. The former of the two became quite "the fashion" some time ago, and was prescribed for almost everything; now, except for a few diseases, one hears little of it. Chloral is now taking its place, and is being used to an enormous extent for the most varied complaints. The "tonic" plan of treatment, so much in vogue now, simply aims at improving the appetite, and bracing the nervous system in a vague way, and so enabling nature to recover. The total absence of a definite principle, and therefore of real progress, is lamentably apparent; the best men admit this, and sigh for the discovery of some guiding principle. They long for a more correct knowledge of the action of drugs than they already have, and fail to see that in this, as in every other step of progress, homœopathy has pioneered the right way. Until they recognize this fact, and humble themselves to see that the path they have long shunned and jeered at is the real path of progress, old-school therapeutics will remain essentially where they were, devoid of principle, except the negative one of doing as little harm as possible, under the circumstances.

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## OBSTETRICS AND THE DISEASES OF WOMEN.

MARY SAFFORD BLAKE, M.D., EDITOR.

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### PROCIDENTIA UTERI.

BY NANCY T. WILLIAMS, M. D., BOSTON.

Mrs. J., of New York, aged fifty-six, was married at thirty. She had, in a few years, three children, with normal labor. Two weeks after the birth of her second child, she resumed

her usual household duties; this brought on prolapsus uteri, from which she suffered the usual discomforts,—a weak feeling across the hypogastric region, a dragging sensation in the pelvis when standing, with much pain in the back. Still she had no medical treatment.

In three years from that time she was delivered of her third child, and from that event dated a complete procidentia. It compelled her to keep in a recumbent position most of the time. She now called in medical advice, and was treated most of the time for several years. Local applications of caustics were made quite frequently.

When I was called to see her she had been an invalid for nearly twenty years, and during all this time she had reclined in an extension chair or on the bed. She had had frequent and severe attacks of cephalalgia, which always followed an effort to bear her weight upon her feet. There was chronic metritis and cervicitis, with induration of the womb, and ulceration about the os, with a profuse yellowish-green discharge, of an offensive odor.

A local application of a weak solution of natrum muriaticum, as a means of cleansing, was made twice a day for two weeks, and after that for once a week, until the ulcers were healed, which was about three months. Internally, *Sepia*<sup>200</sup> was given, one powder every fourth day, for a time, and then every third or fourth week, during the year that I attended her.

She had lain much of the time with the thighs flexed upon the abdomen, and the feet drawn up. The muscles had become very rigid from long-continued inactivity, and it was several months before they regained sufficient vigor to allow her to stand and move about. In a year's time she was again able to attend to her household duties. The uterus had regained its normal position, and her recovery was complete, for which *Sepia* alone must have the credit.

## CHRONIC METRITIS.

BY ELMIRA T. HOWARD, M.D., CINCINNATI.

To write a concise essay upon any subject connected with gynæcology, which shall convey positive, available knowledge and instruction, is almost an impossibility; for our recent literature of this specialty is so copious that any attempt to condense it promises little satisfaction. I shall, therefore, limit my remarks to the important subject of chronic metritis, which may be called the opprobrium of the gynæcologist. By this term we are to understand inflammation of the parenchymatous structure of the uterine wall. Klob says that inflammation of the substance of the uterus is one of the rarest disorders with which this organ is affected, and that some uterine pathologists even doubt the existence of such a disease. But Thomas says that it is by no means an infrequent condition, and that a large number of the uterine diseases which are pronounced incurable are undoubtedly cases of chronic metritis. The real disease escapes detection because of the obscurity of the local pathological modifications. Many times, upon a specular examination, the cervix uteri appears perfectly normal, smooth and unctuous, and of its healthful, pale flesh-color; the os is smooth and circular; no local change appears to account for the excessive dysmenorrhœa, the menorrhagia, and those profound sympathetic conditions which are the almost pathognomonic indications of this insidious disease.

To treat the subject under consideration systematically, we will give first the diagnosis, next the ætiology, then the treatment, general and local, and lastly, the prognosis. The history of each case is, of course, modified greatly by the exciting causes, but generally this disease is of slow development. There is dysmenorrhœa, at first slight, but progressively increasing to such severity as to be almost fearful. The pain which precedes the menstrual flow for several days becomes generally, for months and years, more and more intense at each menstrual epoch. It is at length prolonged until there is scarcely any freedom from the intolerable physical suffering;

but, of course, reaches the acme just previous to and during the first two days of menstruation. The flow is generally profuse, menorrhagic, and many times in the form of large coagula. It usually lasts from a week to ten days, or even longer. The normal congestion incident upon ovulation produces a morbid aggravation of all the sympathetic conditions: pain, tenderness in the hypogastric and whole pelvic region, cephalalgia and spinal irritation; all the usual concomitants of the catamenia are greatly increased. Usually, the cerebral and spinal sympathy is most strongly marked, and the vegetative functions are less disturbed. The cephalalgia is intense, and the tenderness over the spinal tract is extreme. Palpation and digital examination show an extreme degree of tenderness in the hypogastric region. Pressure upon the uterus, made from any possible point, produces pain. To the uninstructed observer, a speculum examination discloses nothing to account for the profound depression and fearful array of symptoms. But the sound at once tells the story, if it be carried as carefully as possible to the fundus. And it will require tender and patient care to accomplish this, for the canal is narrowed exceedingly by the infiltrated condition of the parenchyma, so that, with the utmost care, the pain will be excruciating, so tender and sensitive is the organ. There is scarcely ever any leucorrhœal discharge in case of true, chronic metritis. For if there be any discharge from the uterus it is an indication of an endometritic complication—a condition which is much more common alone than in conjunction with chronic metritis.

The pathological condition I will not attempt to elucidate. I have never had opportunity to make any special investigation, and the pathological and histological researches, as given in books, are very meagre, from the fact that patients who suffer from this disease rarely die of it, but are carried off by some other disorder, so that a post-mortem examination of the morbid condition is not usually attainable. Even Klob says that in consequence of the small number of cases semi-authenticated by post-mortem examinations, he must pronounce upon it with some reservation. Thomas says that "most pathologists agree in the assertion that the affection consists in congestion of

the parenchyma, which is followed by an effusion of liquor sanguinis into its tissue." Duparcque maintains that the muscular fibres are separated by a fibro-albuminous material, which may be forced out by pressure, or scratching, and that it is this material which, subsequently contracting, strangulates the vessel it surrounds, and produces atrophy. Scanzoni declares that there is "hypertrophy of the cellular tissue, which results from organization of the material effused." And this view is adopted by Klob and others of the German school.

The causes of this disorder are somewhat obscure; it begins so gradually and proceeds so slowly. The history of these cases is, that for years the pain at the menstrual epoch has increased until the patient is never free from pain. So that I am inclined to put down, as the prime cause, cold and imprudent exposure soon after the establishment of the menstrual function. When the disease sets in after the reproductive functions are called into action abortions and subinvolutions are the most frequent causes. And yet my experience inclines me to the opinion that chronic metritis is of more frequent occurrence in the unmarried, or at least in the sterile woman. In this last case it is the undoubted cause of sterility, and it is greatly aggravated when the patient is sustaining the marital relation.

In speaking of the treatment of chronic metritis it is best to keep the morbid condition under consideration clearly before us. Endometritis and displacements of course may and do frequently induce a chronic metritis, and *vice versa* it causes them. We will consider its treatment when free from any complication.

All treatment of this disease promises very little, unless the essential element, *time*, is liberally included. Yet I cannot but view medication with more favor than do most of our allopathic authorities upon these subjects. I give our special treatment more credit than they do theirs. Our chief reliance must be on time, rest, general regimen, local use of the tents, and alterative and emollient applications, combined with close study of each special case, and a careful selection from our *materia medica*.

Time being the first element, it is well always frankly to say

to the patient, "one year — may be two — you will have to be under treatment." Usually this very frankness inspires the greater confidence, and when the years of past suffering are compared with the prospect of relief in one year or two, they grasp the hope as almost a perfect assurance. Rest, of course, does not mean absolute quietude; for, as these cases are so tedious, it would be manifestly to the disadvantage of the patients to keep them in-doors, and reclining upon a sofa; so comparative rest is all that is meant. All exercise that can be borne without producing serious aggravation is advisable, and an out-door life that shall not involve any great amount of physical exercise. I would insist on a physiological dress. This includes the utter and absolute abandonment of the corset. The clothes must be supported from the shoulders. Let there be no superfluity of garments; let them be as light in weight as is consistent with comfort, and so loosely worn that there shall be no oppression, ligature, or discomfort. The diet should be plain and yet of the most nutritious quality, as there is always anæmia. The most strict and thorough hygiene is to be established in every respect, and all the functions are to be watched closely, that they may be performed easily, and established naturally. As to local treatment I have found an advantage in copious tepid-water injections every day. I advise the fountain syringe, as it is an object to avoid everything which shall trouble or fatigue our patient. Occasional sitz-baths give relief from pain. The use of the tents is advisable just midway in each intermenstrual period. Begin with the use of the laminaria tents of the smallest size; gradually increase the size, and after a day or two insert the sponge tents instead, until there is a perfect dilation of the cervix. This usually takes three days, sometimes four; then inject the tincture of iodine into the uterine cavity. At the beginning of treatment, the tenderness of the uterine tissues is so extreme, the pain so intense, and the general sympathy so great, that the use of the tents may have to be discontinued for the time, using, however, the iodine as thoroughly as possible, and allowing the acute inflammation to subside, then repeat the use of the tents midway in the next intermenstrual period. I have found

each successive course of tents and each application of iodine, has been attended with less and less pain, and each menstrual epoch with less dysmenorrhœa and menorrhagia. With this local treatment I combine such homœopathic medication as may be indicated by the totality of the concomitant symptoms. Each case has, of course, its special type or modification; so each case demands a special study and selection. The remedies which I have found most useful in my practice, are *Argentum nitricum*, *Secale cornutum*, *Sepia*, *Ignatia*, *Mercurius protiod.*, *Belladonna*, *Gelseminum*, and *Sanguinaria canadensis*.

I have in the above given the prognosis. While I by no means regard the complaint as hopeless, it requires such absolute co-operation with the physician on the part of the patient, that it may be regarded still as one of the most doubtfully-curable diseases with which the gynæcologists is called to contend.

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### OCCLUSION OF THE OS UTERI.

BY DR. P. ZWEIFEL, STRASSBURG.

*Translated from the Archives of Gynæcology, by the Editor.*

It is not alone the rare occurrence of this condition (I think there are only twenty cases reported in the entire gynæcological literature), but the peculiarities that mark this case as one of especial interest, that leads me to report it.

The patient, now in labor at full term, is a strong, well-built woman, aged thirty-eight. In eleven years of married life she had not before conceived. She menstruated first at fifteen, and always regularly, but with severe dysmenorrhœa. Labor began on the night of the 23d of August. The child was now in the second vertex position; the head was low in the pelvis. It was not possible to reach the os, which circumstance I attributed to its being pushed far back in the sacral region.

In the afternoon, the attending physician reported the os nearly obliterated, the border unyielding and closely pressed upon the head, with no protusion of the membrane; over the depending portion of the head was a smooth covering, which lay in folds. The pains produced but very little tension upon it. By touch, the impression made was, that the head pressed



upon the amniotic membrane ; but this was erroneous, since it was impossible to define the circumference of the supposed os. Anteriorly, it was possible to introduce the finger a centimetre ; posteriorly, it was impossible to effect an entrance, and the border of the os uteri was not distinguishable. The place which the finger entered must have been only a fold between the anterior vaginal arch and the lower portion of the uterus, pressed low down into the pelvis. Ocular examination, by means of Furgussen's speculum, proved this to be the case. . . .

I could not positively assure myself of the presence of an os, although I thought the narrow transverse fissure I felt was probably it. This lay directly over a ridge on the body within, so that by pushing it back and forth it was impossible to come to a positive conclusion. By pressing and boring into it with my finger, I did not succeed in making an opening.

As the pains increased in severity and frequency, an attempt was again made to force an entrance through the os, with the finger, and with the sound ; both efforts failed.

After the patient had been in labor about twenty-four hours, she fell asleep, after a severe pain. When she awoke, an examination was made, and now the sound entered the os, and was followed by the finger. The opening was as large as a one-franc piece. The membrane was felt, and it began to grow tense. The pains continued severe, but still there was no advance in the opening of the os ; it only reached the size of a five-franc piece, and remained so. Warm sitz-baths, vaginal douches, opium and belladonna had no influence in hastening labor. There was very little discharge of amniotic fluid when the membranes were ruptured. The temperature of the body was 38.4 C. (101° F.) ; pulse, 120 ; foetal heart-tones, 140. A slight caput succedaneum was felt. The border of the os became less rigid, but it remained the same size.

Soon the mother's pulse became weak, and the foetal heart-tones ceased. The patient had an agonized expression of countenance. She complained of a constant pain in the left upper portion of the uterus. Several small incisions were made into the border of the os, with a dull-pointed bistoury. There was a creaking sound in making the cuts in the tissue.

It was now more than forty-eight hours since labor began. There was some fever, the pulse was small and rapid. The pain in the womb, and the absence of well-defined labor-pains, caused me to fear a rupture of the uterus, all of which called for immediate delivery.

The application of forceps, and the extraction of the child, were very difficult, in consequence of the smallness of the os, and the transverse position of the head. Severe flowing followed delivery. All pressure upon the uterus was avoided, for fear of a rupture.

The pulse became so weak that there was immediate necessity for removal of the placenta. As my hand entered the uterus, I discovered, on its left anterior wall, a tumor the size of a man's fist, which incarcerated a portion of the placenta, which it pressed upon. The pressure of the contracted os about my arm was intense. As soon as the placenta was removed the flowing ceased.

The patient had a high fever for four days. The temperature was 36 C. (97° F.) The pain in the uterus was severe, and there was a fetid vaginal discharge. This continued about eight days, when all of the symptoms became more favorable.

Before dismissing the patient from the hospital, she was thoroughly examined. The external yielded only a negative result, owing to a heavy abdominal layer of adipose tissue. The uterus was normal in size. The sound entered it without meeting any obstacle.

The woman was delivered of a living child again in little over nine months. In this case there was a positive growing together of the cervical membranes, which had to be forcibly separated by the finger.

We had here, I have every reason to believe, an interstitial fibroid tumor, which suffered degeneration and absorption during pregnancy; as has been frequently observed before. Naegele published, in 1836, a critical account of the then known cases of *conglutinatio orificii uteri externi*, and since then nothing new has been added to his investigations and theories. He says that the cause of this agglutination is the same as that which causes other portions of the body to adhere. That it is

an inflammatory process, and that the inflammation does not cause sufficient suffering to make medical aid necessary, because of its localization on an insensible part.

When labor is delayed, as in the case just described, it is always safe to reflect upon the possibility of an adhesion, or agglutination of the os. . . .

I do not think it an affection involving the mucous membrane, but that it is an adhesion caused by the exudation of a thick secretion, such as agglutinates the eyelids when the conjunctiva is inflamed; but under other circumstances, of course, owing to the exclusion of the air, etc., etc. . . .

In the case described, I cannot say positively how the opening was made; the finger-nail may have wounded the mucous membrane, and the capillaries have been ruptured, as in abruptly opening agglutinated eyelids.

In effecting an opening of the membranes, Naegele speaks of there being an impression given as when threads or fibres are torn. Siebold describes the agglutinating substance as a thread-like mucous tissue. Leopold says it is like baked mucus, and Stoltz calls it *mucosites épaisses*.

The mere agglutination proves that the secretion of mucus within the cervical canal is not profuse. This is contrary to Naegele's theory, that there is a profuse white discharge.

Long cites a case in which there was a pus-like discharge following a severe labor and delivery by forceps.

In the numerous cases described, no reference has been made to an abnormal secretion, and in the case described herein there was no trace of a white discharge; the vagina, on the contrary, presented a dry appearance.

How can the agglutination of the external os cause such disturbance during labor? This affection has only been observed in head presentations. The head pushes before it the anterior uterine wall only; the consequence is, that the os is thrown back, a condition common among primipara, in whom the child's head lies low in the pelvis. The more the head presses upon the anterior wall of the uterus, and brings it down, the more the os is pushed into the sacral region. The long axis of the child's body is directed toward the symphysis pùbis, and the

head is contained, as it were, in a sac, formed by the anterior uterine wall.

It is easily seen that this obtuse wedge, which is surrounded by an elastic membrane — that is, the amnion — filled with water, would not be adequate to the removal even of a very slight agglutination of the external os. This condition helps to give an unfavorable position to the head, and at the same time keeps back the amniotic fluid.

The making of an artificial os in the anterior wall, as has been done, is never permissible. If my theory be a correct one, I shall, in all future cases, introduce a speculum, and then throw a steady, long-continued stream of warm water directly upon the os. The position of the head must in the mean time be carefully watched.

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## PSYCHOLOGY AND MENTAL DISEASES.

SAMUEL WORCESTER, M.D., EDITOR.

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### EMOTIONAL OR MORAL INSANITY.

BY SAMUEL WORCESTER, M.D., BURLINGTON, VT.

*Read before the New York State Homœopathic Medical Society, Sept. 1873.*

THERE is no disease, of equal importance, concerning which there is so little agreement of opinion as insanity; no disease whose causes and effects, both near and remote, are less understood; while its pathology remains uncertain or unknown in spite of the most learned and patient researches.

It has been said that all attempts to define insanity merely show the narrowness of the definer; doubtless, it is impossible to give such a definition as will include the various phases of mental disease and at the same time exclude other disorders presenting similar symptoms. The definition given by Dr. Combe is as free from objection as any: "Insanity is a morbid action in one, in several, or in the whole of the cerebral organs, and, as its necessary consequence, functional derangement in one, in several or in the whole of the mental faculties those organs subserve," and he adds, "it is the prolonged departure, without

any adequate external cause, from the states of feeling and modes of thinking usual to the individual when in health ; that is the true feature of disorder of the mind." Dr. Maudsley says, "The ground which medical men should firmly take in regard to insanity is, that is a physical disease," or, as Dr. Skae has it, insanity is "a disease of the brain affecting the mind."

Metaphysicians, as well as physiologists, acknowledge the mutual dependence of the mind and body ; but in studying and discussing the phenomena of insanity, one class of thinkers pays exclusive attention to the mental manifestations, while another investigates the physical changes of the brain ; thus, like the knights and the shield in the old fable, each looks but upon one side, and neither views the whole subject. Dr. W. A. Hammond, of New York, who is a brilliant representative and champion of the materialistic school, regards thought or mental action as the result of molecular action in the brain ; or to use his own words, in his work on Sleep and its Derangements, "writers who contend for the doctrine of constant mental activity regard the brain as the tool or organ of the mind, a structure which the mind makes use of in order to manifest itself. The full discussion of this question would be out of place here ; I will, therefore, only state that this work is written from the stand-point of regarding the mind as nothing more than the result of cerebral action. Just as a good liver secretes good bile, a good candle gives good light, and good coal a good fire, so does a good brain give a good mind. Where the brain is quiescent there is no mind." In an article entitled "Insanity in Relation to Law" (*American Journal of Insanity*, July, 1871), Dr. Henry Landor, Superintendent of the London Asylum, in Ontario, takes the ground that the volitional action of the mind is the result of molecular disintegration.

Such statements as the above seem contrary to all true principles of physiology and psychology. I prefer the views of Dr. Hughes, Superintendent of the Asylum at Fulton, Mo. In commenting upon the above mentioned paper of Dr. Landor, he says : "I can readily conceive and am prepared to admit that certain defined, distinct, and varied actions of the brain may

be the result of molecular disintegration, as in the case of muscular action after the operation of the will; but it seems an unwarranted stretch of logic to say that the volitions of the mind are the result of the disintegrations of matter. If those who advocate this doctrine should assert that mental action was coexistent with cerebral disintegration, we would have to subscribe to the facts; but to infer, because we have been enabled to discover the products of brain disintegration in the secretions, and because this disintegration is in proportion to the amount of mental action observed, that therefore the mental action is the *consequence* of the breaking down of brain tissue is, in my opinion, entirely illogical. The mind may create and develop brain power; and increased brain power may increase and aid the power of mental manifestation. I do not think, when mind was created, it resulted from physical disintegration; nor do I think that thought can be proven to result from disintegration of the physical structure of the brain." (*American Journal of Insanity*, Oct. 1871.)

Thought, or the exercise of the intellect, is sometimes spoken of as a function of the brain, and on this point I know of no authority more worthy of credence than Schröder van der Kolk, late professor of physiology at Utrecht, who certainly would not be accused of metaphysical tendencies. He says, "we must clearly separate the functions of the brain, which have different results according to their different purposes and according to the condition of the active cells, from a higher principle, namely, an independently operating mind, which is in the most intimate way connected with those cells, and receives impressions through them, but which again can act independently upon them, and by this arbitrary acting is distinguished from all other powers of nature. This absolute will acts nowhere but in the brain." \*

We take, then, as a basis for the views set forth in this paper, the statement that the brain is the material organ or instrument by which the activity of the mind or higher principle is carried

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\* "The Pathology and Therapeutics of Mental Diseases," by J. L. C. Schröder van der Kolk, Professor of Physiology in the University of Utrecht. London, 1870, p. 40.

into outward effect. It is unfortunate that the term *mental disease* was ever introduced into the nomenclature of science, as it implies that the spiritual, inmost principle is the subject of disease, when in truth such is not the case, but simply such organic or functional changes have taken place in the brain as disturb its normal relations. No one attributes to a diseased mind the abnormal manifestations of epilepsy, nor the vacuity of idiocy; neither in the delirium of fever or of drunkenness do we think of ascribing the incoherent expressions and absurd conduct to mental disease. In these instances we recognize the fact that the brain is at fault, whether primarily or secondarily it matters not, and our treatment is directed towards the physical disturbance rather than the mental manifestations. It would seem that we should bring to the study of insanity the same principles that guide us in investigating other diseases of the brain.

“If through an apoplectic attack,” says Dr. Van der Kolk, “the implements in which our will acts become affected, then paralysis occurs,—that is to say, the capability for movement is lost, but not the will for their execution; from which it may be distinctly concluded that the activity of the brain is not the same thing as the mind, or higher principle. It will surely not be maintained that by means of galvanism, the lost activity of perception, or the lost will, would be again restored to the mind. Only the instruments with which our mind works are again brought to their normal state. In this relation between the higher individuality and the functions of the brain, we have the connection between mind and body, by means of which both act interchangeably on one another. But the connection is so intimate a one, that every increase of energy in the brain, every alteration or exhaustion of it, soon reacts on the mind, in the one case raising and straining, in the other, depressing and blunting.” (Mental Diseases, p. 40.)

Maudsley, Blandford, Van der Kolk, and other eminent writers on mental physiology, are substantially agreed that the external impressions are first received in the perception cells of feeling, and are conveyed thence to the cells of the cortex of the brain, where they are combined by the mind into a whole.

Here takes place the higher action of the mind, and the cells which retain and elaborate the impressions as images and ideas stand in relation to it as indispensable means. Thus the cortical cells become the store-house where the received impressions become quiescent, and remain slumbering until recalled into activity as ideas by means of some mental stimulus. The dependence of the memory upon the condition of the cortical layer of the brain may be seen from the fact that when in old age the latter begins to atrophy the memory is weakened, and also that in the insane the same thing takes place, when through inflammation the cortical layer is pathologically degenerated. We conclude then that the memory is no mere function of the brain, yet for its efficiency the assistance and co-operation of the body is necessary.

This is not the place for a full discussion of the mutual relations of mind and body in health and disease, but it was necessary to review, at least briefly, some of the most generally received views of the pathology of insanity, in order to demonstrate as clearly as possible that insanity is a physical disease, and that in all cases there is a disturbance of brain function, which may result either from moral or physical causes, — the latter being the more frequent.

All text-books upon insanity divide it into various kinds and classes, but Lord Coke in his Commentary on Littleton, says, "*Non compos mentis* expresses the true sense, and calleth him not *amens*, *demens*, *furiosus*, *lunaticus*, *fatuus*, *stultus* and the like, for *non compos mentis* is most sure and legal." What then is the test by which insanity may be recognized? How may we tell whether a person is of sound mind or not? Sir John Nicholl says, "The true criterion, the true test of the absence or the presence of insanity, I take to be the absence or the presence of what, used in a certain sense of it, is comprised in a single term, namely, *delusion*. In short I look upon delusion, used in this sense of it, and insanity, to be almost, if not altogether convertible terms. On the contrary in the absence of any such delusion, with whatever extravagances of conduct a supposed lunatic may be justly chargeable, and how like soever to a real madman he may think or act on some one or all



subjects, — still in the absence, I repeat, of anything in the nature of delusion, so understood as above, the supposed lunatic is in my judgment not properly or essentially insane.\* Lord Erskine, at the trial of Hadfield for shooting at the King, says: "Delusion, when there is no frenzy or raving madness, is the true test of insanity."

We see, then, that insanity is recognized in cases marked by the presence of delusion, used in the sense of false conceptions of the perceptive and reflective powers; but many writers on psychology believe that cases occur where no impairment of the intellect is perceptible, whilst the emotional or affective faculties of the mind are greatly disordered. This form of disease has received the name of Emotional or Moral Insanity, and is the "*Folie raisonnante*" of the French writers. Prichard describes it as "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions and natural impulses, without any remarkable disorder or defect of the intellect, or knowing and reasoning faculties, and particularly without any insane illusion or hallucination." † Pinel, who was the first to call especial attention to this form of insanity, says that, in common with Mr. Locke and other metaphysicians, he considered mania inseparable from delirium, and upon investigation was surprised to find "many maniacs who at no period gave evidence of any lesion of the understanding, but who were under the dominion of instinctive or abstract fury, as if the affective faculties had alone sustained injury." Esquirol, his successor at the Bicêtre, says that there are insane in whom it is difficult to discover any trace of delusion, but there are none in whom the passions and moral affections are not disordered, perverted, or destroyed.

We see from these quotations that the symptoms resemble very much the acts and manifestations of what we are accustomed to call *vice*; and some persons, indeed, carry their theories so far as to consider vice and sin as identical with insanity;

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\* "Insanity and its Treatment, by G. Fielding Blandford, M. D. Philadelphia, 1871, p. 309.

† A Treatise on Insanity and other Disorders affecting the Mind, by James C. Prichard, M. D. Philadelphia, 1837, p. 16.

but, although it may be difficult to distinguish, in all cases, between the two, still there is a difference, as will be shown further on. As has been truly said, "Much as the assumption of it as a disease has been reprobated, there can be no doubt that all the eminent men who have studied insanity, and whose authority we habitually accept, are entirely agreed as to the existence of a form of mental disorder, in which, without any hallucination, illusion, or delusion, the symptoms are exhibited in a perverted state of those mental faculties usually called the active and moral powers, or included under feeling and volition. As, however, feeling is more fundamental than cognition, the intellectual activity cannot be entirely unaffected, though there may not be any positive delusion; the whole manner of thinking and reasoning is tainted by the morbid self-feeling through which it is secondarily affected. The patient may judge correctly of the relations of external objects and events, and may reason very acutely with regard to them; but no sooner is self deeply concerned — his real nature touched to the quick — than he displays in his reasoning the vicious influence of his morbid feelings, and an answering perversion of conduct; he cannot truly realize his relations, and his whole manner of thought, feeling, and conduct in regard to himself, is more or less false." \*

There are as many varieties of moral insanity as there are different manifestations of mental emotions; but for all practical purposes they may be divided into two classes, one marked by depression and gloom, with the accompanying feelings of distrust, weariness of life, and the like; the other shown by preternatural excitement, thoughtless and extravagant conduct, and a prevalence of angry and malicious feelings; while, as is said, the "characteristic feature of this malady is extreme irascibility, depending on a physical, morbid cause."

The cases of moral insanity that are brought into question in the courts belong generally to this latter class, and it is this class that now claims our attention. Hoffbauer says: "It is

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\* The Physiology and Pathology of Mind, by Henry Maudsley, M.D. Second Edition. London, 1868, p. 356.

clear that *mania* may exist uncomplicated with mental delusions; it is, in fact, only a kind of moral exaltation (*Tollheit*), a state in which the reason has lost its empire over the passions and the actions by which they are manifested, to such a degree that the individual can neither repress the former nor abstain from the latter. It does not follow that he may not be in possession of his senses, and even his usual intelligence, since, in order to resist the impulses of his passions, it is not sufficient that the reason should impart its counsels; we must have the necessary power to obey them.\* Dr. Carpenter goes so far as to assert, in the most positive terms, that moral insanity may, and does, exist without any disorder of the intellectual powers, or any delusion whatever.

Whilst most of the eminent medical writers on psychology, during the past forty years, have strongly upheld the doctrine of moral insanity, as explained above, the legal profession have as strenuously denied the existence of any such form of disease, and refused to accept it as an excuse for crime. They claim that a physician has no especial knowledge of insanity, and that any person with an ordinary share of common-sense, and knowledge of human nature, is fully competent to pass opinion upon it. Of late years, some of the leading alienist physicians also dispute the existence of true moral insanity, among whom Dr. Blandford, of England, and Dr. Gray, Superintendent of the Asylum at Utica, N. Y., are most prominent. Dr. Blandford holds that "the absence of moral sense no more proves insanity than its presence proves sanity. Writers like Despina, who think that the committal of great crimes, without concern or remorse, indicates an absence of the moral sense amounting to irresponsible defect, overlook the fact that the habit of wrong-doing may be acquired to such an extent that the thing done excites no feeling whatever." † And he adds: "I cannot help thinking that the authors who have most strongly upheld the doctrine of a moral insanity and morbid perversion of the moral sentiments, have often under-

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\* A Treatise on the Medical Jurisprudence of Insanity. By Isaac Ray, M.D. Fifth Edition, Boston, 1871, p. 219.

† "Insanity and its Treatment." By Dr. Blandford, p. 312.

rated or neglected the intellectual defect or alteration observable in the patient. Because no delusion has been found, it has been assumed that the intellect is not impaired, intellectual insanity and insanity with delusions being spoken of as synonymous." (Blandford, p. 312.) He also says, after commenting upon some of the cases given as specimens of moral insanity: "That insanity may exist for a time without delusions, is admitted; but that it exists without alteration or defect of the intelligence, is denied." He maintains that intellectual and emotional functions of the mind cannot be divorced, for "the ideational portion of the mind is so intimately joined in operation to the emotional,—the stored ideas of the brain are so influenced by the feelings of the moment, whether these arise from within or without,—that the two must be sound together." (Blandford, p. 318.)

In considering the physical seat of the emotions, Mr. Dunn observes: "Closely allied with the social propensities and human affections, are the emotional states, and in them ideation\* is equally involved; for alike in the composite nature of each and all, there is present an *intellectual element*, as well as a *sensorial feeling*. . . . The two great centres of emotional feeling may be played upon, and aroused into action, through either, from below or from above; upwards from the outer world, by the appropriate stimulus upon the nervous vesicular expansion of each of the extreme organs of sense; downwards from the cerebrum, from the inner or psychical world, by the flow of our thoughts and workings of ideo-dynamical, emotional, and moral agencies in our cerebral organs." And Dr. Tuke † himself, while acknowledging the existence of moral insanity, believes the ideational, emotional, and volitional states to be so intimately bound together that in considering the specific emotions, passing beyond mere pain and pleasure of mind, we can-

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\* "We have not a name for that complex notion which embraces, as one whole, all the different phenomena to which the term *idea* relates. As we say *sensation*, we might also say *ideation*; it would be a very useful word; and there is no objection to it, except the pedantic habit of decrying a new term" — James Mill, *Analysis of the Human Mind*, p. 42.

† Illustrations of the Influence of the Mind upon the Body, in Health and Disease. By Daniel H. Tuke, M.D., M.R.C.P. Philadelphia, 1873, p. 120.

not get rid of an ideational element, determining the character and direction of the purely emotional feeling which it germinates.

There are physicians of eminence and wide experience who state that they have never met a case of emotional or moral insanity, but their evidence cannot nullify the statements of other physicians and observers, who assert positively that they have met such cases. The human mind is indeed an entity, but for purposes of analysis or discussion, we may accept its division into the moral or affective, and the intellectual or perceptive faculties. If we concede that in certain persons the principal disturbance is in the intellect, or, more properly, in its manifestations, while we find the moral or emotional qualities comparatively unimpaired, may we not with equal propriety expect to find instances where the derangement of the emotional element may so predominate as to obscure any intellectual disturbance; even to such an extent that the latter may not be manifest to the most careful inquiry.

Whilst in my own limited experience delusions have been obvious in almost every case of insanity, still I have met instances where I was not only unable to perceive any delusion, but even any impairment of the intellect whatever. These last cases would be characterized by a remarkable absence of moral sense, a yielding to the impulse of the moment, even when clearly against the interest; anger easily aroused, but quickly appeased, and an inability to appreciate the inevitable consequences of certain acts. For the most part, such persons act sanely enough, although a vein of extravagance of conduct is perceptible on careful observation; but at times, in some cases periodical, they seem to tire of the self-imposed restraint and break out in a series of insane acts, which may be planned and executed with such great skill and forethought as to almost forbid the idea of insanity. Investigation, however, will generally disclose, in connection with such paroxysms, some physical disturbance, manifested by great restlessness, headache, flushed face, wildness of the eye, loquacity or absent-mindedness, loss of appetite, etc. Usually, it will also be found that such persons have strong hereditary tendencies to nervous disease.

In such instances, the manifestations of disease might be compared to the action of a volcano, whose inward fires might be unknown or unsuspected. No clouds of smoke obscure its summit, to bear witness to the mighty forces warring within, and to give warning of the hidden danger. Occasionally, indeed, a low rumble may be heard by the listening ear; but, deceived by the outward calm and quiet, the peaceful villagers take no notice of the signal, and busy themselves in their accustomed occupations. A few, more thoughtful than the rest, recall legends of a time in the history of their fathers, when the mountain had poured destruction on the surrounding country; but their words pass unheeded by the inhabitants, and are soon forgotten. Suddenly, upon some more powerful impulse than usual, the hidden fires burst forth from their imprisonment, and the mountain is in flames. No time is given for escape; the fury of the storm is too impetuous in its course, and everything is ruined and destroyed that endeavors to stay its progress. Soon, however, the mountain has vented its force and rage, and again sinks to a state of deceitful repose.

Dr. Blandford says: "That such cases exist, and are not merely invented by doctors to excuse crime, is sufficiently proved, first by the observation of patients actually secluded, or treated for this one form of insanity; secondly, by the confession of those who have suffered from an impulse, and have either controlled it, or have come voluntarily and begged to be restrained, feeling unable to control themselves longer. In fact, there can be no doubt about the existence of insanity marked by such impulses. The disputed question is, whether the insanity is not always recognizable by symptoms other than the impulsive act." (Blandford on Insanity, p. 331.)

The consideration of the relations of emotional insanity to law must be reserved for another occasion.

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#### PUNISHING THE INSANE.\*

BY SAMUEL WORCESTER, M.D., BURLINGTON, VT.

It is unusual to find a physician who claims to possess a more than ordinary knowledge of insanity and mental disorders.

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\* "Insanity in Relation to Crime," by William A. Hammond, M.D. New York: D Appleton & Co."

holding such views as are set forth in this little book, — views that have been refuted many times by the most distinguished writers on medical jurisprudence. He holds that "an act may be the direct and logical consequence of a delusion and still be criminal. Thus, if a person entertains the delusion that a certain individual has injured him, he may be insane, but if induced by this delusion he kills the individual he ought to be punished, for a delusion to be a valid defence must be of such a nature as if, being true, the alleged criminal would be excused." It seems as if this position was not warranted by our present knowledge of insanity; and if carried out it would result in great injustice. It is true that Chief-Justice Shaw and many other able lawyers have assented to this doctrine or so interpreted the law; but it implies that an insane man is able to reason correctly, and is capable of forming a correct judgment as to the amount of retaliation that would be legally allowable to a sane man, for certain injuries real or fancied, and of confining himself to that limit. As Dr. Ray expresses it, "Having become fairly enveloped in the clouds of disorder, the law expects you will move as discreetly and circumspectly as if the undimmed light of reason were shining upon your path."

Upon page 54, Dr. Hammond makes the following startling statement: "Some of the insane are such monsters of depravity that they should be slain upon the same principle that we slay wild and ferocious beasts." It is true that the present uncertain methods of administering criminal law in New York and elsewhere have led many physicians and lawyers to think it necessary to take steps for preventing insane murderers from going at large in the community; but I believe this is the first time the idea has been broached that they should be treated as wild beasts. The humanity and justice contained in the above paragraph is only equaled by the reply that, when U. S. Surgeon General, he gave to the Governor of Ohio, who wrote inquiring whether the Ohio regiments could choose between homœopathic and allopathic surgeons or not. (*Vide* an article by Dr. T. Dwight Stow, entitled "Homœopathy in the Army," in Vol. 2, Trans. N. Y. State Hom. Med. Society, p. 246.)

Our author thinks that if we held to a strict accountability all the insane who are now able to appreciate their irresponsibility, they would restrain themselves in a great measure, and in support of this view he instances the management of the insane in asylums. No one claims that the mere fact of a person being insane is sufficient to free him from all consequences of his acts regardless of their nature, while, as is truly said by

Dr. Ray, "In point of fact, it may be safely said that not an instance can be produced of an insane person being deterred from the commission of a criminal act by the punishment of some other insane person for a similar act, or encouraged to commit it by an example of an opposite kind."

Dr. Hammond says that much of the difficulty and conflict of opinion encountered in considering the legal bearing of insanity arises from the efforts made to reconcile pathology with law; which efforts must always fail, as the professors of each science look at the subject from different stand-points and are actuated by different motives. Both are right, but the views of neither should prevail exclusively.

The only forms of insanity which, in his opinion, should absolve from responsibility and therefore from any other punishment except sequestration, are, first, such a degree of idiocy, dementia, or mania as prevents the individual from understanding the consequences of his act, and second, the existence of a delusion in regard to a matter of fact which, if true, would justify his act. Although not a test of insanity, he considers the knowledge of right and wrong to be a test of responsibility; and though the individual may not have the knowledge that the particular act is wrong, yet if he has the capacity to know that the contemplated act is wrong and contrary to law, he should be deemed legally responsible and suffer punishment.

As might be supposed, he strongly doubts the existence of the "irresistible impulse," and thinks that even if it does exist as the result of actual cerebral disease, it does not detract from the right of society to protect itself, and we would be almost justifiable in killing those who are insane with irresistible impulses to commit homicide, if we did not possess places in which we could confine them safely. Emotional or moral insanity, he allows to possess the same extenuating force as "heat of passion," while, "the individual who has sufficient intelligence to know that pointing a loaded pistol at a human being, cocking it, and pulling the trigger, are acts which will cause the death of the person against whom they are directed, should be subjected to the same punishment for a homicide as would be awarded for a like offence committed by a sane person. And the insane person whose delusions are not such as would, if true, justify a homicide, should come under the same rule."



## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, OCTOBER, 1873.

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### MEDICAL PROGRESS.

A NOTEWORTHY event in the medical world was the assembling, in London, of twenty-five hundred of the physicians of the United Kingdom, on the recent occasion of the annual meeting of the British Medical Association. Although, of course, science is not advanced in exact proportion to the numbers congregated on such an occasion, yet the magnitude of the assemblage — and an assemblage of individuals of such a character — carries with it some idea of the importance of the profession to which they belong. Then, too, something of professional interest is always eliminated by such a meeting.

We have read the "Address in Medicine" of the President of the Association, Dr. E. A. Parkes, with no little degree of pleasure. It is a review of the progress of medicine during his professional life, — a term of about forty years. He naturally turns to the chaotic state of medicine when he first walked the hospital. How obscure was the diagnosis in many common diseases! He pays a glowing tribute to Laennec and Bright, who had but a little before introduced the stethoscope and the first tests for albumen in the urine. No similar steps in advance, he thinks, have since been made, nor does he expect any in all this century. The discovery of embolism and thrombosis he places only second to these. The researches into the biology of trichina, echinococcus, dochmius, and bilharzia have thrown light upon what were impenetrable mysteries. The detection of the vegetable parasites which cause so many skin diseases has led to their prompt and successful destruction. So, too, that of the cell-cause of the Delhi or Aleppo sore — be that cell animal or vegetable — has led to prompt removal, though by no milder means than caustic potassa. Other instruments besides the thermometer and the microscope had come to give precision to diagnosis, — the sphygmograph and the laryngoscope, for example. The study of cellular pathology, of the tubercle and phthisis, of zymosis and morbid poisons, and of nervous diseases, has sometimes brought us back in a circle nearly to our starting-

point, and sometimes carried us on to positions that we had hardly dared hoped ever to reach.

But there is one point where Dr. Parkes has failed, in his review of the progress of medicine. He has forgotten to speak of the *healing art* in its legitimate sense. He has forgotten to say that the whole effort of the medical profession in the last half-century has been given merely to the study of disease in its natural course. The course of therapeutics has been like that of a ship with its rudder gone, its sails flapping in the wind.

The pride of the profession was perfectly shocked, at the beginning of this century, when Hahnemann told physicians that in their therapeutics they were going wrong, — killing instead of curing. They at once turned upon him as their most deadly enemy, seeking at one fell swoop to destroy their professional power.

It took them nearly forty years, from 1796 to 1836, to realize that what he had told them was, alas, too true. And then the profession came to a stand-still in their therapeutics. This important point having been reached, nearly another forty years — the time which Dr. Parkes here reviews — was spent, not in pursuing a better method of curing, which Hahnemann had clearly pointed out, but in trying to prove that, though he was correct in the first instance, his “better method” was false and absurd.

But even now we see that during all this time the profession have been, notwithstanding their denunciations and abuse of Hahnemann and his doctrines, steadily approaching the point of acceptance of the therapeutics which he enumerated. It was an ominous silence when Dr. Parkes, before twenty-five hundred practitioners, dared not say one word on therapeutics. It is still more significant when Ringer, with his numerous associates and followers, stealthily filches from homœopathy its well-known method of cure, and grows bold under the plaudits of the profession. It is, at best, but a grim sort of satisfaction to the physician to say to his patient: “Sir, I find by my microscope, my urinometer, and my chemical tests, that you have a fatal disease, which, however slight it may seem at the present time, will ere long terminate your life.” And such results of science can hardly be very grateful to the patient himself.

The brilliant poet, professor, and prophet (?), who, more than three decades ago, predicted that, in ten years, the homœopathic globule could only be seen as a curiosity, has grown gray in the belief of his prophecy; but for every gray hair that has appeared upon his head, myriads of homœopathic globules have been showered down to bless the suffering and afflicted.

We claim no power of prophecy, but if we read aright the signs of the times, the great mass of the profession has nearly made the circuit of denouncing—doubting—defending; and before this century shall be completed, all will gladly acknowledge that the greatest progress which medical science has made, or can attain, comes through the adoption of homœopathic therapeutics.

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**HOMŒOPATHY IN THE WEST.**—No one can accuse certain of our Michigan friends of lacking that quality recommended by Sumner to Stanton, on a well-known and trying occasion.

Since 1855, they have thought that, while helping to support the State University, they had some rights therein. And these rights being denied by the reigning powers of the University, they have appealed several times to the State Legislature for aid, which, so far as legislation is concerned, has usually been granted. But the Regents, through one pretext and another, have managed to defy the will of the people, by assuming a doubtful authority, and by not hesitating to exercise it to its utmost stretch. Thus they have set aside all mandatory legislative acts.

A constitutional convention just now assembled, has, by a sly clause, given the Regents the control of the University. This clause may seem a triumph, but if confirmed by the people, may in time prove to be an ill-thrown boomerang, wounding only those who project it.

To us it appears that the cause of the failure of our friends in Michigan to secure their obviously just rights, has been in great part from differences among themselves. The great mass of the profession are, as a rule, inactive and heedless, ready to approve and to passively assist any plausible undertaking for the benefit of the profession, but not to concentrate all their energies upon one well-considered plan. They would not throw any block in the way of progress. But there are others more active, who, for one reason or another, have sought to accomplish the object in several different ways.

Thus, in the Michigan effort, there have been three different plans: First, to have professorships of homœopathy in the existing medical school at Ann Arbor; second, to have the professorships at Ann Arbor, but outside of this the medical school; third, to have a medical school, supported by the State, at Detroit, or some place other than Ann Arbor. These three parties, led by more or less able generals, have sought in the first place to secure their object, and failing in that

to defeat the two others. And it would have been a marvel if the result had not been what it really is — failure. And until wiser counsels and more united action prevail among our Michigan brethren, we have no hopes of success there.

In Iowa they have also a State university, at which homœopathy is knocking for admittance, and we see by the papers that the project is well received by the Regents.

Now, from what we have already heard, we feel sure that our Iowa friends intend to profit by the experience of Michigan, and avoid the mistakes committed there. We are assured that they will carefully study their position, ascertain what they can rightfully demand, and what it is possible for them to obtain, and then, with singleness and unity of purpose, regarding only the good of the cause, they will direct all their energies and efforts to its accomplishment. Dr. E. A. Guilbert, one of the oldest and best known of the Iowa physicians, is chairman of the committee having this matter in charge, and we feel sure that he will act wisely and successfully, and be firmly and persistently supported by all the homœopathic physicians of Iowa.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., Editor.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M.D., Secretary.*

JUNE 12, 1873. — CEREBRO-SPINAL MENINGITIS. — Dr. Thayer reported the case of a little girl eleven years old, who had been given up by her allopathic physician. The symptoms were: great pain in the nape of the neck; hot head; dryness of the mouth; darting pains in the shoulders, arms and hands; slight numbness in some parts of the body, either on the right or left side; a disagreeable feeling of spider's web on the face; opisthotonos. When called, he found her lying on her back, with her head drawn over so much that her face looked to the head-board; she was breathing stertorously. He immediately packed her in a wet sheet and left her there two hours, and then put her in dry blankets. This had the effect of relieving the spasm. In the afternoon, after the wet sheet had been resorted to

again, a scarlatina eruption appeared. *Belladonna* was prescribed. Dr. Thayer thinks that cerebro-spinal meningitis is undeveloped scarlet fever.

Dr. Johnson had generally found that for a week before taking the bed the patient was tired and indisposed. Then came on chills, pain in the back and neck, some numbness and loss of motion, vomiting, cough or epistaxis. He had recently met with only one or two cases of eruption like that of ten years ago, which resembled the eruption of typhus. This disease seems to be half-way between scarlatina and rheumatism. The pupils are sometimes contracted, sometimes dilated. There is often pain in the bowels and frothing at the mouth. One young lady was left with deafness, although she had not much trouble with the brain. There has been in general no strabismus. The erect position is liable to bring on pain in the head and neck and coldness of the extremities; for which stimulants, like brandy or whiskey, are useful. The remedies Dr. Johnson has used, are *Bell.*, *Gels.*, *Bry.*, *Rhus*, *Arsen.*, and warm, stimulating applications to the spine. It is very necessary to keep the patient quiet and on the back.

Dr. Talbot reported the case of a young man of twenty, who had just previously recovered from acute rheumatism. One Sunday afternoon in February last he went down to Chelsea Beach, and while there with his companion took an ocean bath. Although it was cool, he rode up on the outside of a car, and on reaching Boston, being thoroughly chilled, went into Parker's and supped on Welsh rare-bit, lobster-salad, etc. Next morning he awoke with a violent headache. In the afternoon he vomited, and again Monday night. Tuesday morning the doctor was sent for, the nausea and gastric distress still continued, and two or three tumblers of warm water were used to rinse out the stomach, which was very effectual. Still the headache remained, and medicines gave no relief. In the afternoon he complained of violent pain in the back of his head, and by the next morning it had become intense. His eyes were now swollen and the sclerotic red and inflamed. There was pain in the spine, and opisthotonos, and he was almost unconscious. *Gels.*<sup>1</sup> alternated with *Bell.*, was prescribed. On the fourth day after the opisthotonos (that is, on Sunday), an eruption something like rupia appeared in patches on the cheek; and, on the fifth day, on both elbows and hips, and on the right knee and ankle. There was some paralysis of the right arm and of both legs. The sleeplessness became unbearable and for it he took every fifteen minutes a teaspoonful of a solution of five grains of Bromide of potassium in half a tumbler of water. The other remedies used were *Rhus* and *Bryonia*. He gradually recovered.

June 26, 1873. — Dr. de Gersdorff has a patient who has now been confined to the bed for six weeks and still has pain and stiffness in the neck. There has been delirium, sometimes furibund. *Stramonium* has always composed him, but *Gels.* seemed to have no effect on his spinal symptoms. *Phos.* relieved a lung complication. He has no power to count days or weeks. No spots, either ecchymotic or any other kind, have appeared. Pulse from ninety to one hundred.

Dr. Sanders, last March, was called to see a gentleman who had been in a spasm for an hour. He had previously passed a restless night. He remained in a stupor for about sixty hours; pulse from forty to forty-five; skin cold and clammy. *Veratrum album* was prescribed. When consciousness returned the pulse had risen to eighty. *Gels.* was given for three days, when the fever subsided somewhat. After ten days he sat up a little, but still complained of great prostration and double vision. His appetite, however, became very good, and after three or four weeks he walked out a little on the street. He had more or less pain in the back of the neck all this time.

Dr. Clapp spoke of two cases which he had seen where some of the symptoms had been one-sided.

Dr. J. H. Smith knew a man who persisted in lying on his left side, who lost the use of his left eye. Thirteen weeks afterwards he died suddenly of paralysis of the heart.

Dr. Spalding, of Hingham, reported the following cases:—

I have had, in all, seven cases of cerebro-spinal meningitis. Five cases of them were within the space of two weeks time; afterwards two more cases were placed in my hands, one of which had been treated allopathically for nine weeks as a case of typhoid fever.

Thus six cases of the seven were developed within two weeks of each other, and in different sections of the town, showing that the disease arose from no local miasm or contagion. One patient was fifty-seven; the rest were all under seventeen years old; and the youngest but eight months old.

The general characteristics of the cases were high fever, vomiting, heavy sleep or drowsiness; tongue dry, coated on edges, red centre as in typhoid fever, and within twenty-four hours convulsions. Five of the seven patients had strong convulsions, the spasms tonic, and lasting in one case more than an hour. There was invariably persistent opisthotonos; the muscles of the back remained rigid, and the head drawn downward and backward. Every effort to raise the patient or bend the head forward would cause him to shriek with pain. This last symptom attended all the cases, even when the patient could turn himself in bed or move the head from side to side.

The pupils were dilated or one dilated and the other normal or contracted. At times the pupils would change rapidly; dilating, contracting, and dilating again in the space of a few seconds. There was diplopia and strabismus. In three cases there was loss of sight in one eye. Two of the patients presented about the fourth day, a peculiar swelling of the hands. In about two hours time the hands and fingers became swollen to their utmost. There was not the heat and redness of inflammation, nor was there œdema. The flesh seemed almost translucent, purplish white, and as though the tissues were distended with air.

Four cases presented the purpuric spots peculiar to the disease; one had herpes and two had no marked skin symptoms. In four there was partial paralysis; in three, of the entire left side, and in one of the inferior extremities.

My treatment consisted in keeping the patient in a recumbent posi-

tion, and perfectly quiet, allowing no one in the room but those who were needed to take the care. When convulsions came on, the *hot pack* was ordered, and the body afterwards to be wrapped in dry, warm blankets. For remedies I found *Geiseminum*, *Hyoscyamus*, and *Opium* to be my main reliance. I began the treatment of my first case, which I lost, with *Aconite* and *Belladonna*; from these I saw no good results. In the subsequent cases I attacked the fever, vomiting, drowsiness, etc., with *Gelseminum*<sup>1dec.</sup>, one drop every fifteen minutes. When convulsions made their appearance, I added *Hyoscyamus*<sup>1dec.</sup>, in alternation, every fifteen minutes. When I found stupor, paralysis, etc., I gave *Opium*<sup>1dec.</sup>, and *Gelseminum*<sup>1dec.</sup>. When there was dysuria, *Ignatia* always gave prompt relief. During the treatment of the several cases, I prescribed as I thought they seemed indicated, *Arsenicum*, *Bryonia*, *Rhus tox*, *Verat. vir.*, or *Zinc. met.*, but found no marked effects. For diet I gave milk-and-water, farinaceous gruels, beef-tea, and, in one case in which prostration was extreme, whiskey. In this case I applied heat to the extremities and cold to the spine. Of the seven cases, two died, two are convalescent, and three have recovered fully; two of these three were of the most severe type. At about this time I had several other patients, who presented many of the first symptoms of cerebro-spinal meningitis, but by the use of *Gelseminum* they speedily recovered, and I never called them cases of that disease; yet I believe they would have been had they been left to themselves.

Dr. Carruthers reported a case as follows: Was called on Monday morning to see a young man who had been employed during the previous six months in a foundry-supply store, on Kilby Street. As he was running along the street, on Saturday afternoon about three o'clock, a fruit case fell from a window above, striking his hat-brim and then his foot, causing him to throw his head back with a sudden start, and giving him a violent nervous shock. In the evening, some of his friends rallied him upon his fright, when he threw his head back again, and screamed with pain. On the next day — Sunday — he dined with an uncle, and while at his house was taken ill, complaining of a numbness in his arms; and he was seized with a fit of vomiting. He returned to his boarding-house in the evening. Throughout the night he was very ill, and at times delirious.

It was at this time that I was called; and at the first examination I had but slight hopes of restoring him again to consciousness. The eyes were fixed, the face a deathly white, and the pulse not perceptible. After hours of exertion his pulse had improved and rose to sixty-eight, but as soon as we desisted from stimulation, the pulse rapidly fell to forty-two, with an occasional increase to forty-eight, but it never reached a higher point. He suffered the most severe pain in the head for the first two days, after that it went to the neck; the extremities were constantly cold; he was not delirious for a moment after I was called; had no appetite for anything; he conversed with his friends constantly on home matters. On Wednesday morning he was so much improved that I had strong hopes that he would soon be able to be removed to his home, in Concord, N. H.; but about

eight o'clock, P. M., a sudden change came over him, his countenance presenting an appearance very like that on Monday morning. At nine P. M. he died.

On inquiring into his previous history it appears that he had for some time been suffering from asthma, and that he might be free from an attack during the night had contracted the habit of smoking stramonium leaves. How large a part this habit played in the case is still a problem in my mind. I have no idea that the final result was brought about by asthma, but was the fearful result of so slight a shock accelerated by asthma or stramonium? As is well known, the use of this herb is contra-indicated where affections of the heart are present, as sometimes they are in asthma, or where there is a tendency to apoplexy.

What was the culminating nervous shock? Was it of the nature of cerebro-spinal meningitis? Certainly, it lacked many of its features.

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## ITEMS AND EXTRACTS.

**PHILADELPHIA**, with a population of 674,022, has 649 practising physicians.

**NEW YORK** has had, since the execution of Rosenville, — 10 March, 1871, — 104 homicides and one execution.

**TO REMOVE WARTS.** — Simply apply carbolic acid a few times for a few days. There is no pain.

**CONSUMPTION OF TEA.** — The total amount of tea consumed yearly in the United States is about 50,000,000 pounds, of which 20,000,000 is green tea of various descriptions, about 15,000,000 Oolong, and the remainder Japanese and other varieties.

**CHOLERA.** — The *Gazette de l'Allemagne du Nord* states, that out of twenty-five cases of cholera at Berlin, no less than twenty-three terminated fatally.

**LIGHTNING RODS.** — A Detroit newspaper thinks that lightning does not kill so many people directly, as it does by the instrumentality of the lightning-rod seller who can talk any man to death on time.

**EFFECT OF WATCH KEYS.** — A man recently died in New Haven, from the effect of a watch key in his right lung. He pushed the key up his nose when insane; it dropped through the larynx into his lung, where it remained four years, when it caused his death.

**DISINFECTANTS.** — Undergoing his examination, a medical student was asked what was the mode of action of disinfectants. He replied, "They smell so badly that the people open the windows, and the fresh air gets in."

**DR. ELIZA WALKER** has been elected house physician at the British (England) Hospital for Women and Children. She is a Scotch lady, who graduated at the University of Zurich.



**A GOOD IDEA.** — An ambulance has been procured for the Massachusetts General Hospital to convey persons who are injured by accident, or are taken with urgent, sudden sickness, not contagious, to the Hospital or elsewhere.

**NÉLATON.** — This eminent surgeon died at Paris, Saturday, Sept. 20, 1873. He was one of the few to whom the medical profession, has brought a fortune — five million francs.

**ANAHEIM, IN SOUTHERN CALIFORNIA.** — We have received a circular from Wm. R. Olden, containing a detailed comparison of this place with Mentone, France, and Aiken, S. C. From these data he infers that Anaheim, in the valley of Santa Ana, is superior to either as a residence for invalids, and particularly for consumptives.

**LOCAL ANÆSTHESIA** — The amount of pain imparted by very cold substances varies irrespective of the amount of heat they abstract. Alcohol at 23° produces none, but it deadens the sense of pain, though, strange to say, it does not impair the sense of touch. Dr. Horvath finds that it instantly allays the pain of burns.

**CAST IRON STOVES.** — Carbonic oxide certainly passes off from the outer surface of an *unlined cast-iron* stove when *red hot*, if the fuel be *bituminous* coal. So much is certain. Whether in the absence of any of these conditions any harmful amount can be evolved from an iron stove is not proved.

**ANILINE COLORS** may, it is said, be safely used in candies. They are not poisonous, though aniline itself is. They are so intense that a hundred pounds of candy would contain but a small dose of aniline. Still there have arisen cases of sickness which are hard to explain except on the supposition of poison by eating, or even by wearing articles colored by aniline dyes.

**ARTIFICIAL ALIZARINE.** — The coloring principle of madder is now made so cheaply from coal-tar, that it threatens to abolish the cultivation of madder. Anthracene, the coal-tar product from which it is made, had before been useless.

**DOCTORS versus SCHOOLMASTERS.** — It is very evident that there has been a slight falling-out between these two important parties, as the following recipe from a physician of some local reputation, recently sent to an apothecary not a thousand miles from Boston, will abundantly testify. It is given *verbatim et literatim et punctuatim*.

R

COFF DROPS.

2 ouz Bludd rut  
 2 ouz Abe Cack rut  
 2 ouz Sn-uk rut  
 4 graines Morfene  
 mix

We commend the above to those allopathic editors who turn their myopic glasses towards homœopathic journals, hoping therein to find ignorance, or at least faulty grammar.

## PERSONAL.

CARROLL DUNHAM, M.D.—With the following note, we are informed of Dr. Dunham's safe return, in improved health, though not able to do the work which he always does so well:—

*To the Editor of the New England Medical Gazette:*

Last autumn, ill health compelling me to relinquish all professional occupations, I, with great reluctance, severed my connection with the New York Homœopathic Medical College, by resigning the Deanship of the Faculty and the Professorship of *Materia Medica* and Therapeutics.

Having returned from Europe, a few days ago, I have to-day, for the first time, seen the announcement of the College for the session of 1873-4, wherein, to my surprise, my name occupies its old place, under the titles of Professor and Dean.

I should sincerely rejoice if I were able to resume a work and a fellowship which were always a source of great pleasure to me. But since this is not the case, it seems to be my duty to correct this error in the announcement.

CARROLL DUNHAM.

*Irvington, on the Hudson, N. Y., Sept. 30th, 1873.*

C. C. SLOCOMB, M.D., of Millbury, writes:—Bowel complaints are prevailing here in a mild form, though not as generally as last year. I have had no fatal cases. Though many patients, with other maladies, have developed symptoms that led me to fear cerebro-spinal meningitis, I have had only one case of it this season. The patient was a little girl of only eleven months, and has recovered. Belladonna in attenuation was, as it was last year, the chief remedy, for the head symptoms, throwing back the head, rolling the eyes upward, sudden starts, twitchings, etc. Opium was given for a stupor-like sleep of nearly two days and nights.

GEORGE F. FOOTE, M.D., late of the Asylum at Middleton, N.Y., has opened a Cure for patients afflicted with mental infirmities, on Strawberry Hill, Stamford, Ct.

L. D. PACKARD, M.D., of South Boston, is preparing a complete list of homœopathic physicians and organizations in Massachusetts. He wishes every physician to answer for him the following questions:—

1st. The name and residence of every physician in your county or vicinity?

2d. The population of your county, and the ratio of homœopathic physicians to population?

3d. Any good location in your county for physicians? Give particulars.

4th. Any organization or institution under homœopathic management?

J. B. BELL, M.D., of Augusta, Me., will deliver a course of six lectures, upon Tumors, in the Boston University School of Medicine, in December next. Prepared by a man of such careful observation and well-defined ideas, these lectures will be of great value to the profession, and prove an attraction to the School.

REMOVAL.—F. A. ROCKWITH, M.D., from Newark, N. J., to Saginaw City, Michigan.

MARRIED.—THEODORE R. WAUGH, M.D., of St. Albans, Vt., to Miss Adah J. Reynolds, of Carthage, Jefferson County, N. Y., June 12, 1873, at St. Albans.

DIED.—ALFRED ZANTZINGER, M.D., of Philadelphia, æt. thirty-four, of typhoid fever, August 16th. Dr. Zantzinger graduated at the Homœopathic Medical College of Philadelphia, in 1861. He acquired a large practice; and from his sterling integrity of character made many friends, who will deeply feel his loss.

THE  
New England Medical Gazette.

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No. 11.]

BOSTON, NOVEMBER, 1873.

[Vol. VIII.

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CLINICAL MEDICINE.

J. H. GALLINGER, M.D., EDITOR.

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CASES FROM PRACTICE.

BY J. H. GALLINGER, M.D., CONCORD, N. H.

PERHAPS in no other respect has the profession been imposed upon to such an extent as in the reports of cases printed in our medical journals. Occasionally a case of unusual interest, and from which the reader cannot possibly fail to learn something valuable, finds its way into print; but, usually, such reports consist of very ordinary cases, treated by so great a variety of remedies as to render it utterly impossible for any one to determine the curative agent. And, again, there is a deep-seated conviction in the minds of many physicians, that some of the printed cases, detailing remarkable cures of apparently incurable diseases, are purely imaginary ones, formed for the occasion by ambitious men in the profession, in the hope that they may thereby gain notoriety.

I remember very distinctly the nonchalance with which a practitioner from a small town near Boston, a few years ago, at a meeting of the Massachusetts Homœopathic Medical Society, detailed the treatment of nine cases of membranous croup, all of which occurred in his practice within a few months, *Bryonia*<sup>100</sup> proving curative in every case! Of course no intelligent man who listened to the reading of that absurd paper believed a single word it contained. For it is not reasonable to believe

that any physician, however extensive his practice, ever meets nine cases of membranous croup in so brief a space of time. Again, it seemed absolutely ridiculous to believe that, if they had occurred, *Bryonia*<sup>200</sup> controlled them all so magically, and brought them through to recovery so wonderfully and triumphantly. Such reports tend to engender distrust of the genuineness of other and honest reports, and thus prejudice the profession against everything of the kind.

But, notwithstanding the abuse to which attention has been called, the fact remains, that, in the practice of every careful prescriber, an occasional case occurs that is really worth reporting, and that cannot be withheld from publication without inflicting a positive injury upon the profession. Oftentimes these instructive cases are fatal ones; but unfortunately this class rarely ever are reported. But, whether the treatment proved curative or otherwise, it is essential that the prescriptions should be made with direct reference to the symptoms, and should consist of either the single remedy or the alternate use of remedies called for by prominent symptoms, or by a diseased condition of different organs of the body existing at the same time. It is a real luxury to converse with a physician of the homœopathic school who studies his cases with care, and selects his remedies accordingly. One cannot fail to learn from such a man, and his cases are usually worth reporting.

Recently I came in possession of some cases from the practice of two or three of the best homœopaths of Vermont, and believing that they are worthy of a place in our literature, I will endeavor to condense them for the *Gazette*. Dr. C. M. Chamberlin, of Barre, Vermont, furnishes the following interesting cases:—

#### NECROSIS OF FEMUR.

B. C., a boy of 14, of scrofulous diathesis, has had necrosis of the right femur for the past three years. He has been treated, during that time, by one of the best surgeons in the State, who has removed portions of necrosed bone at three different times, one piece being nearly six inches in length. For the most part the suppurating process has been going on.

At times it has been very extensive, leaving fistulous and sinuous tracts. The discharge had been very fetid and ichorous. At times the suppuration would subside, and the fistulous openings nearly heal, and then reappear with renewed severity.

When I first saw the patient the following symptoms existed :

Tongue coated brown, with red tip and edges ; pulse 120, full, hard, and bounding ; loss of appetite ; metallic taste in the mouth ; constipation. He was very weak and emaciated, having been confined to the house most of the time for three years. For the past three or four weeks there had been no discharge. The right thigh was swollen to twice its normal size ; the skin glazed, oedematous, and of a purplish-red tint, very tender to the touch, especially at the middle third of the external side. The pain was very severe and deep seated, apparently in the bone, beating and throbbing in character, very much worse at night. He had slept but little for a week ; indeed, not at all unless under the influence of an anodyne. The surgeon who was treating the case had declared his purpose to amputate the limb the next week ; and was only waiting for the inflammatory symptoms to subside, so as to render the operation safe.

After examining the patient I was requested to give something to induce rest, without any reference to permanent benefit. Accordingly I made a prescription, the remedy being selected in accordance with my settled belief that the drug which covers the totality of the symptoms will be the most likely to relieve. Therefore, as nearly as I could determine at the time, *Mercurius vivus* seemed indicated, which I gave in the 200th dilution, every hour, in water. I did not expect that there would be much, if any, change in the case in twenty-four hours, but was agreeably disappointed the next day to find that the patient had passed a very good night, and was almost entirely free from pain. The swelling was very much less ; pulse down to 90 ; a better taste in mouth ; a bilious evacuation had occurred during the night. Visited him every alternate day for a week, but did not change the treatment. At the expiration of a week the swelling of the limb and the pain had nearly all disappeared ; the appetite was good ; sleep was normal, and the

constitutional symptoms were very much improved. He was able to sit up half of the time, and could get about with use of crutch and cane, some weight being borne by the diseased leg. Never before this time had the swelling subsided without supuration and the removal of necrosed bone.

I now gave *Silicea*<sup>200</sup> every night, and he continued to improve. In one week more he could walk with the aid of a cane, and improved rapidly in every respect. Did not change the treatment for six weeks, and then gave *Silicea*<sup>6000</sup>, one dose. After this prescription I did not see him for three weeks, when he was so far recovered as to come to my office, a distance of seven miles. At this time he could walk without crutch or cane, and was able to do considerable work on the farm. He did not suffer any pain, and rested well nights; his appetite was good. He was very much improved in health, and to all appearances was nearly well in every respect. No further medicine was given, he having been under daily treatment for only two weeks. It has been nearly six years since the patient was discharged, and he has remained well since. From the puny, suffering lad he was when I first saw him, with his limb, and probably his life, about to be sacrificed, a martyr to so-called science, — he has grown to be a healthy young man.

#### FEVER-SORE.

B. S., aged twenty-two years, had always been perfectly healthy until March, 1863. At that time he enlisted and started for the seat of war, but when he reached Burlington, Vt., he was attacked with typhoid pneumonia, from which he was sick for a long time, being treated allopathically. When he began to get better, the fever settled, as the doctors said, in his right knee. After this he was treated in the army hospital some four months, and was then discharged and sent home as incurable. After reaching home he was treated by three different physicians of the old school, and after wading through a "regular" course of leeches, cups, blisters, and powerful drugs of every description, for one long year, without any benefit whatever, he then, as the last resort, came to my office to see what homœopathy would do for him.

The symptoms were as follows: The right knee was swollen to twice its normal size, and rather sensitive to the touch; being unable to sleep at night, he was obliged to sleep in the daytime or not at all. The pains were very much worse during stormy weather and at night. They seemed to be in the bones, and at times were most excruciating, extending up the limb to the hip and down to the foot. The knee-joint was very stiff; he could not flex the limb, nor bear much weight upon it. My diagnosis was formed from a belief that the patient had been treated scientifically (?) during the pneumonia, with mercury; although, having been delirious during his sickness, he did not know what drugs he had taken. I accordingly said to him that probably of all the so-called "regular" physicians in existence, not one would admit what I thought to be the trouble; viz. that he was having a drug-sore and not a fever-sore; and that the mercury he had taken had settled in the knee, and not the fever. And here I will say, whether it accords with the views of the physicians of our school or not, that I firmly believe that each and every case of the so-called fever-sores are caused by drugs. Who ever saw the fever settle in the limbs under homœopathic treatment? It is possible that some one has seen such cases, but I have not, nor do I believe that any homœopath has, unless his patient had previously been extensively drugged. Believing, then, that it was mercury that caused the trouble with my patient, I prescribed *Hepar*<sup>s</sup>, a powder every night and morning.

The patient reported in two weeks. The swelling was nearly all gone; the limb pained but little; he could walk very well with a cane, and the crutch had been laid aside. He slept well nights. Continued *Hepar*, one dose every night.

In less than two months from the time of the last prescription the patient came to my office perfectly well. He said he had re-enlisted, and was going to see if he could get to the seat of war this time. He thought he could if he did not run across any more blue-pills on the way. This was in the spring of 1864, and he served until the war closed, continuing well while in the service, and since his discharge until the present time.

## LUMBAR ABSCESS.

July 14, 1867. — Was called to see W. S., aged twelve, of nervo-bilious temperament, and scrofulous diathesis. Found the following symptoms: Pulse one hundred and twenty; skin very pale and waxy; bowels loose, two or three evacuations every twenty-four hours; very restless at night; copious night-sweats, and chills during the day; very much emaciated. A quite large swelling, a little to the right of the lower lumbar vertebra, extended upwards to near the right kidney; it was slightly tender to the touch, having every appearance of an incipient abscess. There was contraction of the muscles of the right limb, so that when standing the limb was much shortened, the toe only touching the floor. He had been sick about two months, under allopathic treatment. Gave *China*' every two hours. The symptoms which determined the choice, were the night-sweats, diarrhœa, and general debility.

Visited the patient in four days, and found him better. The appetite was improved; he did not sweat so much, and rested very much better. But his back and limb remained the same. Continued same treatment.

At this time I was called away from home, and did not return for ten days. Visited the patient again August 1st, and found him very much the same as when I last saw him. Ascertained that during my absence his former medical attendant had been called in, and after a very careful examination had pronounced the case incurable, giving his father the very consoling information that "he could walk as well then as he ever would." Upon careful inquiry I now learned that my patient had bathed in the river twice or thrice daily during the month of May, when the water was very cold. Presuming that this might be the cause of the whole trouble, I administered *Calc. carb.*<sup>6000</sup>, one dose dry on the tongue, and *Sac. lac.* in water ever two hours. In eight days the patient was out on the meadow playing ball, entirely well, and had been so after the fourth day from my last visit, and has remained well ever since.



## CHRONIC DIARRHŒA.

July 20, 1864. — Visited Mrs. E. C., forty-seven years of age, of bilious temperament, who has been troubled with diarrhœa over a year. Three different physicians of the old school have failed to remove the disease. Symptoms: Very much debilitated, cannot sit up but a few minutes at a time; pulse one hundred; skin sallow and dry; tongue coated yellow; bitter taste in mouth; no appetite, and what little she eats occasions distress in the stomach and bowels, especially the latter; pain is the worst about an hour after eating; bowels bloated and tender to the touch; urine high-colored and scanty; lower extremities cold; burning pain in vertex; diarrhœa comes on worse in the morning, obliging her to get up usually before light; has as many as ten evacuations before noon, and not more than two or three after that time until early morning again. Stools were undigested, and sometimes quite frothy, yellow, and watery; pain before, during, and after stool, with a feeling of weakness and faintness after stool. Gave *Sulphur*<sup>300</sup> one dose. Two days after ascertained that she had had only four evacuations in twenty-four hours since taking the *Sulphur*, and that all the symptoms had greatly improved. Another dose of the same medicine was given, after which time the patient improved very rapidly until September 1, when the case was discharged cured, and there has been no recurrence of the disease since.

## SICK-HEADACHE.

May 2, 1867. — Miss H. F., aged twenty-five, of bilious temperament, has been subject to sick-headache from childhood. The attacks have occurred as often as once in two weeks, until the last year, during which time they have come on every third day. Symptoms: Great debility; loss of appetite; constipation; eyes very weak and sore, intolerant of light, especially during an attack of headache; pain in back; catamenia every two weeks, very dark and clotted. For the last six weeks she has had the headache every third day regularly,

commencing in the morning ; pain mostly on the right side, extending from the right eye through to the back part of the head. She cannot bear the least light, and is in a darkened room. If she remains all day quiet she is usually better in the evening, but if she tries to sit up or keeps about, she is sure to have headache next day ; she says if she can be left alone she can sleep it off ; she suffers greatly from nausea, but does not often vomit unless she goes into the bright light or tries to exercise ; she is sure to have headache every time she goes into society. The aggravation by light and relief by sleep tell me to give *Sanguinaria*, which is accordingly prescribed, one dose of the 1000th, dry on the tongue, with *Sac. lac.* in water, every two hours.

Patient reported in one week. Has had one slight attack on the fifth day, but was able to keep about all the while ; she is feeling very much stronger ; her appetite has improved ; the bowels are regular ; and finally she is very much better in every respect. *Sac. lac.* in water was continued every four hours, and on May 23, the patient reported herself well,—since which time she has continued free from the disease.

#### HEADACHE, WITH DISTRESS FROM LIGHT.

*Case 1.* — M. B., aged twenty-nine, for the last eight days has had headache, commencing in the morning at sunrise. The pain is very sharp and piercing, commencing in the right eye and extending into the forehead ; it increases from sunrise until noon, and gradually decreases in the afternoon, ceasing entirely when the sun goes down. Patient feels well as usual in every other respect ; sleeps well, appetite good, bowels regular, etc. In the middle of the day, when the pain is most severe, the right eye is very much congested and sore, painful when moved, and sensitive to the light ; she had an attack six months ago while in California, which lasted six weeks under "regular" treatment.

*Natrum mur.*<sup>100</sup>, one dose dry on the tongue, was prescribed. Next day the patient rode out, all well with the exception of a little soreness over the eye, which soon wore away. It has now been over two years since the medicine was given, and not a trace of the headache has returned.

*Case 2.* — C. W., a student fitting for college, aged eighteen, of bilious temperament, has been sick two days with pain in and over the right eye, the pain coming on and going off with the sun. He cannot bear either natural or artificial light. He is afraid that he will be obliged to leave school. He had an attack last year which compelled him to discontinue his studies, and he was confined in a dark room most of the time for six months. He feels very much discouraged. He likes his food very salt; indeed, he cannot get salt enough. His general health is good.

I visited him in the evening, and found him quiet and free from pain until a lamp was lighted, when he was taken with most excruciating pain; said it could not hurt any worse if the eye was being pulled from the socket, than it did the moment the light struck it. His distress was so great that he really acted like a maniac. *Natrum mur.*<sup>300</sup> was prescribed, a dose every two hours. In four days the patient was able to attend to his studies. He has since entered college, and has remained free from the headache up to the present time, some nine months.

#### OTORRHŒA.

C. F., a girl of eight, has had otorrhœa for six years, a result of scarlatina. The discharge is constant, usually thin and watery, but sometimes ichorous and curdy. She has had some discharge every day during the whole time, and is quite deaf in the ear that is diseased, — the right one. There is no pain unless she takes cold in head. *Silicea*<sup>6000</sup> cured the case in two months, dose having been repeated every ten days. She has remained well now for four years.

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#### SOME OF THE NON-MEDICAL DUTIES OF THE PHYSICIAN.

BY JOHN W. HAYWARD, M.D., LIVERPOOL, ENGLAND.

*Read before the British Homœopathic Society, and reprinted from the British Journal of Homœopathy.*

MR. PRESIDENT AND GENTLEMEN, — Of papers on diseases and on medicines you have had many; of papers on surgery you have had a few; but of papers on purely sanitary

science I fear you have had scarcely any; I beg, therefore, to present one for your consideration this evening, because I believe sanitary science is scarcely of less importance to the medical man, that is, to the general practitioner, than is the surgical, the medical, or the therapeutical science.

The medical man's duty does not consist solely in the diagnosing of disease, medical or surgical, or in the prescribing of remedies, therapeutical or mechanical; it does not begin only after the invasion of disease, nor does it consist solely in the curing of disease or in helping the public to recover from it; it embraces many other points. It is as truly a medical man's duty to prevent disease as it is to cure it; and in order to do this he ought to be the embodiment of sanitary knowledge and *par excellence* the advocate of sanitary measures and promoter of sanitary science. A medical man would certainly fail in his duty if, when attending a patient in small-pox, cholera, or typhoid fever, he were to neglect or were unable to instruct the attendants how to prevent the spread of the disease. But of what use, it may be said, is such instruction when it is impossible to carry it out? And this is unfortunately the case in most houses. One of the most effective and important preventive measures, as you are aware, is free ventilation of the patient's bedroom. But how can this possibly be obtained in the present badly constructed bedrooms? It is simply impossible to get it without risk of producing worse evils than those of want of ventilation. A medical man would also fail in his duty if, when consulted as to the management of a young lady threatened with phthisis, he were to neglect or were unable to advise as to the avoidance of cold draughts and cold lobbies. But how is it possible to avoid exposure to these in the present badly constructed houses? *It becomes, then, a part of every medical man's duty to advocate and promote a better construction of houses.* It is thought by some persons, and I fear by some medical men, that house-building belongs exclusively to the architect. This is, however, a mistake; for, inasmuch as houses are for the residence of human beings, and badly constructed houses injure health and induce disease; and often render mild diseases severe, and curable diseases incurable, house-building becomes a matter of interest and importance to the medical profession, not less so indeed than to the architectural. House-building is, in fact, a point where the duties of the architect and the physician meet and combine; and it is therefore necessary that architects and medical men should occasionally discuss together the various requirements of this art. In December last, the medical profession was forcibly reminded of its duty in this respect by an architect writing to the *Lancet* and to the

*Builder*, and by Mr. Rawlinson writing to *Fraser's Magazine* and to the *Times*. Mr. Rawlinson, in his letter to the *Times*, writes: "If medical men will pardon my impertinence, I venture to say that they do not in all cases act boldly. They know that a warm and stuffy atmosphere is liable to be injurious, but they do not always insist with all possible energy, to have the evil removed, that is, to have full and free ventilation." And Mr. Atchison, in his letters to the *Builder* and *Lancet*, says, "No greater benefit could be conferred on mankind than the teaching them the necessity of ventilation; but that lesson is more likely to be learnt if it comes from the doctor than from the architect. . . . Until the faculty can convince the people that their life is shortened and serious diseases are brought on by want of ventilation, architects have no chance." The eyes of the community at large are thus turned towards the medical profession for protection, provision, and instruction in this matter; and it will be well for us, in our own interest as well as in the interest of the public, to qualify ourselves to meet this public demand.

Now, there are many points of importance in house-building; such as the position, the aspect and prospect, the foundation and drainage, the number, size, and position of the windows, doors, and fireplaces, etc. But there is certainly none of equal importance to that of VENTILATION; ventilation is, in fact, the prime and main necessity of house-building; whatever else may be left undone, this should be attended to; whatever else may be left imperfect, this should be made perfect and complete; and it should include the whole house, and should be self-acting and inexpensive. It should, I repeat, be perfect and complete, include the whole house, and be self-acting and inexpensive.

It is the architect's province to provide dwellings for the people, and to see that they are made protective and safe; but it is part of the medical man's duty to see that they are made healthy and comfortable. In planning a house, architects cannot be expected to provide specially for the health of the occupants; their province is to build a residence and display the resources of their own art; and they cannot be expected voluntarily to undertake the extra and, to them, the superfluous trouble and risk of providing for flues and tubes for ventilation, which also involve extra expense, except under the pressure of medical and public opinion—except under the certainty that they are absolutely necessary arrangements involved in the plan of every house; and they cannot be expected to be so convinced, or the pressure of public opinion be brought so to bear, except by the efforts of the medical profession. It becomes, therefore, a part of the duty of the medical profession

to take every opportunity of influencing the architectural profession in this direction. But there is also a third party—a party besides the medical man and the architect—interested in this subject, namely, *the public*: the public have, after all, the yea and nay in this matter; it is indeed for them that these arrangements are to be made, and they are the pay-masters; whatever extra cost is involved, it is the public that will have to pay it, and it is of little use the doctor proving the necessity, or the architect designing the arrangements, unless the public be persuaded to adopt them and pay the cost involved. That the public can be thus persuaded I have no doubt, but that this will take some time I am quite ready to admit. It will take some time thoroughly to educate the public into the absolute necessity for special provisions for ventilation, because they have hitherto been left under the impression that special arrangements for ventilation were unnecessary and superfluous, or that they were impracticable, or, at least, were incompatible with warmth and comfort; and, I am sorry to have to add, that they have been encouraged in this impression by many architects and engineers; and that medical men have not protested with sufficient force and intelligence. Medical men have gone on from generation to generation, silently mourning the resulting evils of the want of efficient and practicable means of ventilation; and architects have continued to design houses with very little regard to these absolutely necessary provisions, whilst the public have submitted; and if they have not thought it was all right, they have at least thought that the evil was quite beyond their remedying, for that every non-professional (if not also every professional) attempt hitherto made had only ended in failure, disappointment, and loss of money.

The first duty of the medical and architectural professions now is to make amends for this, to admit their past culpability, and, promising better for the future, proceed at once and vigorously to instruct and educate the public into the absolute necessity there is for ample ventilation in every house and every room, and to show them that such is not only possible and practicable, but it is also compatible with warmth and comfort indeed conducive to these. Let medical men take every opportunity of pointing out the evils of the want of ventilation and of illustrating them by the conditions of the houses and rooms into which they have to go every day, and the foulness and stench to which they have to submit; and let them make themselves acquainted with the merits and demerits of the various plans that have been proposed and adopted, and settle in their own minds on some successful and uncostly method of ventilation and warming. And let architects make up their minds never in

future to design any house, large or small, without introducing special arrangements for efficient ventilation, and let them do this as a matter of course, as they would flues for smoke and passages for drainage; and if their clients object to the cost, let the architects explain the absolute necessity, just as they would the necessity of stairs, doorways, and chimneys. Unless some such plan as this be adopted the public will continue to object to the expense. As things are at present, what can physicians do? We cannot insist on a patient's bedroom being ventilated when that cannot be done except with air that would itself kill the patient. In ninety-nine out of every hundred houses in this country bedrooms open directly out of the stairs' lobby, and this opens directly to out-of-doors, without even the protection of a vestibule door, so that every time the outer door is opened there is a rush in of the outer air and the whole air of the lobby is reduced to nearly the temperature of the outer air, which in winter will perhaps be below 28° Fah., and there is no provision in the lobby for raising it any higher; stairs' lobbies probably range in frosty weather about 35°, and at this time there is necessarily a fire in the patient's bedroom, and in all probability the bed has to stand between the fireplace and the doorway. Now, the fire requires at least 600 cubic feet of air each minute, and this it must obtain either from the stairs' lobby through the doorway, or from the outer air through the window opening; and the outer air will at this time be not higher than 28°. Now, the temperature of the patient's body will be 98° or 99°; imagine, then, the evil effect of exposing him to a current of air at 28° or 35°! Of course chill must be produced, and then there will most probably follow neuralgia, rheumatism, inflammation, etc. But patients are of necessity so exposed, to a certain extent, in about ninety-nine out of every hundred houses in this country, either by the fire drawing air in, or by the rushing in that takes place when the door is opened; and imagine the danger of having the door or window permanently open at such a time! The result might be fatal to the patient, and would be sure to be injurious to the attendants. A medical man cannot, indeed he dare not, order the door or window be kept open under such circumstances, however much he may feel the necessity of fresh air; of the two evils he must choose the lesser, for it is better that the patient's recovery should be retarded by foul air than that he shall be killed outright by cold draughts, and it is better that the attendants shall have to leave the room occasionally for fresh air than that they shall be shortly laid up with rheumatism, neuralgia, or inflammation. According to the last published annual report of the Registrar-General, asthma and consumption alone caused, in England itself,

18,125 deaths; and I have not the slightest hesitation in saying that a very large proportion of the cases of these diseases have their origin, and still more certainly their obstinacy and incurability, in this vicious construction of bedrooms. Most persons occasionally take cold, and in the majority of cases the cold falls on the respiratory organs, in one case as influenza, in another a sore throat, and in another as bronchitis or pneumonia. Now, in each of these instances the temperature of the air respired affects very materially the progress of the case, and even determines whether it shall be mild or severe, or indeed whether it shall be curable or fatal. In acute bronchitis the temperature of the air respired should never be lower than 65°; but how is it possible to obtain this temperature in ordinary bedrooms in winter, which is the time when bronchitis is most prevalent? And even when it is obtained in bedrooms by well-fitting doors and windows and large fires, matters are not much better, for the very effort to obtain warmth excludes fresh air and subjects the patient and his attendants to the evil of foul air.

As before stated, it is to these unpropitious bedrooms that may be attributed very many of the cases of consumption, bronchitis, and asthma, and indeed of heart disease, for heart disease, as you know, is one of the results of chronic bronchitis and asthma. In fever cases much fresh air is required, and sometimes every endeavor is made to obtain it, even by opening the doors and windows; this is, I fear, frequently the reason why typhoid patients sometimes suffer from bronchitis, and why typhus patients sometimes suffer from pneumonia, and why some cases of rheumatic fever are prolonged and complicated; and which, notwithstanding all our care, we cannot prevent, because of this defective construction of bedrooms and even of hospital wards. But it is not in bedrooms only that cold draughts are pernicious, they are almost equally so in sitting-rooms, in which, as Mr. Rawlinson puts it, "persons may be roasted on the one side and frozen on the other," which subjects them to neuralgia, rheumatism, colds, coughs, asthma, consumption, etc.; and the cold lobbies assist materially in bringing about these evil results; in fact, the evils resulting from the defective construction of ordinary houses are a crying appeal to the medical profession to take up the subject vigorously and in earnest.

Now, bad as are the evils that result from cold draughts through doorways and window openings, in both health and disease, the evil results of preventing these by having tightly-fitting doors and windows are infinitely worse. Of course we are all familiar with the results of a fish being out of water,



or in impure water; well, exactly the same results follow to human beings when out of air, or in impure air. Death by drowning is nothing more than an effect of man being out of air; and death by charcoal fumes is only an instance of the results of excessively impure air. Now, human beings themselves burn charcoal, or, what is the same thing, carbonaceous compounds, in their food; and pollute the air with the very same poisons as burning charcoal does, and they also produce other impurities besides, such as sulphuretted hydrogen, and other poisonous gases; also particles of organic matter, warm, moist, and in a state of decomposition, being given off from the lungs, stomach, bowels, and skin. The quantity of deleterious gas and watery vapor thrown into the air of a room by one adult person amounts to something like four gallons and a half per hour, and contains suspended in it something like three quarters of an ounce of solid matter, and this from each healthy person into all rooms; but from patients in bedrooms there are also other impurities, such as evaporated urine and stool, etc., which are exceedingly injurious in some cases, for instance, in typhoid fever and cholera; and the secretions and excretions of patients in infectious diseases are all extremely injurious. One whiff of the breath of a diphtheria patient has been known to be fatal to persons up to that time in health; and merely passing by a small-pox patient has been known to communicate that disease so virulently as to produce death. What, then, are likely to be the qualities of a warm bedroom where these poisons are kept pent up and in concentration for want of ventilation? It is indeed frightful to contemplate the evil results to the attendants and to the patients themselves, shut up for hours together, and sleeping in warm bedrooms, the air of which is loaded with these poisons.

Now, bad as are the evil results of the want of ventilation in bedrooms in winter, they are infinitely worse in summer, when the temperature of the outside air is equal to that of the inside, and the whole air of the town is still, and there is not even the help of a fire to make a change of air in the room; for when the temperature is the same in doors and out, and there is no wind, there is no spontaneous change even when the windows and doors are open; this is remedied in hot climates by the use of the punkah and other immense fans; but in this country all the change that can be obtained is from a miserable little hand-fan that just vibrates the air in front of the face, but scarcely moves it away at all. Under these circumstances is it at all surprising that putrefaction and germination should go on at a rapid rate and produce fever, diarrhœa, cholera, and gangrene, sometimes to a frightful extent? Truly

there ought to be provided in every house a power of absolute *suction* of the vitiated air from every room, independent of the chimneys and windows, with provision for the inlet of fresh air, and this at an agreeable temperature.

Thus far my remarks have applied to the ventilation of *rooms* — to “single-room ventilation”; but rooms are not the only parts of a house that require ventilation. No plan of single-room ventilation can possibly supersede the necessity of a general plan for the whole house. The lobbies require special means of ventilation and warming quite as much as do the rooms; indeed the latter cannot possibly be obtained without the former. When referring to bedrooms of patients in winter, with the fire drawing in 600 cubic feet of air each minute, I laid stress on the fact of this air being cold; but coldness is, perhaps, the lesser of its two evil qualities; it is also *foul*, indeed perhaps loaded with dangerous effluvia. This latter is one of the evils that our improved workmanship and building have increased, if not absolutely provided, for us. The water-closet opens into the lobby; the front door is made to fit as tightly as possible, to prevent cold draughts; and this prevents fresh air from coming in from the front; whilst with well-fitting intermediate doors to shut off kitchen smells, the admission of fresh air from the back of the house is prevented; these arrangements make the lobby into a chamber, with the termination of the main drain opening into it, through the water-closet. The rooms of the house — at least one or two living rooms and the patient's bedroom — have fires in them, and these fires must and will have from 600 to 900 cubic feet of air per minute each; and this they obtain most easily from the lobbies, round the door when this is shut, and through the doorway when it is open, which of necessity it frequently is.\* The supply of air for the rooms is thus obtained principally through the water-closet, especially if, as is usually the case, this is against an outer wall, with a ventilating window through this wall; for the cold air then absolutely *blows* into the house through the water-closet window. The water-closet is placed against an outer wall, and a window placed there, under the mistaken notion the foul air will force its way out through it in spite of the force of the wind, and in opposition to the power of gravitation and of that of fire suction! It is, however, perhaps, worse if there is no water-closet window, when all other inlet is shut off, for then the fires of the house will suck in air through the water-closet pan out of the drains, as they did in Londesborough Lodge during the stay of H. R. H. the Prince of Wales. So, also, will

\* Also directly from the drain when there is a fixed wash-basin communicating with the drain.

opening and shutting the water-closet and lobby doors. This may be demonstrated by the simple experiment of holding a lighted taper, or a bit of smoking tape, within the closet pan; by this it will be seen that every time the doors are opened or shut air is drawn up through the water in the pan. We all are familiar with the circular stain made on the under surface of the lid by the foul gases. The foul air of the house drains and of the main drain of the street is then being continually drawn into the lobbies of the house; so that the freshest air to be had in such houses is that loaded with water-closet effluvia! One partial remedy for this state of matters is to keep the water-closet lid and door shut; and another is, cut off the house drains from the main drains of the street by an open trap or grating just outside the house; these are, however, only very partial and imperfect protection; the only complete and effectual remedy is a direct opening from the outer air into the lobby, only protected by shutters to regulate the supply according to the requirements of the house and by hot-water pipes to regulate the temperature according to the season of the year; and this should be sufficiently large to supply the whole house during its maximum of use, and so as to make it more easy for the rooms to draw air through this opening than any other way; indeed, instead of the lobby drawing in air from the water-closet, the water-closet should draw air from the lobby; there should always be an inward current from the lobby to the water-closet produced by absolute suction through its ceiling, and this should be strong and continual. A window in the water-closet opening to the outer air is quite a mistake, as it is sure to drive the water-closet odors into the house; the water-closet window should be always shut.

From what I have advanced it will be rightly concluded that what I hold to be a prime and absolutely fundamental condition of a healthy and comfortable house is an ample supply of fresh and agreeably warm air in the lobbies, corridors, or other central spaces, out of which the rooms of the house open or draw their supply. This is, in truth, absolutely necessary, and no house can be ventilated without it; no effectual removal of the vitiated air from the rooms or admission of fresh air into them can be accomplished without this; in fact, no house can be made healthy and comfortable without it. The supply of air must not only be ample for the maximum requirements of the whole house, but it must be fresh, that is, as fresh as can be procured, and if possible passed through canvas or other filter, and it must not only be ample and fresh, but it must also be warm; if it is to be admitted freely and copiously into sitting-

rooms and bedrooms, air must not be below 60° temperature ; indeed it should be about 65° without ventilation : that is, still air is comfortable at 60° ; but air in motion, that is, when there is ventilation, is not comfortable to sit or remain still in lower than 65°. There must, therefore, be a coil of hot-water pipe at the entrance opening, or somewhere in the lobby. Even Mr. Rawlinson admits this, and provides it in his own house and recommends it for all other houses.

The next thing is the admission of this air into the rooms ; of course some will gain admission when the doors are opened, and even round the doors when they are shut. But this is not enough ; for when a room is fully occupied, a quantity of fresh air equal to the cubic contents of the whole room should gain admission every twenty minutes, that is, three times an hour ; special inlets must therefore be provided directly from the lobby into the room ; and these should, if possible, be controllable by valves to accommodate the supply to one or two persons, that is, to a partial occupation of the room.

The next consideration is the abstraction of the vitiated air from the rooms. An opening or openings must be provided in or near the ceiling ; to this must be adapted a pipe or flue, and this must run up an inner wall to the top of the house. Each room, each water-closet, and each gaselier of the house should have a separate flue ; all these flues should terminate in one common chamber in the top of the house ; this chamber should terminate in one common flue or shaft ; and this should be kept permanently heated. It is absolutely necessary that this latter flue be kept permanently heated ; for in no other way can a constant suction from the rooms, etc., of the house be procured and maintained, and in no other way can the rooms be emptied every twenty minutes, which they ought to be, and in no other way can back draught be prevented. This common abstraction flue may be kept permanently heated for a very little permanent cost by a jet of gas constantly burning in it, or by a few coils of the hot-water pipe ; or for no permanent cost, by bringing it down to below the kitchen floor and then carrying it up behind the fire and round the smoke flue and terminating it outside near the top of the chimney ; in this latter case the kitchen chimney smoke flue should be made of iron. This permanently heated abstraction flue being properly proportioned to the size of the house will empty the whole house three times every hour, and of course three times every hour will the whole house be replenished with fresh, warm air. An intermediate drum or chamber into which all the flues of the house may terminate separately, and which is emptied by one common abstraction

flue, is absolutely necessary, for in no other way can the suction act equally on every room.

The plan I have thus sketched meets, I think, all the requirements of house ventilation with which I set out, namely, that it must be perfect and complete, must include the whole house, and be self-acting and uncostly. For the benefits of an efficient and complete system of ventilation and warming, I maintain that the outlay is very small indeed; the exact amount will depend on the size of the house. For the *ventilation* the *primary* cost is very little; of course the shutters of the primary inlet will cost something: so will the zinc tubes and the special kitchen chimney flue; the *permanent* cost is almost nothing; and for the *warming* the *primary* cost is only that of the apparatus itself, and the *permanent* cost only a few tons of coke per annum; so the plan is "inexpensive." It is, also, as far as such an arrangement can be, self-acting, because the *ventilation* once set according to the number of occupants wants nothing more, and because it acts day and night, and winter and summer alike, and the *warming* wants only the stove fire attending to night and morning, and perhaps once in the day. It "includes the whole house," because the abstraction flue sucks equally from every room, and the fresh warm air, entering at the basement, passes upwards through all the lobbies and rooms of the house in one continuous stream never to return.

To those who are familiar with the subject of house ventilation and warming, such assertions as these may appear unwarrantable; but I make them advisedly, and as confirmed by practical experience and scientific experiment. I have now lived four years and a half in a house provided with these arrangements, and have thereby satisfied myself and all my friends, who have observed along with me, that the system is complete and perfect, and answers every expectation originally formed. There are perfect ventilation and complete warmth throughout the house, so that persons may sit in any part of the room, and do not require to crouch over the fire; the odor of dinner is gone directly, and so is that of smoking in any room. The bedrooms in the morning do not smell like bedrooms; there is no offensive odor from the water-closets; and both the ventilation and warmth are easily regulatable according to the requirements of the occupants and the season of the year. Each room receives an ample supply of fresh air so distributed that there is no perceptible current, and which in summer is cooled from  $5^{\circ}$  to  $10^{\circ}$ , and in winter is warmed from  $10^{\circ}$  to  $30^{\circ}$ ; so that all the year round the atmosphere of the whole house can be kept from varying more than  $8^{\circ}$  to  $10^{\circ}$ ; in the

coldest winter it can be kept up to or above 65°, and in the hottest summer it can be prevented from rising above 72°. Of the comfort and advantage of these conditions I have had practical experience, not only in health but also in disease. For some weeks in the winter of '69 and '70 I had staying with me a young lady in the early stage of consumption, and my wife was laid up with bronchitis; both patients felt the advantage of being able to range through the lobbies and the whole house at any time with a full supply of fresh air, and without fear of the irritating effect of cold air. Also in the spring of 1871 I had two of my children down with putrid scarlet fever; and I then felt the immense advantage of plenty of fresh, warmed air going from the lobbies into the bedroom, and thence out-of-doors, without returning into the lobbies, and with the ability to load the incoming air with disinfectants. By using disinfectants in the first floor lobby the air entering the house became impregnated, and then passing through the lobbies into the rooms to out-of-doors without returning into the house, left my professional part on the ground floor free from any risk of infection, much to my own and my patients' satisfaction. Such an arrangement you, as medical men, would be able to appreciate, not only in your own houses but in those of your patients. But this is not the only practical testimony; during the four years and a half, thermometers placed in the different lobbies, rooms, and passages have recorded the temperatures throughout the house; and during 1871-2 very careful observations of the currents of the air through the house were made with Casella's anemometers; one fixed in the primary inlet, one in the secondary inlet, in the outlets from the different rooms, in the downcast shaft, in the transverse, and in the upcast in two places; and readings were taken in the morning before the fires were lighted or the sun had risen; in the day at different times and under varying circumstances of the house, also in the night when all the fires had gone out; with many persons in the house, and with few. A canvas filter has been stretched across the primary inlet, and readings taken with the canvas and without, and with the doors shut and with them open; during strong wind and in calm weather. The results arrived at are: that with a good kitchen fire burning, and the water in the boiler boiling, we gain an average increase of temperature in the upcast shaft in winter of about 20° between the outside air and the air in the upcast, for the suction of the vitiated air out of the house; and that this produces a velocity of about 220 feet per minute. The temperature of the smoke at the beginning of the kitchen smoke flue is about 230°, and of that escaping at the chimney

top 195°. Even with earthenware smoke flue, open kitchen range, and wide chimney top, therefore, we utilize about 35° of the waste heat of the kitchen fire. With an iron smoke flue, close kitchen range, and contracted chimney top we would in all probability utilize from 50° to 70°, which would possibly increase the velocity to about 300 or 350 feet per minute. The area of the upcast is four square feet; 880 cubic feet of air, therefore, passed through the house every minute, besides what went up the chimneys — enough to supply the standard quantity of fifteen cubic feet per minute to fifty-eight persons in the house at one time; and supposing the ordinarily used fires to be lighted, about 4,500 cubic feet of fresh air would pass through the house every minute, enough to supply 300 persons; for of course the occupants would have the use of that which passed to the fires as well as that which passed to the ventilators. The quantity passing up the upcast is not diminished when the fires are burning.

Finally, gentlemen, I am sure that, with the exception of Dr. Drysdale's, it is the warmest house in winter, and the coolest in summer; the most airy and fresh, and at the same time the house that is the freest from cold draughts in this country, if not in the world; and from personal experience of the comfort and advantage of such a house, I say to you, as medical men, in reference to our building our own houses — Go you and do likewise.

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## TYPHOID FEVER; PERFORATION OF ILIUM AND ABDOMINAL WALLS.

BY WALTER WESSELHOEFT, M.D., CAMBRIDGE.

Miss M. H., aged sixteen, tall and slight, but of vigorous and normal development, without hereditary predisposition to disease, was seized on February 14, 1868, with severe pains in the head, back, and extremities; soreness in the ilio-cæcal region; rigors, and diarrhœa. These symptoms were followed quickly by high febrile action, which, during the ten succeeding days, ran through the usual course of typhoid fevers, and presented no features uncommon to the first stage of the disease.

On the eleventh day, an irregular blush, or congestion of the cutis, no larger than a two-cent piece, appeared, slightly below and to the right of the umbilicus, without warning, or other pain than a distressing soreness on moving the body and on

deep inspiration. By the following day the redness had extended over the greater part of the umbilical region, and had assumed a deep bluish-red color, especially in the centre, which was found to be slightly raised, very hard, and exceedingly painful to the touch, so much so, indeed, as to cause loud moaning and cries from the patient when it was pressed upon by nothing heavier than the night-dress or sheet.

At this time the pulse was 130, the temperature very high, tongue and teeth were covered with sordes, and the diarrhœa had increased to an alarming degree. The discharges were of a yellowish, grumous appearance, excessively 'offensive, with occasional black tar-like stools from admixture of blood. They passed away, now and then, involuntarily, to the number of twelve or more in the twenty-four hours. The urine could be voided only by means of the catheter, and partial consciousness alternates with delirium of an active character.

On the twelfth day of the disease all the symptoms had increased in severity. Pulse, 142; the delirium subdued, but more persistent; the cheeks of a deep purple color; eyes much injected; the mouth covered with sordes, which the utmost attention to cleanliness and moisture could not remove. Respiration labored and irregular, with almost constant hacking cough. Percussion showed a decided increase in the size of the spleen. The diarrhœa was much as on the previous day; the dejections occurred quite unconsciously, and were, if possible, more offensive. The urine was very scanty, highly colored, and very nearly as offensive as the discharges from the bowels. The inflammation had spread no farther, but showed a marked swelling in the middle, of a deep purple color, with bright scarlet areola. The convexity was well rounded, and fluctuated distinctly at the highest portion. All traces of the umbilicus were entirely obliterated, not even a depression remaining to mark its position.

There could now be but little doubt as to the nature and origin of the umbilical inflammation. Peyer's patches and the solitary glands of a portion, undoubtedly of the ilium, had become infiltrated to such a degree as to cause an intense inflammation completely involving the portion of the intestine affected, and



producing more or less occlusion at this point. Immediately above it the contents of the bowel had accumulated. As, in consequence of the violent inflammatory action, not only the mucous coat, but the muscular and cellular likewise, appear to have been rapidly disintegrated, they must have yielded readily to the pressure of the accumulation, which, meeting with more resistance from the serous coat, caused such a degree of distension of this, that, by crowding aside the overlying intestinal convolutions, it impinged directly upon the greater omentum, to which it must have become adherent by plastic exudation. The same process, probably, matted together many of the adjacent intestinal coils; the support thus given must have prevented immediate perforation into the abdominal cavity. The inflammatory process which had caused this degree of disturbance was not checked on reaching the abdominal walls, but rapidly involved the peritoneum, fasciæ, muscles, and subcutaneous cellular tissue; all of which gave way before the pressure of the increasing putrid accumulation; this produced, as early as the fourteenth day of the disease, the swelling above described.

The question of opening the abscess thus formed now presented itself, and this measure was at once determined upon in consideration of the well-known fact that adhesions caused by inflammation resulting from typhoid ulcers are of a most uncertain nature, easily breaking away, and, therefore, unable, generally, to effect that firm union which is occasionally the saving of life in cases of perforation from other forms of intestinal inflammation. It was to be apprehended that the enclosed matter, which had burrowed so rapidly between the coats of the bowel, and had broken its way so nearly to the surface, might, at any moment, dissolve some of the weaker adhesions, escape into the abdominal cavity, and cause fatal peritonitis, while if this did not occur, the cutis was sure to yield sooner or later, and nothing could be jeopardized by hastening this event.

A mere scratch of the lancet sufficed to open the sac, and cause a very copious discharge of indescribably fetid matter, not less than a full pint in quantity, of a dark, brownish-gray color, and mixed with blood, portions of fasciæ, and necrotic tissue. With the escape of this, almost immediate relief from

the gravest symptoms of the case was obtained. Within half an hour after, the pulse had fallen to 102; moisture appeared on the skin; the cheeks lost their deep-red color, while quiet, and an expression of repose took the place of the muttering delirium, unrest, and distress which had increased so rapidly up to this moment. After the lapse of an hour, consciousness had returned, and from a condition warranting the gravest apprehensions, the patient was brought to one full of reasonable promise. Long and quiet sleep soon followed, after which food and drink were taken with relish, and by the end of the fifteenth day, though it was evident that the typhoid process was still in progress, the whole aspect of the case was of the most favorable character.

The dejections had become reduced in frequency to two in the twenty-four hours, and though still of the peculiar "pea-soup" appearance, were very much less offensive, and never voided without the knowledge and control of the patient. The urine was passed at stated intervals, but it was impossible, voluntarily, to empty all the contents of the bladder, possibly in consequence of the separation of the urachus and superior ligament of this organ from their umbilical insertion, in consequence of which undue pressure from neighboring parts prevented the free escape of the urine.

Throughout the night and day following (the sixteenth of the disease) the opening in the abdomen continued to discharge a thin, ichorous, brownish pus, very fetid and so acrid as to excoriate quickly the parts of the surface with which it came in contact. This called for their protection by means of sticking plaster, oiled silk, lint, and sponges soaked in a weak solution of permanganate of potash. The redness had entirely disappeared, leaving only a narrow, purplish ring about the wound, which, on the subsidence of the swelling, proved the opening to be in the exact position of the umbilicus; it had increased in size so rapidly that, from being at first a slit of no more than a quarter-inch in length, it was found, after twelve hours, to be oval in shape, over an inch long and half an inch in breadth. The aperture being still partially obstructed by necrotic tissue too firmly adherent to warrant its removal, no view of the parts within could be obtained.

During the seventeenth and eighteenth days the improvement was not rapid, but uninterrupted. A slight and tolerably formed evacuation from the bowels took place in the early part of the last-named day, accompanied by a sense of fulness, a gurgling sensation, and a diffused redness about the umbilical opening, which discharged freely, at the same time, and in gushes, the offensive, ichorous matter. In the evening of the same day, shortly after having taken a moderate quantity of bland nourishment, the patient felt a strong desire to relieve the bowels. This was followed by no discharge per anum, but by the blush about the wound, the sense of pressure, and, directly, by a very copious outpouring of ichor, pus, necrotic masses, and finally, of chyme well mixed with bile, and of the normal appearance and odor of fæces.

After this, the fever again abated, a general feeling of ease and comfort followed, and very refreshing sleep was enjoyed throughout the night. Up to the twenty-fourth day all went well. One or two discharges took place daily from the adventitious anus, one usually about 11 o'clock in the forenoon, followed, occasionally, by a slight one towards evening, and apparently uninfluenced by time of taking food. It is not uninteresting to note that these discharges were invariably accompanied by the congestion about the wound, and a marked desire to stool felt in the rectum, but without natural discharge.

During this time the wound grew no larger. The fever continued in a mild form; food was taken with much relish in small quantities, and though there was great general prostration, the pulse, at ninety-five, was fairly full and regular, falling steadily day by day. On the 25th day a very decided change for the better was observable. The pulse had fallen to eighty; the temperature was nearly normal; thirst had abated; the tongue and mouth were clean and moist; and as the patient could change her position in bed with ease, the spleen was found to be much less engorged. The urine was quite free, though still requiring to be drawn by catheter. The appetite was excellent, and, what was most satisfactory, the abdominal opening had not only begun to contract, but a well formed, though small evacuation from the rectum had taken place.

This rapid improvement continued until the 28th day, the only difficulty in the treatment arising from the craving appetite of the patient, who was greatly distressed by the small quantities allowed at each of her numerous meals. The wound continued to contract, the general health and strength to rise almost from hour to hour, the alvine discharges grew more normal and regular, and the escape of chyle from the abdominal opening diminished from day to day; when suddenly, after an unwarrantably hearty meal of mutton-broth, — given by the nurse in consequence of pitiable entreaties of the patient for food, — a painful soreness was felt about the wound, with persistent and rapidly spreading redness, tending towards the right iliac region. Frequent and copious discharges of undigested food set in, with increased fever, followed in a few hours by violent pains in the abdomen, great prostration, collapse, and death early on the 29th day.

An autopsy was not permitted, but there could be no doubt regarding the cause of death, which ensued with distinct symptoms of peritonitis.

The treatment consisted mainly in the administration of such medicines as the stages and symptoms of the fever appeared to call for, the careful regulation of the diet, which consisted, during the apparent convalescence, of broths, starchy preparations, and milk. The wound was dressed several times each day with lint, adhesive plaster, etc.

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## MATERIA MEDICA.

CONRAD WESSELHOEFT, M.D., EDITOR.

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### BROMIDE OF POTASSIUM, — KALI BROMIDUM.

BY C. WESSELHOEFT, M. D., BOSTON.

FRAGMENTARY PROVING. — From Jan. 27th to 30th, I took each night, before bed-time, from 5 to 20 grains of Bromide of potassium. There were no symptoms till Jan. 30th. Up to this time I felt better than usual, less tired, with more ability and inclination to walk than previously. The mind was more

composed, and much less excitable than usual. There was much flatulence; the bowels were regular, with frequent desire to pass water, but which was, however, rather diminished in quantity.

(It is necessary to state here, that I had been troubled for a long time with back-ache from spinal irritation, with tired lameness in the legs, mental excitability, sleeplessness, and forgetfulness of names.)

Jan. 31. — Have less appetite for breakfast; no appetite for dinner; much thirst all day, but am able to drink only a mouthful, as the cool water is unpleasant. Mind calm, — not worried and fretful as usual; have been rather disinclined to use the mind at all.

Slept better at night while taking the Bromide, but woke up frequently; during sleep, there were many confused dreams. Slept well after smoking in the evening, which is never the case at other times, as it causes starting and nightmare. At night in bed, had roaring in the ears, synchronous with the pulse.

Feb. 1. — After simple dinner, headache in the right frontal protuberance. Great sleepiness; drop asleep soundly in a chair during day-time; if waked up, fall right asleep again. Have no inclination to mental excitement or amusement; feel rather sad, and indifferent to things. At 9 P. M., the headache in the forehead increases.

Feb. 5. — There was no change in the above symptoms up to this time, though no Bromide had been taken for six days. But on this day the discharge of urine was both frequent and more copious, also in the preceding night. In the evening of the 5th, about half a pint of urine passed every half hour for several hours. The urine was pale, of high specific gravity, loaded with what appeared to be phosphates, of which a cloud was passed with the urine; the minute crystals could be plainly seen when held up to the light in a beaker-glass. On standing for a few minutes, the sediment filled one quarter of the space occupied by the liquid. Heating the urine precipitated the phosphates in a white, cloudy sediment; addition of nitric acid immediately dissolved it. In this short proving, made by myself, the effect upon the mind was quite marked,

and decidedly curative; for it improved the memory, and dispelled a distracted, uncontrollable state of mind.

#### OBSERVATIONS BY OTHERS.

The following are physiological effects, bearing a therapeutic relation to the cases quoted below. The mental symptoms of Bromide which Dr. Hale quotes from Dr. Hammond's reports, are as follows: After large doses, there is staggering as in drunkenness; hallucinations; remarkable slowness of speech, and difficulty of collecting ideas and expressing them (Turnbull). Profound melancholic delusion (Hammond). Decided insanity; the patient thinks he is especially singled out for divine vengeance; loudly deploras his fate; falling suddenly asleep at intervals of a few minutes; walks the room groaning and wringing his hands; thinks he is accused of robbing a friend, etc. He has an unsteady gait, with constant action of the hands and fingers. The pupils are contracted. Loss of memory; he forgets how to talk; is several minutes forming replies to questions, — amnesic aphasia. He can pronounce only the words he is told to say.

Patients are haunted by gloomy ideas relative to their present and future condition, with profound depression of spirits, and melancholy delusions. Patients are absent-minded, low-spirited, and childish. There is mental depression, with feeling of approaching death, and great weakness; feebleness of intelligence. Frightful imaginings, night terrors, and great despondence is seen in men and women; they feel as if they should go out of their minds. The memory of one woman was absolutely destroyed. She could not recollect the simplest things, and even forgot her own name and that of her husband. Frequently she would burst into tears. There was melancholy, with uncontrollable weeping in the case of a man. Further the drug produces repression of sexual desire and loss of sexual power.

(Hammond's theory is, that it lessens the amount of blood circulating in the brain, by contracting the vessels, and that sleep is thus produced).

Dr. Edward H. Clarke's observations confirm the preceding.

The most curious, interesting, and important phenomena of the continued dose, are those of impaired mental force, loss of memory, depression and diminution of general and of reflex sensibility. There is an expression of dulness of face. Toxic doses(?) produce idiocy, hallucination, and paralysis. Single words are forgotten, or one syllable is constantly dropped out of a word. There is an exchange of words for each other: a woman calls a buckwheat cake a comb, and vice versa. It produces aphasia, anæsthesia; diminished reflex sensibility of fauces and urethra. Bromide of potassium has a paralyzing influence over the nervous system, resulting in disturbed locomotion, muscular weakness, and anæsthesia.

Other sources of information regarding this drug, not referred to by Hale and others, are: *North American Journal of Homœopathy*, H. N. Avery, Aug. 1869. P. 86; *Allgem. Homœop. Zeitung*, vol. 81, No. 23, P. 184; *American Observer*, No. 6, 1870, P. 289, (Acne, from *London Lancet*); *American Observer*, Jan. 1872, No. 1, p. 15.

Bromide of potassium was used as a medicine as early as 1837; and described by Heimerdinger, Otto Graf, and Höring, and successfully used by homœopaths like Gross, Hartmann, and Rummel about that time. — (Noack & Trincks.)

#### OTHER HALOID SALTS.

The bromides of ammonium, lithium, sodium, etc., are similar salts. The iodides, bromides, chlorides, fluorides, and perhaps cyanides, which are all salts formed by combination of a radical with a metal, are known as haloid salts.

The potassic bromide resembles common salt — sodic chloride — more than anything else; it is more bitter and pungent; and if dissolved in water, gives it a brackish taste, like seawater.

This great outward resemblance of potassic bromide to common salt, leads to a comparison of their pathogenetic effects. I will mention merely those of *Natrum mur.* relating to the mind. Here we have: affections of mind, like absent-mindedness, confusion in talking and acting; great excitement and inclination to take offence, with crying and howling about it; wrathfulness

or excessive hilarity (we always meet with these extremes); depression of spirits, melancholy, taciturnity; attempts at consolation always increase the melancholy. (Practically we find that a hypochondriac is never cheered up by persuasion or attempts at consolation.) *Nat. mur.* produces sadness, and self-torment by indulgence in sad thoughts and reflections on past grievances, with weeping and crying about them; attacks of melancholy and sadness; indifference approaching idiocy; great weakness of memory; entire loss of memory. The patient thinks that all his friends are dead; he manifests dulness of mind and will; absolute disinclination to work; great sleepiness and drowsiness in the day-time, constantly falling asleep, or sleeplessness, just like that potassic bromide.

It may be considered strange that a substance in common use, like table-salt, should produce such effects. It is true that in combination with food, in certain proportions, it is simply indispensable, while by itself, even in moderate quantities, it will produce many conditions of the body strikingly at variance with normal health. In fact, I doubt that it can be taken as easily, and in as large doses as Bromide of potassium. If this be so, there is no reason why it should not develop as decided an effect. On the other hand, I believe that, but for its less agreeable taste, the potassic bromide could be used in food.

Iodide of potassium, — *Kali hydriodicum*, — in its effects upon the mind also shows its resemblance to the two other haloid salts. It produces great talkativeness, or quarrelsome irascibility; depression of mind and spirits, want of impressibility by outward objects; indifference; fright, anxiety, weeping; excitement like the intoxication which follows liquor, known as iodism or iodine-drunkenness.

In accordance with the most recent position of pathology, all cases of simple softening of the brain are dependent on anæmia of greater or lesser portions of the brain; each anæmic condition being produced by some cause which obstructs the circulation of blood. Among these, thrombosis and atheroma of arteries are most frequent. When such obstructions have reached their height, *i. e.* when they have actually destroyed portions of the brain by causing œdematous effusion, the lesion



speedily becomes manifest in paralytic symptoms more or less extended. When such a stage is reached, it is naturally too late to expect any relief from therapeutic agencies, *but there is a great variety of symptoms ushering in the incipient stage of grave disease of the brain*: atheroma and thrombosis of blood-vessels do not attack a patient suddenly; these affections are invariably slow of development. It is, therefore, reasonable to assume that long before thrombosis and œdema of the brain can be established, symptoms may occur like those described in the clinical cases mentioned below. Among them are: loss of memory, despondency, inability to collect thoughts, or to concentrate the mind on anything. In one case (No. 2) there was an apoplectic attack which terminated speedily in recovery; this, in all probability, resulted from congestion which afterwards subsided. An effusion of blood would not have terminated so speedily in perfect recovery. This had been preceded and was followed by mental infirmity, especially forgetfulness and a loss of power, which contrasted very strongly with the former mental vigor of the patient. Such are the symptoms which usher in softening of the brain, and are those which call for *Kali brom.* and the other haloid salts, according to symptoms.

#### KALI BROM. IN MELANCHOLY AND LOSS OF MEMORY.

*Case 1.* Dec. 7, 1871. — Miss E. W., aged twenty-five, teacher of music, is so sensitive and irritable of mind that she cannot give her music lessons; the very thought of a piano "breaks her down," makes her shake all over, and then cry with fear or apprehension that she is losing her mind. She cries easily; is so easily confused that she cannot say what she wishes to. The least thing worries her; it makes her utterly miserable to be looked at or spoken to; she fears to see people; is always depressed and low-spirited; her memory is very weak and unreliable. Prescribed *Kali brom.* in water every five hours.

Jan. 1, 1872. — Much better; no "shaking"; cannot bear to hear music yet, because it is associated with teaching and scholars, whose presence she fears. Appetite and digestion are now good; does not think about it as formerly.

Jan 8. — Has continued medicine all this time; had one trembling and nervous attack in the past week, but is gaining flesh. This is always a good sign in mental and nervous disorders. She now discontinued the medicine, and went south; she took *Kali brom.* only when decidedly worse, and returned quite well.

*Case 2.* Jan. 24, 1872. — Mrs. —, aged sixty, has for several years been subject to attacks of vertigo, which have resulted in falling; stooping would bring on an attack. They are accompanied with palpitation and nausea; the vertigo, when severe, actually reaches unconsciousness for several minutes; her mind is growing weak as regards memory; there is also a failure of bodily strength. About six months ago she had an attack of congestive paralysis approaching apoplexy, during which she lay unconscious for more than twenty-four hours; it was attended with flushed face, feeble pulse, contracted and non-reacting pupils; she recovered entirely, but was more disposed to vertigo and mental weakness. On this day she took *Kali brom.*<sup>s</sup> in water, a teaspoonful every three hours. In three days she reported that the dizziness had entirely left her; she reported again, after several weeks, that she was much better; her memory was stronger as well as her intellect. At present she is quite well and vigorous, with no returns of dizziness.

*Case 3.* Jan. 31, 1872. — Mrs. L. A. R., aged fifty-two, a widow, is habitually much concerned about her health, and complains a good deal without cause; she has lately begun to pass the "change of life," and has now restlessness and trembling in the evening; is low-spirited; with great and uncontrollable sensation of fear and anxiety. She thinks she is becoming deranged. *Kali brom.*<sup>s</sup> in water.

Feb. 29. — Much less nervous since taking *Kali brom.*; this means that she has now again the control of her mental faculties. Is much improved in every respect, her mind being clear and cheerful.

*Case 4.* June 11, 1872. — Miss —, aged twenty-one, is usually strong and well; she now has constant headache and prostration, spinal irritation, pain in forehead and occiput, stiffness of neck, worse after riding; she cannot bear walking

or the least exertion; her memory is poor; there is great weakness and tiredness; this was much relieved by *Agaricus*. The patient remained well for a short time, when the previous symptoms returned. They are worse after every thunder-storm; company makes her very nervous. She now took *Kali brom.*<sup>3</sup> in water, a tablespoonful three times a day.

In five days she reported herself as being "ever so much better"; there is scarcely any headache in the morning, some at night; she feels refreshed; can walk in the garden and forget herself, and can ride without fatigue. She has continued well.

*Case 5.* June 10, 1872. — Mrs. F. A., aged thirty-two, mother of three children, and regular in her catamenia, has had, for a year and a half, an enlarged gland in the breast, of the size of a filbert, movable, and not painful. She now complains of loss of appetite, general weakness; flushes and sensitiveness; sick-headache after menses; great weakness at stomach; chills and flushes. She dreams much, is very low-spirited with her nervous anxiety; is in a constant state of apprehension concerning her health. The tumor in her breast causes her to feel much anxiety. *Kali brom.*<sup>3</sup> in water.

Aug. 21. Is much better in every respect after the medicine; has no depression of spirits, and no headaches; drinks water freely, and eats heartily.

*Case 6.* June 12, 1873. — Mrs. E. B. S., a lady, aged fifty, of very nervous temperament, but cheerful disposition, the mother of a large family, is much addicted to coffee and nervous headache, but is otherwise well. She has at this date been suffering for about a week from excessive depression of spirits, with a feeling of utter discouragement, as if everything was lost. She feels a frequent prickling sensation all over her body, with palpitation of the heart; and nevertheless her appetite and sleep are natural. Took *Kali brom.*

She reported in five days that she was quite relieved; is cheerful and happy since the second day of the use of the medicine. Another similar attack occurred Jan. 25, which was promptly relieved by the same remedy.

## RICINUS COMMUNIS AS A GALACTIC.

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

THE action of medicines upon the milk, or upon its secretion and excretion, is one of great uncertainty, and the observations collected up to the present time are far too meagre and indefinite to form a basis for any reliable conclusions. As a distinctly recognized class, they have no place in modern systematic materia medica; and but very little that is reliable can be drawn from the works of the earlier writers, although under a large number of medicines we find the statement—evidently loosely made, however—that they “have been successfully employed to promote the secretion of milk,” or “against mammary inflammation or abscess.”

The *Ricinus communis* is one of these; both the oil and the leaves of the castor-oil plant have long enjoyed an empirical, and, to some extent, a professional, reputation for inducing and increasing the secretion of milk. The *London Medical Gazette*, of January, 1847, contains the report of Dr. Williams, of the Niger Expedition, who states that the inhabitants of the Cape de Verde Islands are accustomed to provide a wet-nurse, in any emergency, in the person of any woman who has borne a child, and is still within the age of child-bearing, by continued fomentations of the breasts with a decoction of the leaves of *Ricinus communis*. The leaves, in several cases detailed by him, were applied as poultices to the breasts, and as fomentations to the vulva, at intervals, for three days, and with the most satisfactory results.

Dr. Routh, in 1859, made some experiments with an infusion of the leaves, obtained from Australia, and which he administered to lying-in women in combination with conger-eel soup; and the effect in inducing a copious flow of milk is stated as truly remarkable. Dr. Routh also administered the extract to unmarried women within the catamenial age, and the effect was to produce intense pain in the breasts; but as none of those experimented on would try the effect of nursing or suction, he could not tell whether milk was induced or not. After three

or four days the symptoms were relieved by a copious leucorrhœa.

Among American women the non-appearance of the milk after parturition, or its scanty secretion for a short time only, is a frequent occurrence, occasioned, in the judgment of many observers, by faulty organization, or lack of nervous energy, or both. This is the direct result of the unnatural mode of dressing the chests of female children up to, and even after, the age of puberty, by which the development of the mammary glands is almost entirely prevented. In view of the large number of cases of this kind, which are constantly occurring, whereby so many infants are deprived of their natural nourishment, and of half their chances of surviving the period of dentition, any medicine by which the lacteal secretion may be induced when it does not appear after parturition, or which may stimulate it when it is scanty and threatens to disappear altogether, is a priceless boon to the profession, as well as to the unfortunate mother, and still more unfortunate child. From some experience which I have had with the fluid extract of *Ricinus*, I am led to regard it as a remedy of great value in cases of agalactia dependent upon deficient development, or lack of nervous energy of the mammary glands.

But before we can hope for a successful use of this or any other medicine in these cases, we must make sure that our efforts are not counteracted by any constitutional malady, or by excessive secretions from any other organs. I subjoin a few cases in which I have used it, with the results.

CASE 1. — Mrs. S., the mother of three children, has brown hair, blue eyes, and full habit. At the birth of her first child the breasts appeared fully developed, and she had, for the first three weeks, a fair secretion of milk. It then began to grow scanty, and entirely disappeared at the close of the fifth week, in spite of nourishing diet, and the use of the usual medicines and appliances. Her child did not survive the fourth month.

Eighteen months later she was again confined; had about the same supply of milk as before, which at the end of four weeks had greatly diminished, and threatened to disappear as before.

Gave her of the fluid extract of *Ricinus communis* five drops every four hours. In two days there was an appreciable increase in the quantity of the milk, and the flow was soon fully established. Three years later (about two months since) she was again confined, and was again threatened with the loss of her milk as in the two previous instances. During the third week, the secretion grew so scanty as to necessitate the partial feeding of the child. The *Ricinus* was again resorted to with complete success. The secretion is now abundant.

CASE 2. — Mrs. S., tall, pale, with black eyes, always very healthy, has been reared and dressed "fashionably." She was confined, about one year since, with her first child. The breasts were flattened and small, and the nipples depressed or "counter-sunk." She had, from the first, a very moderate secretion of milk, enough, however, for the support of the child, when I discontinued my visits. Two weeks later I was called, and found the secretion greatly diminished; the breasts were soft and flabby. The child was very fretful, and it was fed largely upon artificial food. *Ricinus* was again given as in the former case; it was followed by a rapid increase in the quantity of milk, which continued uninterrupted till the time of weaning, ten months from birth.

CASE 3. — Mrs. H. was confined with her first child two years since; she lost her milk entirely six weeks from the birth of the child. Her second confinement occurred in May last. The secretion of milk was tardy, and not very abundant from the first, and it seemed to grow gradually less. As she was very desirous of nursing this child, it was determined to try the *Ricinus*, which was done, with the effect of considerably increasing the secretion. The child required no artificial food until he was nearly five months old.

CASE 4. — Mrs. F. was confined about six weeks since. She has rather a spare figure, is of a highly nervous temperament, and is subject to attacks of despondency and hysterical excitement. She had a copious secretion of milk from the second day after confinement until the twelfth, when she was greatly startled by the sudden and, as she feared, fatal illness of her child. This was followed by the rapid diminution and speedy

cessation of the lacteal secretion. *Ricinus* was given in this case as before, but without effect. A dilution of it in warm water was also applied to the nipples and mammæ, but there was no return of the milk.

I learned on inquiry, that patients in cases two and three had always worn closely fitting dresses and corsets since the age of ten years, thus confining the development of the lacteal glands within the narrowest possible limits, rendering them about as useful "when they are called for," as are the bandaged feet of the Chinese beauty for purposes of locomotion.

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### CALCAREA CARBONICA IN SCROFULOUS DEBILITY.

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

*Reported to the Massachusetts Homœopathic Medical Society.*

CASE 1. — A boy ten months old had pneumonia in April, 1869. In July of the same year, he contracted pertussis, which was much relieved by *Arnica*, *Drosera*, and *Lobelia*, as they were indicated. During the summer and early autumn, he had a troublesome diarrhœa, which I diagnosed to be a concomitant of teething. The little patient was much prostrated and emaciated; the gums were swollen, and he became so restless as to require constant attention, day and night. The greater part of the food was vomited after or during a paroxysm of coughing. The stools varied in number during the twenty-four hours from six to twenty, and were of a greenish, slimy character, and very offensive. Accompanying these symptoms was a fever of a remittent character, with great thirst for cold water during the heat. *Arnica*, *Arsenicum*, *Chamomilla*, and *Murcurius corr.* were given, with but little success. I finally thought I would try *Calcarea carbonica*, on the principle that scrofula was the real cause of persistence in the case. Several members of the mother's family had died with phthisis. The change which occurred in the case, after prescribing *Calcarea carbonica* every night and morning, was wonderful. The medicine was discontinued to see whether the cure or improvement was from the medicine or from a change in the disease; the symptoms very soon returned,

and were just as quickly relieved upon administration of the same remedy.

CASE 2. — W. K., a boy seven months old, has had the whooping-cough eight weeks. He is much prostrated from the cough and a diarrhœa from teething. The head is very large with open fontanelles and sutures. His general appearance is pale, sickly, and disgusting. The stools vary in number from two to fourteen in twenty-four hours; they are very offensive, and vary in appearance from a light-yellow color to bloody mucus. The appetite is very poor, and a great part of the food taken is vomited during a paroxysm of coughing. He has great desire for cold water at times, during a paroxysm of fever which is of a remittent character. *Arnica*, *Arsen.*, and *Cham.* did well for the cough and checked the diarrhœa. For three or four days I would think that my patient was going to recover at once; when, perhaps at my next visit, I would find the little fellow worse than ever, with great restlessness; requiring the parents to walk with him all the night. I was finally led, in searching the materia medica, to prescribe *Calc. carb.*, night and morning, one powder. In forty-eight hours all bad symptoms had disappeared. The patient recovered and has been well ever since.

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TRANSFUSION. — A successful case of immediate transfusion of blood by Dr. Albini of Naples is related by Dr. McEwen in the last number of the *Glasgow Medical Journal*. The transfusion was from the carotid artery of a lamb into the veins of a lady exhausted by hæmorrhage. A gum elastic tube about half a metre in length was inserted into the artery of the lamb, and placed in communication with the vein opened in the arm of the patient. At the extremity of a similar tube two tubes of glass were joined in such a manner as to remain fixed on one side of the exposed and incised artery of the lamb, and on the other to the denuded vein of the lady, into which the transfused blood flowed. Dr. Albini renounces henceforth the usual syringe, preferring to use the natural pump, the heart of the animal itself, which, with vigorous contractions, is able to impel a liberal supply of blood into the arm of a patient.



## The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, NOVEMBER, 1873.

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It requires no apology from us that we have reprinted and placed before our readers the valuable paper on ventilation, presented by Dr. Hayward to the British Homœopathic Society. We wish our space would admit the valuable discussions which are also printed in full in the *British Journal of Homœopathy*. The subject is one which comes closely home to every household, involving, as it often does, the health of families, and even life itself. It is a matter which has been theorized upon in all ages, by physicians and laymen. And yet it is doubtful if modern science and the arts of civilization have done more to give healthful ventilation to us than was enjoyed by Greeks and Romans, and by their predecessors since first men lived in well-built houses. Yet it is a subject of too great importance to be allowed to rest in its present dark and uncertain condition. Government could not do a better service than by appointing an efficient, painstaking commission who would sift the matter to its very bottom, and determine the most simple, cheapest, and most efficient method of warming and ventilating. Until such a movement shall be instituted, let every medical and scientific journal agitate the question, and distribute as much information as possible in relation to it.

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### BOSTON UNIVERSITY SCHOOL OF MEDICINE.

BEFORE these pages shall reach our readers, the Boston University will have commenced its first course of medical lectures. It begins under peculiarly favorable auspices. The profession are, to a remarkable degree, unanimous and earnest in their support of this School. The University, which promises to be one of the largest in this country, is determined that every department shall be well supported. The Faculty is a large, able, and earnest body of workers, determined to make this school second to none in this country. The necessity for it is apparent from the single fact that, at the very commencement of its first term, sixty students have already matriculated,

most of whom are entered for a full three-years course, and many others are intending to join the classes. By these students, no less than twelve States are represented, while Nova Scotia, Canada, and Asia Minor send their sons for the express purpose of obtaining a medical education in this department of Boston University. Moreover, an interested community are ready, upon the asking, to confer almost any favors and aid.

In these earlier days of the undertaking, there are numerous things, small in themselves, but very important, which every physician can do to give completeness to the course of instruction. Frequent clinics will be held in the various chairs, and any interesting and important case which can be sent to them, will be of great service. The pathological and anatomical cabinet has been well commenced and ought rapidly to grow into a well-stocked museum. The library, thanks to the generosity of the Massachusetts Homœopathic Medical Society, already contains more than a thousand volumes. Books pertaining to every department of medicine would be gladly received. To the microscopical laboratory — a special feature of the school — already four valuable instruments have been given, and seven loaned for the present session. This department, when complete, should contain at least twenty instruments of various kinds. It will thus be seen how far the profession have it in their power to aid and give character to the institution, which will, in turn, give back more than it receives.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### BOSTON HOMCEOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M.D., Secretary.*

SEPT. 11, 1873. — *Potency* was announced as the subject for discussion. The President, Dr. Talbot, in selecting the subject, had in mind its discussion, in a spirit of the greatest fairness and of scientific research, by the Essex County Medical Society, in which each member gave his experience. He said: There is a great difference in opinion concerning what is a high, and what a low potency. For-

merly the 80th dilution was considered as almost the extreme limit of attenuation; now those who reach the 200,000th, consider the 80th, of course, rather low. On the other hand it may be perfectly legitimate for the true homœopathist to use the crude tinctures; and cures with them are daily made. In fact Hahnemann himself performed some of his best cures with them. Sidney Ringer, although unwilling to acknowledge it, is constantly availing himself of the wealth of homœopathy, though in low potency. Having some time since become satisfied of the virtues of *Aconite* and *Nux vomica* in minute quantity, he now recommends, as something altogether unheard of, *Bryonia* in small doses for rheumatism and cerebro-spinal meningitis. Dr. Talbot read extracts from a paper by Dr. Holcombe, of New Orleans, on what he calls the false cholera, or gastric catarrh of 1873, in which he has been very successful, not losing a single case, while the experience of his allopathic brethren has been far different. He has confined himself mostly to the low potencies, using *Veratrum* and *Cuprum* (the differential pathogenesis of which he notices in passing), *Cuprum arseniosum*<sup>3</sup>, *Aconite* (ten drops of the tincture in half a tumblerful of water, of which two teaspoonfuls were given hourly), and strong tincture of *Camphor*. Dr. Dake, of Tennessee, had also been so successful in cholera with low attenuations of *Camphora*, *Arsen.*, and *Cuprum*, that he saw no need of going higher.

Dr. Krebs:—The best discussions on potency have taken place in England. But even there the matter has never been settled. Dr. Holcombe recommends the low potencies because he has never tried the high. I myself could use low potencies in such sudden cases as cholera, but if altogether debarred from the use of high potencies, I would give up practice. Why I use high potencies in some cases, and low in others, I confess I am not able to explain, nor have I ever heard any satisfactory explanation from any one else. I generally consider persons of a nervous-sanguine temperament fit subjects for high potencies, while the dull, lymphatic, non-nervous, vegetative systems—the type of which is met with in our Hibernian neighbors—need the more potent influence of the cruder preparations. On the same principle children require lower potencies than adults, as their nervous systems are not so fully developed. Allopathic medication certainly has enough of the destructive element in it. How low we can go and yet not expose ourselves to this danger it is hard to say. Equally difficult is it to decide how high attenuations we can use with effect. I never go above the 40,000th.

Dr. C. Wesselhoft:—The subject of potency has agitated the whole homœopathic world for years, but fortunately the old bitterness in discussion has given way to a liberal toleration of one another's opinions. It is easy to see how the question of potency originated. It was one of the logical consequences of the principle *similia similibus curantur*. After the selection of the proper remedy according to this principle, a sufficient quantity must be given to be effective, and yet, at the same time, safe. But it is found by experience that for some time after the point of danger has been passed in dilution, the power to affect the system remains. How far can we carry this process? Here comes in the difference of opinion.

Some medicines are naturally potentized, and act well in their crude state, as alcohol, camphor, coffee, tea, cloves, cinnamon, etc. Some of these may also be potentized and given more advantageously. I have used *Coffea* in the 6th and 20th dilutions, as well as in the crude form, with favorable results.

On the other hand, there are substances which we never think of giving except when potentized, as *e. g.* charcoal, sulphur, lime, and others which are so-called inert. The term potentization really applies to inert substances which are made potent by dilution. It is improperly applied to belladonna, for instance, as that is strong enough already. Attenuation is the word which applies to both processes.

Intermediate between these extremes, is a large class of drugs which practically we always attenuate, whether we put a few drops of the mother tincture in water, or use the 200th dilution. It is easy to understand the process of potentizing, but difficult to understand the qualities of the drug when potentized. Hahnemann tried hard to establish the 30th as the normal potency, but could not do it. Nobody knows the limits of the high or of the low potencies. Every one has to establish his own limits. I have seen excellent results from both high and low potencies. In the first case of cholera which I was ever called to, attended with violent cramps, drawing up of the knees, and striking out with great force, also rice-water discharges, *Cuprum*<sup>20</sup> worked very well. Since that, I have used lower potencies and they too have acted well. It might be difficult for me to state clearly and definitely the distinction as to the cases in which I should use the high potencies or the low. I use generally from the 6th to the 30th. To me it is no more wonderful that the 200th should act than the 3d, as we can see the process of preparation, and know that there is something there. Some think that in potentization there is a kind of latent power set free, but I can see only the divisibility of matter.

Dr. J. H. Smith, speaking of the so-called astringent medicines, said that in case of traumatic bleeding from the kidney, produced by a strain in rowing, in a gentleman of hereditary hæmorrhagic diathesis, *Arn.*, *Rhus*, and *Aconite* in various potencies failed, after a two weeks' trial, to check the bleeding, and an infusion of *Lycopus virginicus* only served to form small clots, which seemed to produce repeated attacks of renal colic during their passage through the ureter. But ten-drop doses of the persulphate of iron, ferric sulphate, checked the bleeding in twenty-four hours. An uncle of this patient bled under similar circumstances six weeks. He had recently found many cases of acute inflammatory dysentery indicating *Merc. corr.* in which the 20th attenuation had entirely failed to relieve the violent tenesmus, as also the third trituration of the same remedy. But feeling sure that *Merc. corr.* was the true remedy, he had dissolved a grain of it, crude, in about a drachm of alcohol, and, with several adult patients, put ten drops in half a tumblerful of water, and given two teaspoonfuls every two hours for twelve hours. This broke the attacks completely without any aggravation of symptoms, and *Bell.* or *Gamboge* had followed well to complete the cure. He was not sure that this result was not attributable to this remedy acting better in solution than in tritura-

tions, and that a higher attenuation of this solution, perhaps the 3d or 6th, would have done even better. He had lost no cases, and had treated forty-three during this epidemic, mostly indicating *Merc. corr.*, *Bell.* or *Gamboge*. The tenesmus had been violent, with falling of the bowel, acrid and corrosive, green discharges with much blood, occurring oftentimes every ten or fifteen minutes during the first twenty-four hours, and sometimes associated with vesical tenesmus. The *Merc. corr.* had not failed to relieve in a single case when given in this dose during one night.

Dr. de Gersdorff, in a severe epidemic of dysentery in which other remedies had failed, had been very successful with *Merc. corr.* <sup>1<sup>dec.</sup></sup>

Dr. Underwood, having tried *Merc. corr.* <sup>200</sup> without result, had cured dysentery in six hours with the 2,000th.

Dr. Talbot thought that if *Merc. corr.* <sup>1<sup>dec.</sup></sup> were used, only a very few doses should be given in succession, or the symptoms would be aggravated. Nothing in his experience would relieve the colic produced by baked beans and fatty substances, like *Puls.* Low attenuations in general produce quicker results, but perhaps not as lasting as high attenuations.

In Dr. Underwood's experience, quicker results were produced by high potencies (30th to 200th) than by the low, even in such active diseases as tetanus, croup, etc. Some remedies, like *Chamomilla*, lose their effects when carried to the 200th.

Sept. 25. POTENCY *continued.* — Dr. Krebs said: The balance is pretty even between the reports of the high and low potency cures. The most important thing is to select the right remedy. If this is done, it does not make so much difference about the dose. The farther we get from the right remedy, the more are we obliged to use crude drugs; the nearer we get to this, the higher can we go with effect, and the more successful shall we be. I have met with cases which have been relieved by high potencies after low have failed, and *vice versa*. Why, I don't know. In acute cases I more generally give low potencies; in chronic, high. As to my method of giving medicine, I dissolve it in, or mix it with water, and repeat according to the exigencies of the case: *e. g.* in very acute cases like croup, every fifteen minutes or half hour, lengthening the intervals as improvement comes; in chronic cases, perhaps once a week or fortnight, or not repeating. I should not give *Chamomilla* or *China* as high as the 200th, as they seem to lose their effect when carried so high. This is a subject of great importance, and might be discussed with advantage all winter.

Dr. Chase held about the same position as Dr. Krebs, and in the main sustained his views.

Dr. Walter Wesselhoëft: — Since the last meeting I have looked through all the medical journals in search of light on this subject, and confess myself now more in the dark than ever. I would second Dr. Krebs' idea to devote the whole winter to the subject. I myself began by using the high and middle potencies, but have now settled down to the lower potencies, because I feel happier in doing so; and I find no other physician able to give a better reason for his practice. According to my ideas, it is not the highly nervous, or sanguine tempera-

ments which are more susceptible to the higher potencies, but those who are nearer the standard of health. All nervous diseases, such as hysteria, epilepsy, etc., are the result of weakness, and call for more vigorous measures.

Dr. J. H. Smith: — I have no rule for giving high or low potencies according as the disease is acute or chronic. *Phos.*<sup>2</sup> will relieve pneumonia and clear up the lungs temporarily, but the result, in the long run, is not nearly so satisfactory as with a higher potency. On the other hand, in chlorosis, I use, and feel obliged to use in order to get good results, a low potency. *Chamomilla* I almost always use in the 200th with success. even in very violent otalgia in children. *Cimicifuga* I always use low. I myself in the winter am apt to be troubled with a very severe coryza for which I always take *Ar-en.*<sup>2</sup>; but a kind of gout in the eye, which formerly, for weeks, prevented my reading a newspaper. I now cure rapidly with a very high potency of *Arsenicum*. *Aconite*, which I formerly used in the 200th, I now use low, and find it works better. *Cuprum acet.* high, has, I know, saved many lives to me in the metastasis of exanthematous diseases. Other remedies I use as I happen to have them.

Dr. Colby: — I was educated to use high potencies, but now have come to use low. To my mother I now give only low, as the high in her case always cause an aggravation. In a case of dysuria in a rheumatic constitution, where *Cannabis sat.*, *Causticum*, and *Apis* in all potencies have failed, an infusion of *Sambucus canadensis* in teaspoonful doses gave relief.

Dr. Nichols has ventured to give, this summer, to many of his office patients, a single globule of a high potency (usually Dunham's 200th) with good results. If it were possible to indicate the sphere of the higher attenuations as differing from that of the lower, he would apply the former, especially to the more subtle diseases. In treating a bruise, which is an extreme of the non-subtle lesion, he finds the tincture of *Arnica* useful; while he has not only used the highest potencies successfully in chronic affections, but also in acute cases of the most deadly diseases of the brain. He makes no exception to the use of *Chamomilla* highly potentized, but has testimony for its efficacy from mothers who substitute a 200th for the rod, when their children are naughty and nervous.

Dr. Talbot finds that temperament makes a difference of indication for potencies, and cited cases from practice. A large and robust man having frequent sore throats is affected by *Apis*<sup>3</sup> in five minutes, and is cured in a very short time. The wife is very delicate and sensitive, and hard to relieve, owing to feebleness and impressibility from external causes. She requires very large doses of medicine to affect her, showing that a delicate, nervous temperament is not always more susceptible to medicine. He suggests a long continued examination of the subject to elicit the truth. He has found *Dioscorea* works best in the lowest attenuations or in the crude state. *Pulsatilla*, in disturbance of the stomach from improper food, does most service in as low an attenuation as the first. Coryza is best cured by low attenuation of *Arsenicum*. He has used flowers of sulphur upon cotton as a local application in rheumatism with great benefit.

Dr. C. Wesselhoeft is glad to see that the idea gains ground that we are not to be confined to high or low potencies. Medicines, in order to be given with best effect, must be potentized — to what extent is of comparatively little importance. After a careful selection of the medicine, the potency should be changed rather than the remedy. He related a case of colic caused by malignant disease of the intestines where the tincture of opium afforded relief after the higher potencies had failed.

Dr. Underwood commenced practice with low potencies, and did tolerably well; but later he used the higher (the 30th to the 200th) with still better results. He gets less violent, but he thinks, more reliable results. Provers get more characteristic symptoms with high attenuations. Those who use high potencies depend much upon subjective symptoms, and therefore get more satisfactory results. He thinks physicians do great harm by giving *Aconite* in typhoid fever when not strictly indicated. When required it should be given in a high potency.

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## NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by Frank L. Vincent, Secretary.*

### SEMI-ANNUAL MEETING — MORNING SESSION.

THE Society assembled in the Common Council chamber, in the city of Brooklyn, at 10.30 A. M., on Tuesday, September 9, the President, Dr. E. D. Jones, of Albany, in the chair. Shortly thereafter Mayor Powell made his appearance, and at 10.40, having been introduced by the President, addressed the meeting in a few spirited and welcoming remarks.

After pleasantly responding to the congratulations of the Mayor, the President delivered the usual address to the Society. He spoke earnestly of the value of these semi-annual meetings, from a scientific as well as social point of view. All sciences advance simultaneously, being mutually dependent on each other.

Now what influence has this general scientific advance upon medicine? Medicine has been defined "as a science which has for its aim the promotion of health and the cure of disease." In furthering this aim, the aid of all the sciences has been invoked, and their progress must therefore extend the limits of the medical horizon. Therapeutics is, or ought to be, regarded as the most essential part of medicine; for centuries have the disciples of *Æsculapius* endeavored to elevate this branch to the dignity of a science, and why have they not succeeded? Simply for the reason that they have lacked any well-grounded foundation upon which to erect their superstructure. Does homœopathy supply this deficiency? Has our system any claim to be considered a science? Our grand law of similia was reached by induction, and we deductively apply it every day of our professional lives. May we not then consider our profession a

science, as well as an art? But why call your attention to a subject so obvious to you all?

Since legislative action first entitled us to recognition as a distinct school of medicine, the taunts and sneers to which we were subjected before that time have given place to a more systematic mode of persecution by opposing interests. To this we have tamely submitted, with now and then a defensive stroke. Our position has been that of the besieged; we have acted simply on the defensive. Has the time not arrived when we should change our tactics? Does not the dignity of our profession demand it? We have been too prone to fortify ourselves by citing remarkable cases, and comparing the vast superiority of our own treatment over that of the so called regular practice, to raise ourselves by disparaging others. This, certainly, is not the proper way to maintain a position that stands "on the vantage ground of truth." Upon science have we based our system; let us scientifically defend it.

After briefly referring to the question of the dose, and the necessity of greater care in reporting cases, he urged the importance of using all means for determining the appropriate sphere of action of each remedy.

Dr. Gray, of New York, read an elaborate paper on Medical Education, supplementing it with occasional and collateral remarks. He afterward read the "Rules and Regulations of the Regents of the University of New York," and offered the following resolution, which was unanimously adopted:—

*Resolved*, That the thanks of this Society are hereby tendered to the Regents of the University of this State, for the preparation and adoption of a code of rules for the government of the State Board of Medical Examiners, appointed in compliance with the law of 1872.

Dr. H. R. Stiles presented a paper on "Emotional Insanity," prepared by Dr. Samuel Worcester, dilating upon its numerous phases, and instancing the prevalent opinions as to its cause, as entertained by eminent students throughout the world. The paper was exceedingly comprehensive, and elicited full interest throughout. [It is found in the last number of the GAZETTE.]

Dr. Stiles submitted an encouraging oral report of the condition of the Middletown Homœopathic Insane Asylum, of which he is Superintendent. Within the past few months progress has been made towards the completion of the first building. They have now a building 175 feet long, and four stories high. Yesterday they commenced a new building, 195 feet long and three stories high, which, when completed, will accommodate from 90 to 115; possibly more, if crowded; but he does not believe in crowding insane patients. They have an elegantly located farm of 250 acres, and receive their water from the reservoir of Middletown. The building will be lighted by gas manufactured on the premises.

Dr. W. H. Watson presented the following, as having been passed by the American Institute of Homœopathy, at its late session, at Cleveland, Ohio:—

*Resolved*, That homœopathsists everywhere should strenuously insist upon the non-violation of the great fundamental American principle



of "no taxation without representation," by sectarian monopoly, either of national, State, county, or city institutions, supported by legal assessments, or of those private eleemosynary institutions which derive their support from individual contributions.

Dr. Weston urged the adoption of the resolution, saying that the homœopathists had now become so large a body that they should be treated with exact and impartial justice, and not be pushed aside by the allopaths. It seemed to him that it was their duty, at this time, to create a public sentiment. It is an old saying that whom the "gods would destroy they first make mad"; and this was the condition of the allopaths to-day. There was no better opportunity than the present for homœopaths to take a stand.

The resolution was seconded, in a few pertinent remarks, by Dr. A. E. Sumner, of Brooklyn, and was unanimously adopted.

The Secretary then offered a report on the general condition of homœopathic societies throughout the State, prepared by Dr. H. M. Paine, Chairman of the Bureau of Medical Societies and Institutions. There are in this State twelve hospitals, sixteen dispensaries, one insane asylum, four medical schools, and forty county and local medical societies.

At 12.40 the Society adjourned, to accept the hospitality of the Cumberland Street Hospital.

#### AFTERNOON SESSION.

The Society was called to order at three P. M.

Dr. Vincent, the Secretary, read a biographical sketch of the late Dr. E. B. Cole, of Waterford, written by Dr. B. F. Cornell, of Fort Edward. It was referred to the Committee on Publication; also, ordered to be placed upon the records of the Society.

Dr. Helmuth, of New York, read an able and instructive article on the subject of Plastic Surgery. This article elicited discussion, in which Drs. Wright, Lord, Brown, Morrill, and Lilienthal participated.

Dr. Lilienthal introduced Dr. Wm. Eggert, of Indianapolis, Indiana, who was cordially greeted by the President, and invited to participate in the discussions of the meeting.

Dr. Houghton, of the Ophthalmic Hospital of New York, invited the members of the Society to visit that institution, and gave a hasty sketch as to its capacity to accommodate patients, its workings, etc., stating that the institution would be able, when completed, to accommodate some 240 patients. He then presented to the Society a treatise on the subject of "Aural Diseases of Children," giving the history of several cases which had come under his observation in the course of his practice. This essay elicited remarks from Dr. Searle, and others, which were very interesting, many cases being referred to by them.

Dr. Lilienthal, of New York, read an exhaustive essay, entitled "Differential Indication of Remedies in Pneumonia, on a Physiological Basis," giving many illustrations in the course of his readings.

Dr. Brown, of Binghamton, made some remarks upon the subject

of the distinctive difference between moral sanity and insanity. In the course of his remarks he made an earnest appeal for temperance, and vigorously assailed the use of tobacco in any shape. Dr. I. S. P. Lord, of Brooklyn, a man of advanced years, whose words should have weight, endorsed the remarks of Dr. Brown, and added an earnest, unanswerable argument in furtherance of the cause of temperance.

Dr. Searle, chairman of the committee appointed to draft suitable resolutions relative to the death of Dr. Simeon A. Cook, of Troy, made the following report:—

The Homœopathic Medical Society of the State of New York, having heard of the death of Dr. Simeon A. Cook, of Troy, one of its former Vice-Presidents and active members, desires to record its appreciation of his rare talents, his earnest, useful, and—in the highest sense—successful life, as well as its deep regret at his loss, and heartfelt sympathy with the surviving relations.

The report was received and ordered to be placed upon the minutes of the Society.

#### EVENING SESSION.

The members of the Society were the guests of the Lady-Managers of the Maternity, at their institution, No. 48 Concord Street. A pleasant time was there spent at the supper-table. When this had been cleared, Hon. W. W. Goodrich was called to the chair. He expressed his hearty sympathy with homœopathy, and his pleasure in meeting the gentlemen assembled. Congratulatory remarks were then made by the President, Dr. E. Darwin Jones, and by Dr. H. C. Houghton, and others. Before the company adjourned, an elegant gold watch and chain were presented to Dr. H. M. Paine, former Secretary of the Society. The presentation speech was made by Dr. W. H. Watson, and was feelingly responded to by the worthy recipient. No secretary of a State society has so earnestly devoted his time and talents to his work as has Dr. Paine; none have achieved so great results, and none are more worthy of such a recognition.

The watch is an elegant specimen of workmanship: an open-faced stem-winder, manufactured in Neuchatel. The following inscription is beautifully engraved upon the inside of the case:—

“Presented by members of the Homœopathic Medical Society of the State of New York to HORACE M. PAINE, M.D., in appreciation of his faithful performance of service as its Secretary, during ten years. Albany, September 9, 1873.”

After having adopted a vote of thanks to the Lady-Managers of the Maternity for the bountiful reception, and to the several speakers for their addresses, the Society adjourned, to meet in Albany on the second Tuesday in February, 1874.

\*.\* OUR Reviews, Items and Extracts, and Personals, are crowded out of this number, but will appear in the December number.

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[Vol. VIII.

CLINICAL MEDICINE.

S. M. CATE, M.D., EDITOR.

CLINICAL NOTES.

BY THE EDITOR.

SCIATICA : GNAPHALIUM.

Miss D., aged 30, tall and slim, with light hair and blue eyes, subject to profuse menstruation, was taken with sciatica in July, 1872. She had cutting pains in the left hip joint, and down the posterior part of the leg, to the foot. The pain was worse when lying down, when stepping on the foot, and after midnight; better when sitting up. She took *Colocynth*, *Arsenicum*, *Nux vomica*, *Rhus*, *Colchicum*, *Sabina*, *Sulphur*, and *Lycopodium* from July 5th to August 10th, with no improvement. During that time there was no essential change in the symptoms, except a gradual development of the disease.

Aug. 10th she took *Nat. sulph.*<sup>4</sup>, which was continued with benefit till the 17th. Then *Thuja*<sup>30</sup> was given in alternation with *Natrum sulph.*<sup>4</sup> These remedies were taken till August 30th, with a gradual improvement, when the pain developed in the right hip, and the trouble in the left rapidly improved.

Sept. 17th. — She has a constant dull pain, with spells of darting or cutting pains in the hip joint and down the posterior part of the thigh and leg, to the foot. The pains are worse on lying down, moving, and stepping; better when sitting up. For menstrual colic she took *Pulsatilla*, followed by *Colocynth*.

The trouble continued in a rather violent form, making inroads upon the general health, and contracting and stiffening the right leg, so that on Sept. 18th she could not turn in bed, or stand upon her foot, and had to sit in her chair most of the time night and day. From Sept. 1st to 18th, she took *Nux vom.*, *Pulsatilla*, *Ipecac.*, *Natrum sulph.*, *Phytolacca*, *Apocynum*, and *Lycopodium*, without improvement.

Sept. 18.—She now took *Gnaphalium*<sup>2</sup> <sup>dec.</sup> in solution, a dose each two hours. Some curative action of the *Gnaphalium* was manifested within the first twenty-four hours after commencing its use. She lay in bed some four or five hours; the pain was less, and she had a little more freedom in moving the leg. She took *Gnaphalium* from Sept. 18th to 30th, together with some intercurrent remedies, mostly *Arsenicum*<sup>30</sup>, for a severe influenza.

Our notes of the case, taken at the bedside, which are very full, and of which this report is a very brief abstract, show that on Oct. 4th the pain was nearly gone from the hip, a little being produced by false steps when walking. She could lie in bed all night. But a new trouble was now developed. She had a dull pain in the back, opposite the stomach, and round the body; worse the latter part of the night and towards morning. The stomach was tender to pressure. This trouble of the spinal nerves increased, with the addition of nausea and faintness at the stomach, without relief from *Nux vom.*, *Chamomilla*, *Actæa racem.*, *Antimonium crud.*, and *Cocculus*. Oct. 30th, she took *Belladonna*<sup>2</sup> and *Rhus tox.*<sup>2</sup> in solution, a dose alternately each two hours, and the trouble was slowly cured.

In October, 1873, the same patient came upon our hands again with sciatica of the left hip, with all the symptoms that were presented at the first attack. *Gnaphalium*<sup>2</sup> was administered in solution, a dose each two hours, and, when some better, each three hours. She was completely cured in ten days. But, as the hip grew better, she had some of the same difficulty in the spine, opposite the stomach, as occurred after the cure of the previous sciatica; this was removed with *Bell.* and *Rhus*.

We are well aware that this case was, in the first instance, under treatment a long time before the specific remedy was found and administered; but we are conscious of no neglect of duty in its treatment. A most careful record of the case was kept, and a very close study of the materia medica was made in search of appropriate remedies. Besides the use of the best repertories, and the direct study of the materia medica, all the best works upon practice at command — homœopathic, allopathic, and eclectic — were consulted, and then the judgment carefully made up. When all these failed, Dr. Hale's new work, "Characteristics of New Remedies," was consulted. There this symptom was found, — "intense pain along the sciatic nerve, following its larger ramifications;" sciatica was marked as cured by Dr. Banks. With this guide, furnished from the action of the drug upon the healthy body, it was administered with success.

We would add, that it has served us well in two other cases of sciatica, of a milder type than the one in question. In other cases of sciatica that we call to mind, in looking over some twenty-eight years, *Colocynth* and *Rhus* hold the first place; *Arsenicum*, *Phytolacca*, and *Lycopodium* come next; and a number of other remedies hold some secondary relation to the disease.

The case has some interest also as a study. Why should the sciatica develop in the right hip just as it was recovering in the left? And why was disease of the spinal nerves developed as the sciatica in the right hip was recovering? These are important questions. Some would claim that there was a morbid deposit in the substance of the nerve, which was thrown upon one hip when the other had thrown it off; others would take the hypothesis, that some force made such an impression upon the nerve as to produce a diseased condition, and that, when this force ceased to act upon one nerve or set of nerves, it developed its action upon other nerves, and so on. We are unable to determine which view is correct. But, with the more recent statements of modern science with regard to the correlation of forces, it would seem probable that the latter view is correct.

## INFLAMMATION OF THE BOWELS: BAPTISIA.

Mr. T., aged 30, was taken with violent cutting pains in the lower part of the bowels, but most severely in the region of the iliocecal valve, and up the ascending colon. The first day of the disease he had dark-brown, loose discharges from the bowels, followed by constipation. The iliocecal region and ascending colon were extremely sensitive to touch, and somewhat swollen; the skin was hot, mostly in the afternoon, attended with some sweat. The pains were worse in paroxysms, and so violent as to cause him to scream.

*Mercurius* in high and low dilutions did no good; *Rhus*, *Cuprum*, *Belladonna*, *Colocynth*, and some other remedies were given without effect.

August 8, 1873. — *Baptisia*<sup>1 dec.</sup> was given in solution, a dose each hour; and, when better, each two hours, with prompt relief. The next day all the symptoms were somewhat relieved, and by the continued use of this remedy he was cured in a few days.

## RHEUMATISM.

Few diseases tax the patience of both patient and physician more than rheumatism. So many diseased conditions of the body produce inflammation of the ligamentous and muscular tissues as their ultimate results, that rheumatism is truly a protean disease. Thus it may be produced by derangement of the stomach, or of the assimilating system; or the kidneys may produce it, or the liver may; and either system may be affected with a variety of diseases, each of which may have rheumatism as its most obvious expression. Thus it is easy to be seen that many remedies will be required to cure the many different forms of diseased action known as rheumatism. In some cases citric, nitric, or some other acid offers relief; and in others, alkalies, such as a weak solution of Rochelle salts, have a good effect. Nitrate of potassa and *Colchicum* seem to be the standard remedies in the allopathic school of medicine; and it must be acknowledged that these remedies are often used

with success. The reasons for the success of these medicines will not be considered in this brief notice.

It is enough to say, that very intractable forms of this disease come to the notice of all medical men in full practice; any remedy for them that helps to bridge the gaps in our *materia medica* must be acceptable. We have found very trying cases like the following:—

Feb. 10, 1873. — Mrs. — complains of violent aching pains of the whole body, but especially of the limbs, both in the flesh and the bones, with spells of sharp, darting pains. There is no swelling, but the flesh is very sore to the touch; pulse 100, with considerable fever. *Aconite*, *Nux vom.*, *Actæa*, *Gelseminum*, and *Bryonia* have been used without benefit. *Propylamin*<sup>200</sup>. was now given in solution, two spoonfuls each two hours.

Feb. 11. — All the symptoms were considerably improved; pulse 85; fever gone. The continued use of this remedy removed the rheumatic trouble in a few days.

We have found *Propylamin* useful in several other cases having similar symptoms to those given above, but have no notes of them at hand. The most obvious clew to such cases seems to be a condition produced by some morbid substance in the blood, which is acting as an irritant upon a large amount of muscular and nervous tissue. *Colchicum* and *Sulphur* have often palliated such cases. We are unable to point out the exact fault in the digestive or assimilating system that produced the symptoms; but we feel sure that *Propylamin* is a valuable remedy for this condition. This patient has a fibrous ovarian tumor, and is subject to menorrhagia in a severe and debilitating form, requiring the use of from forty to sixty cloths at each menstrual term. All the standard remedies have been used for this trouble with little effect. *Propylamin* has a decided influence in restraining the flow, though it is still profuse, notwithstanding its use.

#### MEMBRANOUS CROUP: BELLADONNA<sup>200</sup>.

March 18, 1873. — We were called in the evening to see a child of Mr. T., aged 3 years. Found it laboring hard with

a sawing, whistling breathing, and a frequent barking, croupy cough; skin dry and hot; face red; pulse full and sharp, 140 per minute; very restless; tonsils red and swollen; some patches of membrane on the fauces. It was taken sick the day before, and the parents administered *Aconite*, and afterwards *Hepar sulph.* and *Spongia*, without effect. The diseased condition presented so full a picture of *Belladonna*, that we determined to try a high dilution. One dose of the 900th was given, and a position was taken to watch the result. Within half an hour there was some appearance of improvement. A placebo was administered, to meet the expectations of the parents in the way of doing something. The case was carefully watched from midnight till three in the morning, at which time there was so much improvement that the placebo was given each two hours only.

March 19. — Breathing considerably better. It has coughed up a tubular piece of membrane as large as the middle finger, and about two inches in length. Pulse 120; less fever. Patient has slept quietly for an hour at a time. To continue the placebo. At 6 P. M., pulse 90, and all symptoms improving.

March 20, 9 A. M. — The child had a good night, except one fever fit. There is some loose cough and hoarseness still; pulse 72. To continue the placebo.

March 21. — The case was dismissed cured; the remaining catarrhal cough passed off in a few days without medicine. The single dose of *Belladonna* was all the medicine used.

It may not be amiss to say that we have found the atomizer, sold by Codman & Shurtleff, very useful in membranous croup. In cases that required *Kali bichromicum*, we have dissolved three or four grains of the second trituration in water enough to fill the atomizer cup, and then directed the patient to inhale the vapor for ten or fifteen minutes at a time, and to repeat it each two or four hours; the appropriate medicine to be taken by the mouth at the same time. Such inhalation seems to add considerably to the usual power of the medicine; and the vapor, taken in upon the inflamed surfaces, has also some curative effect. In fact, warm and moist air seems a very desirable adjunct to the



medicines in all obstinate cases of croup. Other medicines may be used in solution in the atomizer, according to the peculiar form of the disease, among which *Kali chloricum* is an important one. *Iodine* may also be used with this means, and especially with promise of success when the general symptoms point to this remedy. More might be said upon this subject; but the constant reminder that short articles are wanted, and practical hints instead of exhaustive papers, warns us to turn to other materials from which to fill the space assigned us.

#### RENAL COLIC.

Usually the first indication of stone in the kidney comes with the violent pains attendant on its exit from the kidney and its passage through the ureter into the bladder. It is thus that renal colic is produced. The size of the passing stones varies in different cases, and also the form; so that the time of passing and amount of pain produced varies considerably, both in degree and intensity; but in all cases it is very severe. In some cases it will pass in a few hours, and others require days. In one case that came under our observation, nearly three weeks transpired before the difficulty terminated; at which time it seemed probable, from the symptoms, that three stones were passed. The stone was an oxalate of lime or mulberry calculus; and there was fear, at one time, that stones had formed of so large size that they could not be passed.

The pains are usually in the region of the kidney and along the course of the ureter into the bladder. But sometimes they are first felt along the side of the abdomen in the track of the ureter, or they may first appear in the bladder. In one case that came under our observation, the pain was in the end of the penis, intense and agonizing; but, after an hour or so, it suddenly ceased in this part and appeared in the track of the ureter. It was followed by the passage of a stone and its expulsion from the bladder. In another case the pain, which was most intense, was in one testicle for some two hours, when it ceased, and was followed by pain in the kidney, and the passage of the renal stone.

Both of these cases gave most striking examples of reflex action upon a nervous trunk. The terminal branch bore and expressed all the force expended upon a distant part of the same plexus. But, when the terminal branch ceased to be the point upon which the force was expended, the original seat of disturbance became the seat of expression; or, in other words, the injury and the pain were in the same part. Reflex nervous disturbances are constantly occurring in most diseases of a grave nature, and are to be carefully distinguished from the disease itself.

The pains during the passage of the stone from the kidney to the bladder are often so violent as to call forth the most active efforts to render assistance. *Sarsaparilla*, *Cannabis sat.*, *Berberis*, and *Lycopodium* have often rendered most important assistance, — indeed, have so far mitigated the disease that the stone has passed with only moderate pains. But all these remedies have sometimes failed; and hypodermic injections of morphine are used to benumb the general sensibilities, and render the passage of the stone bearable. The Worcester County Homœopathic Medical Society reports cases of this kind that were cured with *Kali hydriodicum*, crude, — three grains in half a tumbler of water, two teaspoonsfuls to be given each fifteen or thirty minutes, and, when better, each two or three hours.

Oct. 13, 1873. — J. D., a policeman, aged 50, came to my office suffering violent pains in the left side of the bowels in the track of the left ureter, and extending down towards the bladder. The attack had come on a half an hour before, and it was with difficulty that he reached my house. He had a similar attack some six years before, and obtained partial relief from *Lycopodium* and *Sarsaparilla*. On this occasion *Kali hydriodicum*, crude, was given, — six grains to a half-tumbler of water, — two teaspoonfuls each fifteen minutes. He reported a perceptible mitigation of the pains after each dose. After three or four doses, he took the medicine each half hour. Within three hours the pains were so much abated that he could be removed to his home in a carriage. He was soon completely

relieved, and was well the next day, except the prostration from such intense suffering. He remarked that he was more promptly relieved than at the former attack of the same trouble. There seems no doubt that this remedy will be regarded of great importance in the future treatment of this disease.

*Arnica* tincture, recommended by Dr. A. E. Small, of Chicago, has been tried by us in several cases, but without any good results. The formation of the stone in the kidney leads us, by an easy transition, to consider the condition of the digestive organs favorable to such results. Hence we call attention here to —

#### OXALURIA.

Dr. Golding Bird, in his very excellent work on "Urinary Deposits," has a very good chapter upon this subject. He says, "Persons affected with the form of the disease referable to this class are generally remarkably depressed in spirits; and this melancholy aspect often enabled me to suspect the presence of oxalic acid in the urine. Sometimes a peculiar greenish hue of the surface has been observed; but more generally the face has the dark and dingy aspect so common in some forms of dyspepsia, in which the functions of the liver are deranged. They are generally much emaciated, excepting in slight cases; extremely nervous, and painfully susceptible to external impressions; often hypochondriacal to an extreme degree, and in many cases labor under the impression that they are about to fall victims to consumption. They tire easily, are very irritable and excitable; and in males the sexual power is often absent.

"The urine is always of a high specific gravity, seldom below 1.025 or 1.030. It is invariably acid, and often excessively so. There is tendency to an eruption of minute, and sometimes large furunculi. In very few cases have I seen them terminate in the formation of calculus."

Dr. Bird thinks that the predisposing cause, in most cases, is the depressing influence of anxiety, severe mental labor, or the depression of the general health from any cause, such as child-

bearing, dyspepsia, constitutional syphilis, and mercury. In the few well-marked cases that have come under our notice, severe mental labor and anxiety seemed the most obvious cause. The following case will give some idea of the disease :—

Mrs. L., aged 29, has been quite an invalid for two years, and under the care of clever physicians, who have treated her for several different diseases, without benefit. A miscarriage, some years ago, broke down her health ; and none of the means used have made any improvement. In December, 1872, she had been flowing for two weeks. The menses come each three weeks, and, though not profuse, are quite protracted ; and she has a watery leucorrhœa when not flowing. She has a dull, heavy pain in the lumbar region ; the bowels are constipated ; the stomach weak. She feels hungry, but still she can eat but little, and that little produces a good deal of distress in the stomach. She has a desire for salt food ; is very lean and sallow ; the eyes are sunken ; she is very easily tired, and much depressed in spirits, and hypochondriacal. She has spells of shooting pains in the temples, and also sick-headaches. She took *Nux vom.*, *Pulsatilla*, *China*, and *Sabina*, without effect. Then *Nitri acid.*<sup>4</sup> *dec.* produced some improvement. But a drachm of nitric acid and two drachms of hydrochloric acid were mixed with half a pint of spring water ; and a teaspoonful was given in a little water an hour after each meal, with most gratifying results. The mixture acted like a tonic, increasing both the appetite and the digestion. By a continued use of this remedy for three months, she had regained her flesh, and a full, robust health ; and she has continued well, in all respects, to the present time.

In some other cases, where there has been a great variety of ailments that could be referred to some common cause, and an analysis of the urine has shown the presence of oxalic acid in considerable quantities, great benefit has been derived from the use of the nitro-hydrochloric mixture before named. And in one case of mulberry calculus (oxalate of lime), the soreness and dull pains in the affected kidney were removed by the persistent use of the same mixture.

## CASES FROM PRACTICE.

BY A. M. CUSHING, M.D., LYNN, MASS.

ABDOMINAL NEURALGIA: *KALMIA LATIFOLIA*.

I HAVE treated successfully five cases of neuralgia of the bowels, in married ladies, from twenty-five to thirty-five years of age, with *Kalmia latifolia*. Two cases will give an idea of the peculiar form of the disease.

CASE I. — Mrs. —, aged 25, had an attack of very sharp, cutting, tearing pain about the lower border of the liver, passing across the abdomen above the umbilicus, then down the left side, midway between the umbilicus and the crest of the ilium, where it remained. After the pain became located in the left side, it ceased in the right. It came on suddenly, in paroxysms, was much worse from any motion, and from lying on either side; so she was obliged to lie upon her back. There was no heat nor swelling nor tenderness on pressure of the diseased part. The fecal and flatulent discharges from the bowels were normal and painless, the menstruation normal. *Bell.*, *Bry.*, *Lach.*, and cold and hot applications did no good. After three days of pain, she could sit up without increasing it; but it was as bad as ever on lying down. *Kalmia latifolia*, 2d decimal dilution, cured the disease very speedily.

CASE II. — Mrs —, aged 30, had been sick a week with so-called inflammation of the bowels, and under "regular" treatment. She was confined to her bed, but had little unnatural heat; she was nervous and discouraged. Tongue, pulse, bowels, and urine were natural. She had very severe pains in the left side of the bowels, to the left and below the umbilicus. At the seat of the pain, there was neither heat, swelling, nor tenderness to pressure. At 9 o'clock, P. M., she took *Gelsemium*, 3d decimal dilution, in solution, a dose each two hours. She slept well that night, and was less nervous the next day. *Kalmia latifolia*, 2d decimal dilution, was given in solution, two spoonfuls each two hours. The action of this medicine was so prompt that all trace of the disease was gone next day.

### ENURESIS: VERBASCUM.

A girl aged eight years wet her bed profusely every night. She had been under allopathic treatment, and was given up as incurable. *Verbascum*, 3d decimal dilution, was administered, which cured the case in two weeks.

A boy aged twelve, who had never slept from home because he wet his bed every night, had the same prescription as in the former case, and was cured in two weeks.

*Note.* — Dr. Cushing prepares the *Verbascum* by filling a common green-glass quart bottle with mullein blossoms, corking it, and hanging it in the sun three or four weeks. At the end of this time, he finds about an ounce of oil at the bottom of the bottle. From this he makes the dilutions named.

He has reported cures of deafness by dropping a drop or two into deaf ears. (Editor.)

### PAINFUL URINATION: POLYTRICHUM JUNIPERINUM (Hair Cap Moss).

Mrs. —, aged 45, had severe pain in the region of the kidneys four days, with painful voiding of dark urine accompanied with hot skin and headache. She took *Nux vom.*, *Cantharis*, and other remedies without benefit. At 4 o'clock, P. M., she took a solution of the tincture of *Polytrich. juniperinum*, a teaspoonful each half hour. The next day she was well.

This *Polytrichum* has considerable domestic reputation for the cure of urinary troubles, especially of retention of urine, and painful urination in old people.

### BILIOUS COLIC: MERCURIUS SOL.<sup>200</sup>

I was called to a child five months old which was crying violently, and evidently suffering very severe pain. It manifested no symptoms of disease of the brain, nor pain in the gums; had no fever, and the stools were normal. For forty-eight hours I treated the case, first as a case of colic, then of renal pains, and lastly of otalgia. At the end of that time,

the child passed a green slimy stool, upon which all the trouble vanished. During the two days it was under treatment, it had several natural stools.

Five or six cases of about the same age, taken in nearly the same way, and manifesting essentially the same symptoms, were speedily cured with *Mercurius sol.*<sup>100</sup>; and each one had a green slimy stool within forty-eight hours.

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### GASTRALGIA, CURED WITH NUX VOMICA.

BY J. H. SHERMAN, M.D., LYNN, MASS.

O. S., a captain of a whaleship, aged 45, of bilious temperament, with dark hair and eyes, and sallow complexion, had suffered from dyspepsia several months. He had been treated allopathically with stimulants, alteratives, tonics, mercurials, etc., without benefit. He consulted me in May, 1859. He had taken a light dinner a half an hour previous. His countenance was the picture of agonizing distress; and he threw himself upon a sofa, better to bear his extreme suffering. He had suffered more or less distress after meals for a long time. His appetite was quite good, and he was but little emaciated. The bowels moved daily, but were costive; the tongue was slightly coated. The distress would commence almost immediately after eating, and was accompanied with pyrosis and flatulence. There was difficult respiration, and palpitation of the heart, leading the patient to suppose that he had disease of the heart. It was two or three hours before he could feel comfortable after taking an ordinary meal.

My prescription was *Nux vom.*, ten drops in a half-tumbler of water, in teaspoonful doses, every five minutes. After he had taken three doses, he arose and declared himself greatly relieved. I gave him a package of powders medicated with *Nux vom.*, to be taken half an hour before meals, and a vial of the first solution to prepare and take as above during an attack of distress. I made no suggestions as to change of diet;

for the patient had learned from sad experience what articles of diet he had best abstain from. The attacks became less and less severe day by day, until at the end of six weeks he called himself well. Some months afterwards he wrote me from New York that his old dyspepsia was returning. I sent him more *Nux vom.*, which relieved him promptly and permanently. It is now fourteen years since the above treatment, and the patient has remained hale and hearty to the present writing, eating everything ordinarily found on the tables of generous livers, and experiencing no inconvenience from his food.

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## SURGICAL DEPARTMENT.

JAMES B. BELL, M.D., EDITOR.

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### SPEIR'S ARTERY CONSTRICTOR.

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

WHEN Ambrose Paré, in the middle of the sixteenth century, rediscovered the use of the ligature, in place of the boiling pitch or the red-hot knives, which had been in general use up to that time, the event certainly marked a great advance in the art of surgery. But was the improvement soon adopted? No! nor for two hundred years, so slow and backward has the profession ever been in adopting radical improvements. Things move much more rapidly now; yet three years have nearly passed since Dr. S. Fleet Speir, of Brooklyn, first published his new method of controlling surgical hæmorrhage;\* and I have yet to meet a single allusion to it in the leading allopathic journals. I find reports of various attempts to improve upon the ligature, upon acupressure, and upon torsion, but nothing concerning this one great method, which I am fully persuaded is to supersede all others in the treatment of surgical hæmorrhage.

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\* A New Method of Arresting Surgical Hæmorrhage, by the Artery Constrictor. Prize Essay by S. Fleet Speir, M.D. Reprinted from Trans. of N. Y. Med. Soc., Feb. 1871.



The homœopathic school is indebted to Prof. Helmuth for a knowledge of this invention, as he first brought it to notice, at the meeting of the AMERICAN INSTITUTE OF HOMŒOPATHY, in 1871.

A cut of the instrument, with an extract from Dr. Speir's essay, appeared in THE GAZETTE, in December, 1871 (Vol. VI, page 544), to which I refer for a description of the instrument. I have had the constrictor in frequent use for two years, and find it to fulfil all the theoretical and practical requirements which can be made of it; while, at the same time, it is free from all the objections to every other method of controlling surgical hæmorrhage. The following case fully illustrates and exhibits its advantages:—

Mrs. J. N., of Portland, about sixty years of age, a lady of great refinement, intelligence, and of high social position, was a patient of Dr. Cummings and Dr. Clark of that city. I first saw her with those gentlemen, early in December, 1871, and found no difficulty in coinciding with their diagnosis, — of aneurism of the right common carotid, arising at or very near its departure from the innominata. The tumor had been discovered a little more than a year before; it had slowly but steadily increased until it projected very visibly above the clavicle. It had a somewhat pointed aspect above, the point becoming very evident during pulsation, which also imparted to the fingers a slight feeling of thinness at that point, giving rise to a reasonable fear of future rupture there. By the advice of her physicians, all active bodily exertion and excitement had been avoided for some time, with some apparent benefit.

Of course, access to the proximal side of the aneurism, to ligate the innominata, was, to say the least, unjustifiable; and nothing remained but Brasdor's distal operation. This, we all believed, gave some hope of at least converting a water-course into a basin, a river into a bay, and preventing all further flow through the aneurism.

On December 12th, assisted by Drs. Cummings, Clark, and Burr, after etherization, the artery was sought, and found in the usual way, and taken up on the director. The hook of the con-

stricter of the larger size, which I procured from Messrs. Tiemann, had so sharp an edge (as had also the edge of the canula), that I did not dare to apply it to the artery without first guarding it with a piece of wet bladder. It was then applied, being passed under the artery, which was carefully compressed into it, as it was hardly large enough to receive the vessel. The screw was now applied until the hook was drawn well up into the sheath. It seemed as though the artery must be severed as the last few turns of the screw ground the hook up into its place; but, knowing the strength of the external coat, we dared to persevere until sure of sufficient constriction. The screw was kept down about five minutes, — much longer than was necessary, no doubt. When removed, the great artery — almost as thick as a lady's little finger — was reduced to the size of a small twine, the inner and middle coats being rolled up each way, and nothing being left but the strong membranous external coat, like a piece of catgut. This once seen, one will never after have any fear that the circulation can be restored through an artery after a thorough application of the constrictor. All pulsation of the carotid above the constriction immediately ceased, but the pulse in the temporal and facial arteries only became feebler; and afterward nearly fully returned, owing doubtless to the recurrent flow through the vertebral arteries and the other carotid.

This is of course much to be desired, as it greatly lessens the dangers from the operation, which otherwise might prove serious from the restriction of the natural circulation. It was really remarkable how immediately such a recurrent pulsation was produced, owing probably to the size of the anastomosing branches in the circle of Willis, at the base of the brain. But, even with this advantage, the operation is not always free from serious resulting disturbance, such as occurred in this case. For a few days all went well, the wound seeming to have healed by first intention.

I visited her on the fourth day, and removed the stitches. Dr. Cummings then reports as follows: "After you left on Saturday, Mrs. N. continued very quiet and comfortable till

about 11 P. M. Then she began to be restless, and about 2 A. M. the heart's action became much disturbed. I was called about 3 A. M. I found great irregularity of the pulse; sometimes it would be imperceptible. *Digitalis* quieted it somewhat. I visited her again at 9 A. M.; found the same bad action of the heart, and great prostration. I decided that the brain was suffering from want of stimulus; that the nourishment had not been sufficient. Ordered beef tea, and sent for Dr. Clark. He indorsed my opinion and prescription. The beef tea was given at first in small quantities, which were gradually increased. At 4 P. M. I found a little improvement: she says her stomach feels better. Gave her a dose of *Lil. tig.*, and another at 7 P. M.; continued the beef tea. At 9.30 P. M., found her perfectly comfortable, with pulse entirely regular.

"She had a very good night, and pulse beat nicely this morning. I removed all the plasters; and she was able to have her bed and personal linen changed. All this she bore admirably, and it did not disturb the pulse at all.

"This evening I was in at 6.30, and found her very bright and cheerful. She says she wants something good to eat, and no more gruel and pudding. Pulse 80, and good in every respect. We have great cause for thankfulness. Both Dr. Clark and myself entertained grave fears on Sunday. We think the beef tea saved her."

This lady was always accustomed to the use of much animal food, and but little of anything else; and it was doubtless an error to confine her to a farinaceous diet after the operation. It is an error, too, which I am inclined to think we too frequently commit. It may be interesting to see Dr. Clark's report of the case also.

"She had come near syncope; the pulse was very irregular and fluttering; there was cardiac distress; she was very pale; her feet and legs were cold; and she complained of vertigo. This picture was very alarming. After a careful examination of her case, it was concluded that these alarming symptoms were caused chiefly by want of nervous power of the brain. Large supplies of blood had been cut off suddenly by the constriction

of the artery ; and this anæmic condition was increased and perpetuated by the limited supply of food."

On the tenth day after the operation Dr. Cummings wrote, "I am happy to tell you that Mrs. N. is in the main doing very nicely ; her last two nights have been very quiet. Last evening her pulse was 72. On Tuesday evening (8th day) I found her with a strong and somewhat frequent pulse. There was evidently a little excitement, but she complained of nothing. I gave her *Aconite*, and she passed a very good night. Wednesday she complained only of slight soreness of the wound, which exhibited perhaps a slight fulness and redness, yet not so as to attract attention till afterward. But in the evening I found that a discharge of ill-smelling pus had taken place. She had a nice night, the best since the operation. I think the pus (it has lost its fetid odor) comes from about the point of constriction. I trust nothing bad may come of it."

The discharge of pus ceased in a few days, and the wound healed perfectly. I do not attribute it at all to the constrictor, but to the bruising action of the handle of the scalpel used in preparing the sheath of the artery, thus making a contused, instead of an incised, wound.

The patient soon recovered her usual health. Six weeks after the operation Dr. Cummings wrote, "If I am not deceived, the carotid, for some extent at least, has become a solid cylinder. There is a strong *lifting-up* movement from the 'vis a tergo,' but it is different from pulsation ; and there is a marked change for the better at the top of the sternum. The action of the constrictor in Mrs. N.'s case was a perfect success. I have no doubt the instrument will prove of great value."

August 1, 1873, Dr. Clark writes, "Your aneurism patient appears as well as could be expected ; engages actively in her domestic avocations, — a delightful success."

The case rests about there now. The aneurismal sac remains, and receives a flow of blood, but with so much less force than formerly, when the way led through it, that it shows no tendency to farther dilatation. This is an excellent test of

the value of Brasdor's operation, and, if not a technical cure, is certainly a desirable relief, and a decided prolongation of life.

I venture to add an instructive letter from the talented inventor of the instrument, as it contains some important suggestions which may contribute to the further success of the instrument in other hands : —

"MY DEAR DOCTOR, — I was much pleased to hear of your case of aneurism of carotid. I am somewhat surprised that you made the instrument work so well ; for it appears, from your description that the edges of the canula were too sharp, and the instrument you purchased must have been one of the imperfect ones I condemned. All the makers here erred in the same way, viz. in supposing that they were to make a kind of ecraseur, when, in fact, no such thing is desired, and the edges *must be smooth and polished*.

"I have found that the only way to be sure about one is to try it on an artery, and then file it down, and polish it with a blunt surface of steel until I get it as I want it.

"I have finished some for the instrument makers as samples ; but they go astray again as soon as I let them have their own way. It is so easy for every one to finish the instrument for himself, that, when I publish a few more cases, which I have on hand, where I used the constrictor, I shall make this statement ; for it is necessary that every physician who uses the constrictor should try it on an artery first, and then there can be no such thing as failure or accident.

"I have used it a good many times, and have had no accident whatever ; others have used it with the same result. The principle upon which it acts is such that there is scarcely any chance of accident with a tolerably perfect instrument. When the instrument is properly ground and smoothed, there is no need of the wet bladder ; but I must thank you for your very intelligent use of the constrictor in your case, and the very ingenious way in which you overcame the defect in the instrument you have. Nothing else would have answered the purpose so well. When you have an opportunity to get some human arteries, I hope you will try it on them, and then file,

with a very small rat-tail file, the sharp edges to suit the arteries. In the absence of arteries, I sometimes try them on strips of chamois skin.

"When the constrictor is perfect, and adapted to the size of the artery, there will be no return of the circulation through the artery at the point of constriction.

"I think you left the constrictor on the artery longer than was necessary. I would like to hear further from your case.

"Yours very truly, etc.,

"S. FLEET SPEIR.

"162 Montague Street, Brooklyn."

The instrument has now been fully tested; and it is time that it was in general use, to the exclusion, for the most part, of all other methods. In major cases it has never failed. In minor cases it works beautifully. We only need an instrument of still smaller size than any yet made, for the smallest arteries; but even here, by the inclusion of neighboring muscular tissues, it works very well, only needing sometimes to be applied a second time. I consider the instrument an inseparable adjunct to my pocket-case; and I never think of using a ligature. In ovariectomy it must prove of the greatest service, enabling us to close all the vessels without danger of subsequent sloughing or secondary hemorrhage, and then return the pedicle into the abdomen and seek union by first intention.

A paper by Dr. Chas. A. Hart, in the *New York Medical Journal*, February, 1872, recounting successful applications of the constrictor, concludes as follows: "Case 3 demonstrated how groundless is one of the objections urged against this instrument by some of the older surgeons, namely, 'that the force employed would divide the external coat of an artery, or at least injure it so as to cause it to slough.' In this case, the artery belonged to the most delicate class; and, notwithstanding it was drawn into the instrument to the extent of between a quarter and half an inch, with sufficient force to divide and invaginate the internal coats, the external remained uninjured. Its position, also, was one favorable to any consecutive bleed-

ing, being in loose, floating tissue, and unsupported by any dressing. How the above objection could be urged against the use of the constrictor by practical surgeons; I can hardly understand, as every professional man of any surgical experience can hardly fail to know that the external coat, composed as it is of connective tissue and elastic fibres, is extremely tough and resistant.

"As to the force used in the applications of the instrument, it is far less in reality than that exerted by the ligature, and which is, I may say, always more of a cutting instrument, from the fact of the ligature being made smaller in circumference than the beak or hook of the constrictor. The ligature, again, is frequently applied with such force as to break, even though generally composed of good, firm silk; while the cutting through of a vessel by it is far from common.

"The valuable practical points which this method presents over the ligature, and which I think is to some extent demonstrated by the cases contained in this paper, are:—

"1. Its greater certainty of permanently controlling arteries, in a healthy condition as well as in extreme states of disease.

"2. The wound being free from any absorbing or retaining agent, like the ligature, in which discharges can decompose, there is less liability to septæmic poisoning.

"3. The wound being entirely free from any foreign body, there will be greater probability of obtaining primary union, which we can materially assist by hermetic closure of even large wounds, as in amputation of the thigh, by covering the entire stump with collodion.

"4. There is far less liability to secondary hæmorrhage when it is applied to a vessel in its course. Should the invagination or the clots give way, the current of blood will simply flow on in its old channel, and not exsanguinate the patient, as in secondary hæmorrhage after the ligature."

## BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE opening exercises were held in Wesleyan Hall, on Wednesday evening, Nov. 5, 1873. The Faculty, a large portion of the students, the officers of the University, of the Massachusetts Homœopathic Hospital and of the Dispensary, together with other invited guests, were present. Among these were His Honor the Mayor, Ex-Governor Claffin, Hon. Jacob Sleeper, Hon. Rufus S. Frost, and others. The Dean, Dr. I. T. Talbot, presided. Rev. W. F. Warren, D.D., President of the University, invoked the divine blessing in the following—

## PRAYER.

O Lord, our Lord, how excellent is Thy name in all the earth! Thou hast set Thy glory above the heavens. We praise Thee for our being; praise Thee for every good and perfect gift vouchsafed us by Thy love. Especially do we bring Thee thanks to-night for this auspicious hour. Thou knowest the days and weeks and months of toil and anxious planning, which have looked forward to this glad consummation. Thy gracious hand hath, one by one, removed all obstacles. Thy kindly providence hath fostered and combined and made strong the things that were weak. Thou hast given favor in the eyes of the people to Thy servants, who have wrought and sacrificed for the establishment of this school. Thy wondrous power hath even overruled opposition for good, making the wrath of man to work Thy praise.

We give Thee hearty thanks for all Thy favoring providence—thanks for the large and yet enlarging public, which follows with quick and generous sympathy the swift development of this school; thanks for the ardent devotion of this great body of instructors, anxious to advance a beneficent science, and to alleviate the miseries of mankind; thanks for this goodly array of students, eager for the instruction and training which shall fit them for the higher service of God in and by the service of their kind. For all we are indebted to Thy gracious help; for all we render heartfelt thanks.



We beseech Thee, Heavenly Father, graciously to favor us with Thy further presence and help. Vain are all our human endeavors without Thee. Except the Lord build our house, we labor in vain who build it. Do Thou, therefore, direct in all the counsels of Trustees and Faculty. Ward off every disturbing influence. May the motives of all promoters of the cause be pure and lofty. May the character and influence and instruction of all who shall ever teach in this institution be such as shall elevate and ennoble its students. May all those who shall resort to it for instruction be unselfish, pure-minded, loyal to Thee, lovers and servants of their suffering fellow-men. May no skill or knowledge, here acquired, at any time, in any place, by any soul be prostituted to unholy purposes. So may this school be only a fountain of blessing, sending forth into all lands living and healing waters

Be with us, O Lord, in all the exercises of this opening eve, in all the labors of the year. We pray for Thy blessing, also, on all the other branches of our growing University. May each be shaped and fostered by Thine own good hand. Bless Thou our goodly city and our Commonwealth, our Mayor and Governor, our Magistrates and Judges. Under righteous laws, may we enjoy peace and prosperity. And wilt Thou bless all institutions of Christian learning in this and in every land. Unbar their gates to all who covet knowledge, — to all Thy children of whatever race, condition, sex. Assist them in diffusing everywhere the blessings of true culture, in mitigating humanity's pains, banishing its superstitions, righting its wrongs, and so preparing the world for its blessed day of promise.

And when we individually have accomplished all Thy will in this probationary state, when we have wrought life's work, take us, we humbly ask Thee, from this pain-shadowed, sin-filled earth, unto that better land, where no inhabitant shall ever say, "I am sick;" where, according to Thy dear promise, there shall be no more death, neither sighing nor tears. Thine, then, shall be glory forever, and ever. Amen.

After a solo on the piano by Mr. J. C. D. Parker, Dr. Talbot made the following —

## INAUGURAL ADDRESS.

*Ladies and Gentlemen:* The occasion of our assembling here this evening is one of no ordinary importance. The founding of a medical school is no trivial matter, even though it were to educate and send forth but a single physician. That one man, in an active professional life of forty years, would, at a moderate estimate, have in his care the health and lives of forty thousand people. But when we consider that this new school is a branch of a University which is to exist, let us hope, not for years but for centuries; that it is supported by numerous and earnest friends; that it begins its first course of lectures with the prospect of nearly a hundred students, — how responsibility opens upon us from this hour.

It has been the aim of the Trustees of this University and of the Faculty of its Medical Department to establish this school upon the broadest foundation, and to include in its teachings a thorough course of medical instruction. Thirty professors, lecturers, and instructors have been provided, — teachers well qualified in their several departments, and who bring enthusiasm and self-sacrificing devotion to the work which they have undertaken. A three years' term of study has been fixed as the least time in which students can attain the full honors of this school. And it opens its doors only to those who satisfactorily pass a preliminary examination, — an exaction from its students of previously acquired scholarly attainment such as, I believe, no other medical school in this country demands of its matriculants. The prescribed course of study aims to furnish the highest medical education, including the teaching of therapeutics according to the modern and successful principles of homœopathy.

It is no longer a problem whether woman shall enter the medical profession; being in it, her interest, your interest, the interest of humanity, demands that her education should be thorough and complete. Accordingly she enters this school on equal terms and conditions with man. And she comes not into the University empty-handed. She brings with her the first medical school for women ever established. I do not pro-

pose now to discuss this subject, so suggestive of thought; but I cannot allow this occasion to pass without some slight tribute to one who has done so much for the medical education of women. Dr. Samuel Gregory for more than twenty-five years devoted his energies, and his life even, to this one cause. Early and late he labored earnestly, conscientiously, self-sacrificingly, rising superior to every discouragement. If he failed in accomplishing all that he desired, how must his spirit now rejoice to see the work not ceasing with his life, but taken up and carried to a completeness which even his sanguine hopes had never dared to anticipate! And you, Trustees, and associates in his work, — you cannot but feel a proud satisfaction that in your hands has thus been advanced the sacred charge which in his dying moments he committed to you.

As one who knew him well, and aided him much, I would call upon Franklin Snow, Esq., President of the New England Female Medical College, to address you.

Mr. Snow responded as follows: —

#### REMARKS OF FRANKLIN SNOW, ESQ.

*Ladies and Gentlemen:* We are gathered this evening to begin, — or rather to continue a work begun many years since, which is taking on a new form, and is acquiring new friends. And I am glad to present the congratulations of the Trustees of the New England Female Medical College, and to assure this audience that we all are now acting in perfect accord, and with unabated interest in this enlarged effort to establish this medical school on a sure foundation. When Dr. Gregory, late Secretary of our Board of Trustees, died, about two years since, it was said at his funeral, by Rev. Mr. Murray, that possibly, in consequence of Dr. Gregory's death, some new interest would be awakened in the cause which he held so dear, — the medical education of women, — and that the work might be more effectually carried on than ever before. To-night, this large attendance assures us all that this hope is realized, and that the interest in this noble cause is increasing. May it continue till its success is complete! Let each of us do what we can; and the result will not be doubtful.

In the absence of the Governor, Hon. Rufus S. Frost, member of his Council, made a few remarks, in which he heartily and cordially endorsed the effort which had been made to establish this school, which is to teach in accordance with a system of medicine, from which, for twenty-five years, he had personally derived so much of benefit. He felt confident of the complete success of the school; and, while regretting that the governor could not be with us in person, he could assure us of his hearty sympathy in every laudable undertaking. As expressive of this, he then read the following —

LETTER FROM GOV. WASHBURN.

GREENFIELD, Nov. 4, 1873.

*Dear Sir,*—I regret that an imperative business engagement takes me out of the State; so that it will be impossible for me to accept the kind invitation to be present at the gathering of the friends of the new Medical University on Wednesday evening. Please assure those present that, if it were in my power, I should show by my presence that I feel no ordinary interest in the result of their enterprise. The State is deeply interested to have every institution "which has for its end a higher and more thorough education of the medical profession," prospered, and placed upon an enduring foundation. That the friends and patrons of this new enterprise may be prospered in their noble endeavor is the earnest wish of, —

Yours, most truly,

W. B. WASHBURN.

To Hon. R. S. FROST.

Mrs. Julia Ward Howe then read the following poem, written for the occasion: —

THE OPEN DOOR.

The Master said: I am the Door.  
 The world is dark with doubt and sin,  
 Hidden the good that men explore,  
 But after Me ye enter in.  
 The ancient barriers I disown,  
 The distant and the dark control,  
 Who with one onward step have thrown  
 God's sunshine open to the soul.

Small blessing should it prove to you  
 If I were here to block the way,  
 Even should some lightened panel show  
 I stood between you and the day.

Another mystic door I know,  
 The entrance to this world of ours,  
 And she who opens it bears low  
 A wondrous weight of pains and powers.

Oh! men that plan the stately pile  
 Where law and learning hold their sway,  
 And drive with subterfuge and wile  
 Your mothers from the door away.

With pain your infant strength we rear,  
 Guarding the life we win with cost,  
 But when you build, and we draw near,  
 You warn us off, with empty boast.

Undo the doors! in God's high noon,  
 An equal heritage have we.  
 Your cold exclusion 's out of tune  
 With Nature's hospitality.

Behold the portal of the skies  
 Unfolding to your simplest prayer,  
 The Savior sits in Paradise,  
 And for your entrance carries there.

See where the word of freedom lives  
 To bridge the gulf of ages o'er.  
 Learn how the Eternal Giver gives,  
 And keep, with Christ, the open door.

After a solo by Miss McQuesten, William E. Payne, M.D., of Bath, Me., Professor of Materia Medica in the Boston University School of Medicine, delivered the principal address of the evening. The subject was, The Relations of the Schools. It was a careful examination of the two systems of medicine, homœopathic and allopathic, showing in what they agree, and wherein they differ. (This will appear in our next number.) After the close of Prof. Payne's address, another song was sung by Miss McQuesten; and the exercises were closed with a benediction by Bishop Isaac W. Wiley.

If the success of this occasion is indicative of the success of the school, it will be all that its most sanguine friends desire.

# The New England Medical Gazette.

I. T. TALBOT, M.D., GENERAL EDITOR.

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BOSTON, DECEMBER, 1873.

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## RETROSPECTIVE AND PROSPECTIVE.

WITH this number we relinquish that special care of the GAZETTE, which we have had from its commencement, eight years ago.

The growth of our school during that time, and especially in this city, is really noteworthy. Commencing with the GAZETTE, its readers can testify to its increased importance and influence, which, as a journal filled with original matter, has become essential to and is appreciated by the profession. The Consumptives' Home, a large and noble institution, has been established under the direction and care of one of our homœopathic physicians. Two other large institutions, the Little Wanderers' Home, and the House of the Angel Guardian, have been placed exclusively under the medical care of homœopaths, while numerous smaller institutions have adopted this system, in whole or in part. The Dispensary, which, if we mistake not, was, when the GAZETTE started, the only institution in New England fully under the control of our school, has continued the even tenor of its way, relieving the sufferings of the poor and needy. Recently it has established a branch dispensary in another part of the city, which has already met with unexpected success. The Massachusetts Homœopathic Hospital, which had slumbered for ten years, with nothing beyond its name and act of incorporation, has aroused from its lethargy, and has become a live, active, working hospital, with a well furnished though small building and with money in its treasury to erect a new building, of which the site has already been secured. Probably before the issue of another volume of the GAZETTE, a fine hospital of sixty beds will have been completed, with all the modern and necessary accessories. But further than this, there has been established in connection with the Boston University a homœopathic medical school, in which every department of medical science is taught in the most thorough and comprehensive manner. Thirty professors, lecturers, and instructors devote their best energies to the labors of teaching. In the first ses-

sion, seventy pupils have availed themselves of its advantages; and there is every prospect of a large and flourishing school. Instruction in this school will be continued throughout the entire year; and three full years of study will be required from its graduates. With so much accomplished in the comparatively short time, with our whole school thoroughly united in their efforts to promote the best interests of the medical profession, with a high standing and capacity for growth, our progress during the next decade will inevitably be much greater than in the past. The medical school just opened must be made the finest in our country; the hospital, with its many friends, must attain a magnitude and usefulness of which we shall all feel proud; the blessings of homœopathy must be extended to other institutions; and the science itself, in its increase and rapid growth, must give new blessings to the world.

We are happy to surrender the journal into the hands of one who, as general editor, will devote his best energies and ability to it, and who will be assisted by the medical faculty and others, whose thoughts are quickened and rendered more exact by the additional duties to which they have been called.

The GAZETTE, then, must continue to increase in value and importance, becoming more and more essential to the profession, in which it will have our earnest wishes and most hearty co operation.

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VOLUME VII OF THE GAZETTE. — With the release from the editorial duties of the GAZETTE, the editor hopes to be able very soon to complete the seventh volume, which the numerous labors of the past two years have delayed. The GAZETTE will thus be continued an unbroken serial from its commencement. These numbers will contain much valuable matter, which must not fail to go upon record.

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TO OUR SUBSCRIBERS. — We ask our subscribers to look over the twelve numbers of volume VIII, and see if they can anywhere procure so much valuable reading for \$3.00; and if they have not already sent in their subscription to do so at once, adding thereto the subscription, in advance, for the next year. By so doing they will relieve their own consciences, assist the publishers, and benefit the cause.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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## MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

SEMI-ANNUAL MEETING.

*Reported by E. U. Jones, M.D., Secretary.*

## MORNING SESSION.

THE Society met at Wesleyan Hall, 36 Bromfield St., Boston, on Wednesday, Oct. 8. It was called to order at 10.30 A. M., by the President, J. H. Woodbury, M.D.

After the reading and approval of the minutes of the last meeting, and of the Report of the Executive Committee, the President delivered the usual address.

He deplored the inertia which prevents the members of this Society from bringing the golden sheaves of their rich experience, offering, instead, but the gleanings of the field. The past year has been an eventful and prosperous one for our cause, throughout the world. In our own State two important events have taken place: one, the expulsion of seven educated physicians from the Massachusetts Medical Society for practising Homœopathy, which was stigmatized as "conduct unbecoming and unworthy an honorable physician"; and the other, the establishment of a homœopathic School of Medicine by the Trustees of Boston University. The first can do us no manner of harm; the second is important as being the first official recognition of homœopathy by any university in this country. Our cause has now passed through its elementary stage, and has fairly started upon a career of scientific and practical research. It is no longer necessary to prove that our medicines do have a curative effect, but we can now take the second step, and inquire carefully into the manner and scope of their action, and ask, with the earnestness of honest men seeking the truth, and without any reverence for things ancient simply because they are ancient, without any worship for heroes because they are our heroes, but with a determination to know how far, and in what way, each and every remedy, which goes to make up the bulky volume of our materia medica, may be made to aid us in the relief of pain and the cure of disease. He closed with an earnest



exhortation to the members of the Society to aid in this work, and, on behalf of the Society, eloquently took up the gauntlet thrown down by the Massachusetts Medical Society.

**MATERIA MEDICA.** — The report consisted of the following papers:—

“Plants related botanically are related therapeutically,” having especial reference to *Cytisus Laburnum*; by Dr. J. H. Smith.

“Confirmed symptoms of *Arsenicum*, *Conium*, and *Arnica*,” by Dr. A. M. Cushing.

“Confirmed symptoms of *Apis*, *Lycopodium*, and *Spongia*,” by W. F. Hathaway, M.D.

“*Sepia*,” by H. E. Spalding, M.D.

“Confirmed symptoms of *Antimontum crudum*, and *Iris versicolor*,” by J. K. Warren, M.D.

Dr. Colby, of Wakefield, has used *Sepia* considerably, but for the past few years has invariably had aggravations from it, in all potencies. It often caused severe bearing-down pains, and at times the aggravations seemed to present nearly all the symptoms which could be expected from its pathogenesis. The *Sepia* which he used was some which he had attenuated himself, from a fine specimen which he had received. Other physicians had used some of the same *Sepia*, which caused the menses to anticipate from ten days to a fortnight. He had given it successfully in prolapsus of the rectum, guided by the key-note, — worse from smoking.

Dr. Spalding used the 3d attenuation, and had never met with aggravations.

Dr. Scales had used it successfully in brown spots on the skin, with leucorrhœa, but had never seen aggravations.

**NUMBERING OUR DRUGS.** — The following resolution was here introduced by Dr. Smith, on behalf of Dr. H. K. Bennett, of Fitchburg:—

*Resolved*, — That in view of the importance of some uniform system of numbering our remedies to be used throughout the world, the Massachusetts Homœopathic Medical Society hereby recommend that the subject be referred to the next meeting of the American Institute of Homœopathy for such action as may seem the most conducive to a prompt adoption of such system.

On motion of Dr. Talbot the resolution was referred, without endorsement, to the Bureau of *Materia Medica* of the American Institute.

**CLINICAL MEDICINE.** — Two of the eight papers were read by D. G. Woodvine, M.D.: 1, “A case of typhoid fever, with perforation of the ilium, and circumscribed destruction of the external abdominal walls;” by W. Wesselhoeft, M.D. 2, “*Ricinus communis* as a galactic;” by J. H. Woodbury, M.D.

Adjourned to Lunch.

#### AFTERNOON SESSION.

**TERATOLOGY.** — Dr. J. Hedenberg presented for the examination of the Society the photograph of a singular case of malformation, having the following history:—

Mrs. —, a primipara, seven months pregnant, after a lingering labor was delivered by forceps, July 20, 1873, of twins. The first child, a female, was perfect, but owing to long continued pressure upon the head, gasped but a few times after birth. The second, a male, the original of this photograph, continued to breathe for an hour or two. The children were contained in separate membranes, and there were two separate placentas. The male had for a nose a small proboscis in the forehead; under it was the single eye, located in the middle of the face, occupying the usual place of the nose, and appearing perfect. The lids, upper and under, were cleft, giving, instead of the usual elliptical opening, a diamond-shaped one. The nose was an inch in length, and was hardly distinguishable from an infant's penis; it hung down, and nearly occluded the eye. At the extremity was a small opening into which a probe passed, and through which air passed in respiration. The child was otherwise well formed.

CLINICAL MEDICINE, resumed. — The remaining papers were read: 3, "*Hydrastis canadensis* in erysipelas;" by D. G. Woodvine, M.D. 4, "*Calcareo carbonica* in scrofulous debility;" by D. G. Woodvine, M.D. 5, "Typhoid fever, arrested by *Baptisia*;" by D. B. Whittier, M.D. 6, "Traumatic tetanus;" by Thos. Conant, M.D. 7, "A case of hysteria;" by Drs. T. S. Scales and Smith. 8, "Vaccination;" by Dr. W. C. Cutter.

DISCUSSION ON EARLY LACTATION. — Dr. Woodbury would state that he considers *Ricinus communis* to have its best action in those cases in which the milk comes freely at first, but begins to lessen as nursing is fairly established.

Dr. Farnsworth would ask about the diet of lying-in-women. Does not the food have sufficient influence on the secretion? And, if a woman is properly fed, would it not ordinarily be sufficient?

Dr. T. S. Scales always gives beefsteak just as soon as the milk is well established. He thinks there is nothing like permitting such a patient all the nourishment which the case will allow.

Dr. Woodbury does not ignore the matter of food. He generally feeds the patient as generously as possible; but even in that case it is very often necessary to assist nature by medicine, and the *Ricinus* then answers all needs.

Dr. N. R. Morse does not change the ordinary diet of his patient, but looks well to giving her all the good light and air which she can have. He also puts the child to the breast immediately. The mother's appetite is frequently too good, and may need restraining.

Dr. Barrows would inquire if fresh fish is deleterious.

Dr. Farnsworth replies no. He has tried it repeatedly. Let the patient have just what she relishes most, if within reason. He instanced the case of a lady who came into his hands from an allopathic practitioner, emaciated and wan. She had an earnest longing for cheese. He gave her cheese, and she rapidly recovered.

Dr. E. P. Scales could second Dr. Farnsworth's remarks. He had frequently permitted fish with the best results, and never with any bad effect.

Dr. Cushing thought that great judgment in the matter of diet was needed. Women could not all be treated alike.

Dr. Woodvine prefers to give gruel for the first two days: after that a full diet. One point made by Dr. Morse is important. The child should be put to the breast immediately, even in those cases in which the woman is flowing. The suction of the child, the establishment of the milk, and the consequent condensation of the uterus, often arrests the flowing.

Dr. Bushnell recommends a dark room, as being more conducive to perfect quiet, and a rapid recovery. He also excludes fish and eggs from the dietary of his patients.

Dr. Woodbury feeds carefully for the first two days, but afterwards gives fish or anything the patient may desire. This is the course adopted in the Lying-in Hospital in London.

Dr. Krebs gives a full diet, but not till after the subsidence of the usual milk fever.

Dr. Hedenberg gives fresh fish freely, but not fried. He is very careful to regulate the liquid diet. If the woman gives a large quantity of milk, he advises her not to drink much; but if the secretion is scanty, he increases the liquid portion of the diet, but makes it as nourishing as possible.

Dr. Underwood has never seen any bad effects from fish, and agrees with the others as to light diet for two days, and then a full one. But he thinks the child should not go more than two hours without nursing.

Dr. Morse thinks that, until the milk comes, and is fairly established, the child should nurse only every four hours. Afterward the child should have the breast every two hours, but should not be allowed to lie there all the time.

Dr. T. S. Scales has had the best success in his obstetrical cases when he gives the patient as much nourishment as she can take. He does not leave the house till the child is put to the breast.

CONNECTICUT. — Dr. Anderson, delegate from the Connecticut Homœopathic Medical Society, reported rather an increased interest in homœopathy. The whole membership is about 40, one half of whom usually attend the sessions.

THE EXPENSE OF THE TRIAL. — On motion of Dr. Talbot, the Special Committee on Legislation now reported through its chairman, Dr. Thayer. A long and earnest discussion followed, mainly with reference to the expenses incurred in the suit of the eight members of this Society, arraigned before the Massachusetts Medical Society, and expelled. The following resolution was finally adopted: —

*Resolved*, That the amount already subscribed by the members pass into the treasury of the Society, namely, the sum of \$325, and that the Society assume the additional sum of \$675, making the whole amount to be paid by the Society \$1,000, and that the expelled members be requested to pay the balance of the bills incurred for their defence.

THE MEDICAL SCHOOL. — The report of the Committee on College was made by Dr. Talbot. It was accepted, and the committee continued. On motion of Dr. Underwood, seconded by Dr. Woodvine,

the Library of the Society was offered to the College as a nucleus for a College Library.

**SURGERY.** — The report of the committee consisted of two papers: 1, "Disinfectants in Surgery"; by Dr. E. P. Colby. 2, "Amputation of the first phalanges of four fingers of hand, the healing arrested by Influenza"; by Drs. T. S. Scales and Smith.

**OBSTETRICS.** — Four papers were presented: 1, "Leucorrhœa"; by A. M. Cushing, M.D. 2, "*Cimicifuga* in pyrosis of pregnant women"; by J. H. Smith, M.D. 3, "Phlegmasia alba dolens"; by D. G. Woodvine, M.D. 4, "Retroversio uteri, with atresia cervicis"; by F. H. Krebs, M.D.

Adjourned.

## THE INDIANA INSTITUTE OF HOMŒOPATHY.

*Reported by W. Eggert, M.D., Secretary.*

THIS Institute opened its session in the parlor of Plymouth Church, Indianapolis, at 2 P. M., on Nov. 12th, Dr. J. B. Hunt, President, in the chair. A goodly number of members in attendance. The minutes of the previous meeting were read and adopted.

Dr. Lucas reported an interesting case of motor paralysis of the whole body in a child two years old.

Dr. Eggert reported a case of fibrous tumor of the urethra in a lady fifty-two years of age.

Dr. Funk read an article upon the efficacy of *Myosotis* in phthisis, or neglected cases of pneumonia. At the conclusion, the thanks of the Institute were tendered him for his valuable paper.

### EVENING SESSION.

Dr. J. B. Hunt delivered an interesting address on puerperal eclampsia.

Dr. Beckwith gave some interesting facts in a case of epileptiform convulsions which had come under his observation.

Dr. Eggert read a paper entitled "How to teach and how to study the materia medica." It was illustrated by an analysis of *Aconitum napellus* and *Gelsemium*.

### SECOND DAY.

The meeting opened at 10 A. M.

Dr. Eggert's paper, read Wednesday night, came up as the subject for discussion. The thanks of the Institute were tendered to him for his valuable paper, and he was requested to have it printed.

Dr. Hoyt read a paper on *Baptisia tinctoria*.

Dr. Beckwith presented the patient referred to in his paper on epileptiform convulsions. The adaptability of different remedies became the subject of general discussion.

**BUREAU OF SURGERY.** — Dr. Hoyt read a paper on the various kinds of ulcers, their diagnosis and treatment.

Dr. Hayner presented a report on the fracture of the radius.

**BUREAU OF POTENCIES AND DOSES.** — Dr. Fisher gave his experience with the different attenuations of various drugs, which was listened to with marked attention.

**BUREAU OF OBSTETRICS.** — Dr. Hunt reported on obstetrical practice in general, and what the physician ought to do, and what not.

Bureaus for the next meeting were appointed as follows: —

*Clinical Medicine*, Drs. Corliss, Davis, and Bancroft; *Materia Medica*, Drs. Eggert and Fisher; *Surgery*, Drs. Beckwith, Elder, and Runnels; *Obstetrics*, Drs. Baer, Corliss, Elder, and Bancroft; *Potencies and Doses*, Drs. Fisher, Hoyt, and Eggert; *Pathology*, Drs. Eggert, Lucas, and Haggert; *Anatomy and Physiology*, Drs. Haynes, Hoyt, and Runnels; *Microscopy*, Drs. Baer and Haynes; *Proving of Materia Medica*, Drs. Fisher, Hoyt, and Waters; *Contagious Diseases*, Drs. Hunt, Robinson, and Carnahan; *Epidemics*, Drs. Fisher, Elder, and Lucas.

Adjourned to meet again on the second Wednesday in May, 1874.

## WORCESTER COUNTY HOMOEOPATHIC MEDICAL SOCIETY,

*Reported by J. M. Barton, M.D., Secretary.*

The annual meeting of the Society was held Nov. 12th, and was quite fully attended. After the meeting was called to order, and the records of the previous meeting read and approved, the President, Dr. Whittier, gave the annual address.

He spoke of the real, though not rapid, progress made in medicine during the past year, and of the increased recognition of the natural powers in the cure of disease. Eminent medical men are protesting against indiscriminate medication in disease, as a prolific source of false statistics, and as unconsciously educating the world to a constant reliance upon medication as a panacea for all the ills that flesh is heir to. In the treatment of cholera infantum, particularly in infants fed by hand, the diet is often a matter of more importance than medicine. Absolutely no therapeutical indication in cholera infantum can be obtained from the stools. As multitudinous as are the varieties of dejections in this and kindred diseases, there are none which an irregular, or badly selected diet may not cause. When medicines are needed, it is not always that we can apply the wealth of our materia medica to these cases; but, by close observation and experiment, every busy practitioner obtains a law for himself capable of very great expansion and contraction. Usually the more important existing symptom, or the morbid organic process most dangerous to life, is the one to claim our most urgent attention; but cases frequently occur in which the functional phenomena exceed these in importance. The condition of the nervous system is also a matter of

the first consideration. Again, there are cases in which the functional derangements must be set aside, and the whole attention given to the pathological condition. A case illustrates this: A child was suffering from the supposed effects of teething, hot weather, and a variable diet. It passed through weeks of medication by symptoms, and finally stood at death's door, when sponge cake produced a favorable change, which continued to rapid convalescence. In three weeks it had taken five dozen of eggs, with sugar and flour to match. The President concluded by urging each one to contribute his experience, and thus strengthen the cause.

**ELECTION OF OFFICERS.** — The following officers were unanimously chosen to serve for the ensuing year: —

*President* — D. B. Whittier, M.D., of Fitchburg.

*Vice-President* — E. F. Hinks, M.D., of Marlboro'.

*Secretary and Treasurer* — J. M. Barton, M.D., of Worcester.

*Librarian* — M. G. Baker, M.D., of Worcester.

*Censors* — H. R. Brown, M.D., of Leominster; J. R. Sibley, M.D., of Warren; J. C. Foster, M.D., of Shrewsbury.

Dr. Henry R. Brown reported a case of infantile gangrene of the toe, still under treatment, but improving; a case of intense and constant nausea, without ability to vomit, in a lady of 70 years cured instantly by tobacco, — the infusion being made on the spot; and a case of hydatids, in which *Ustilago* seemed to act favorably as the expelling agent.

A paper on Bronchitis of Infants was read by Dr. J. M. Barton.

Dr. E. F. Hinks presented a case of syphilitic ulcer of the knee in a middle-aged woman, who had for many years been under the care of allopathic physicians. She is now rapidly improving under *Kali bich.*<sup>3</sup> and *Nitri acid.*, high. Dr. Hinks also read an article on Erysipelas.

Dr. Chamberlain said that in that form of phlegmonous erysipelas of the fingers which, in its commencement, is generally thought to be a felon, he treats by a free incision, removing the cuticle. This is usually followed by perfect relief from the pain, and limits the whole disease.

Dr. Sibley, in similar cases, opens the finger freely, and then inserts it into a lemon. He has found this to be a speedy means of cure.

Prof. F. G. Sanborn, of Boston, exhibited a form of microscope, called an autoscope, and explained its uses and value.

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## REVIEWS AND NOTICES OF BOOKS.

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**A SYSTEM OF SURGERY.** By William Tod Helmuth, M.D., Professor of Surgery, New York Homœopathic Medical College. Illustrated with 571 engravings on wood. New York: Carle & Grener. Pp. 1228, 8vo.

In the early history of homœopathy, no practitioner of it made sur-

gery a specialty. To explore, perfect, and practise the new cure required all the time and energies of every superior mind that had found the truth. The demand for services that the old school could not render called the judge from the bench and the merchant from his ledger. It was only late and gradually, and in part because forced to it by allopathic bigotry and exclusiveness, that men found the peculiar advantages of homœopathy in conservative surgery. Still later, homœopathy came to their aid in those terrible operations in which life is at its greatest peril. Since then, even physicians of no surgical experience, and unknown beyond their own ride, have, in operating where there was no alternative but speedy death, won triumphs, of which the ablest operators of the world might be proud. See, for example, the case of Dr. Westfall, of Macomb, Ill., in the *GAZETTE* for February, 1870, page 77. And our chief guides as to the advisable and the possible, the modes by which a life could be plucked from the jaws of death, have been allopathic, and therefore silent as to the advantages which homœopathy can bring to our aid. Perhaps no surgeon's success has reflected more credit upon homœopathy than that of Prof. Helmuth. Nearly twenty years ago, he had felt the want to which we have alluded; and he had barely entered his profession before he made this a subject of special study, and compiled a work on surgery, of 650 pages, which was published in 1855. Eighteen years have added greatly alike to his experience, his reputation, and his ability for such a task; and now we have this splendid volume of 1228 pages from his pen, carefully illustrated in all essential points. The advent of such a volume is indeed an epoch both in surgery and in our school. It enables every physician to go on with greater confidence and success in those cases which inevitably fall to his care; and, to those students who wish to make operative surgery a specialty in their professional life, it gives a means of success hitherto unattainable.

In this work, the author disembarrasses himself of the three special departments of ophthalmology, otology, and odontology, — each of which would claim, injustice, a goodly volume. Besides these, nothing seems omitted, proximate, or even rather remote to his purpose. Not merely is the course of the bullet in the body considered, but its trajectory through the air, its shape, its rate of rotation, and the chances of its reaching its mark. Disinfectants, anæsthetics, microscopy, galvanism, — everything is brought in review. Portions of the book therefore possess a brilliancy and interest to the general reader rarely found in a work on surgery. A very large proportion of the cuts are illustrations of instruments. Readers of the *GAZETTE* will recognize not a few of them, which the author has contributed to our pages.

But aside from the descriptions of disease, which are very vivid as well as correct; aside from the general treatment, which is often original as well as judicious; aside from the mechanical expedients, drawn from the author's own experience and ingenuity; aside from all these and many more excellent things in the book, we have — what is more valuable than all these — the appropriate homœopathic treatment. In this he has not confined himself to his own observation

merely ; but he has collected, summarized, and condensed, as far as possible, the experience of the whole homœopathic school for more than half a century,—from Hahnemann to the present time. He has gleaned from cases published in our journals, from the brochures and surgical publications of our school, from the reports of our societies and institutions, and from personal correspondence with many of our leading members. In this department, he has left little to be desired, and has written what no homœopathic physician can afford to be without. The book is published in excellent style ; and it becomes the duty, as it is alike the interest, of every homœopathic physician in this country to see that this expense to author and publisher should be returned with profit. Buy the book at once.

**THE APPLICATION OF HOMŒOPATHY TO OBSTETRICS.** By Henry N. Guernsey, M.D. With numerous illustrations. Second edition, revised and greatly improved. New York and Philadelphia: Boericke & Tafel. Pp. 986, 8vo.

The brilliant author of this splendid book is no stranger to any American homœopathic physician. His heroic adherence to the single remedy where others would have resorted to mechanical means, and his staunch defence of his opinions against all oppugners, are familiar to every member of our Institute.

The first edition of this work ought, too, to be an old acquaintance of nearly all our readers, it having been now more than six years before the public. This is, as its title-page truly says, "greatly improved." It is nearly a third larger. The very frank criticisms of the *GAZETTE*, in December, 1867 (Vol. 2, p. 281), will in no way apply to this new work. The scanty index, for which that notice considered that "at least ten" pages should have been taken, occupies twenty-two pages of fine type, besides a clinical index of more than twelve pages. And the charge of scantiness of remedies will never be brought against this *new* work, as we might almost call it ; for the arrangement has been very considerably changed, and much has been rewritten. But concerning flooding, the ligation of the funis, and the bandage, Dr. Guernsey stands his ground, *nulla vestigia retrorsum* ; unless, indeed, there be some concession discernible when, in speaking of mechanical appliances in post-partum hæmorrhage, page 406, he says, "The homœopathic practitioner would be justified in their use, if the similar remedies failed to produce a prompt and satisfactory arrest of flooding." And again, as to the ligation of the funis, page 198 : "For the sake of cleanliness during the washing of the child, it will be more satisfactory to apply a ligature to the cord after the gush of effete blood has fairly ceased."

Dr. Guernsey justifies the induction of premature labor for sufficient reasons, when the child is viable ; but he says, "Of the production of *abortion*, we have this to say : Can it be right under any circumstances? Is it right to commit wilful murder under any circumstances whatever? If not, then it is never right to produce abortion under any circumstances whatever ; for is not abortion murder?" He goes on to take the ground, that, if there are conditions which would



render the continuance of pregnancy fatal with no other resources than those known to allopathy, still for those conditions homœopathy invariably furnishes a remedy. But is there no "wilful murder" in craniotomy? The principle is, when two lives are in danger, and only one can be saved, let that be the most valuable one. Still we cannot but commend the motive that underlies the decisive remarks above quoted.

No conscientious practitioner should fail to make himself fully acquainted with this work, so full of original matter, and so confident of the resources of our art. Its mechanical execution is a credit at once to the publishers and our literature.

**CHEMISTRY, INORGANIC AND ORGANIC:** with experiments. By Charles Loudon Bloxam, Professor in King's College, London, and at Woolwich. From the second and revised English edition. With 295 illustrations. Philadelphia: Henry C. Lea. Pp. 700; 8vo. For sale by Campbell.

**INTRODUCTION TO PRACTICAL CHEMISTRY, INCLUDING ANALYSIS.** By John E. Bowman, F.C.S.; edited by Charles L. Bloxam, F.C.S. Sixth American, from the sixth and revised English edition. Philadelphia: H. C. Lea. Pp. 339, 12mo.

**CHEMISTRY, GENERAL, MEDICAL, AND PHARMACEUTICAL.** By John Attfield, Ph. D., F.C.S. Fifth edition, revised (for Americans) from the fourth London edition. Philadelphia: H. C. Lea. Pp. 606, 12mo.

**ELEMENTARY MANUAL OF CHEMISTRY.** Abridged from Eliot and Storer's Manual. By Prof. Wm. Ripley Nichols. New York: Ivison, Blakeman, Taylor & Co. Pp. 351, 12mo.

**A TABULAR COMPEND OF PRACTICAL ANALYTICAL CHEMISTRY,** for the use of Students and Amateurs. By Everett W. Fish, M.D., Professor of Chemistry in Pulte Medical College, Cincinnati. Cincinnati: E. W. Fish. Pp. 38, large 8vo. with interleaved students' memoranda.

The science of chemistry is in active eruption. It is not the spectrum analysis or any other new processes, or any results from them, that occasions this multiplication of works, which have accumulated upon our table, but rather changes in nomenclature, and changes in views. From the time when  $H^2O$  became the symbol of water, everything has been unsettled. Prof. Bloxam, the author of the largest and newest of the works enumerated above, adheres to the old names, but is compelled to give in to the new symbols, and, in part, to new theories. This work is full of valuable details, including recent improvements in the arts.

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Of the first American edition of Attfield's Chemistry, we gave a brief but careful notice in the GAZETTE, vol. vi, page 267. It has been carefully revised and enlarged, but not essentially changed.

Prof. Nichols's book, which is *not* an abridgment of Eliot and Storer, as it contains much which the larger volume does not, we accept as the latest exposition of Boston views of chemistry. We rely upon it next to Fownes's. It has the great merit of being not half as large.

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**THE HOMŒOPATHIC PHYSICIANS' VISITING LIST.** By Robert Faulkner, M.D. With a Repertory by W. James Blakely, M.D. New York and San Francisco: Boericke & Tafel. Narrow octavo, with tuck: 40 printed pages and 144 of ruled and printed blanks, besides 12 detachable leaves.

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**DEFERRED ARTICLES.** We have a large number of book notices, items and extracts, and personal notices which we are compelled to leave over to the next number.

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BOSTON UNIVERSITY

School of Medicine.

FIRST ANNUAL ANNOUNCEMENT.

*1873.*



# BOSTON UNIVERSITY.

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BOSTON UNIVERSITY was incorporated by the General Court of Massachusetts, in the year 1869. Its Charter and General Statutes provide for the building up of a group of collegiate and post-collegiate schools, with distinct Faculties, in which all forms of higher professional and general education may be conferred. Of these, several are already in successful operation. The

## *SCHOOL OF THEOLOGY*

of Boston University, formerly the "Boston Theological Seminary," is now in its twenty-seventh year. It is the largest school of its kind in New England. For special Catalogue and Circular, address the Dean, JAMES E. LATIMER, D. D., 36 Bromfield Street.

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A School of Law was opened last fall. Sixty-five students were in attendance. Hon. GEORGE S. HILLARD, LL. D., is Dean of the School. For Circulars, address D. PATTEN, D. D., Registrar of the University, 18 Beacon Street.

## *SCHOOL OF MEDICINE.*

The first, or Homœopathic, medical department of the University will be opened Nov. 5, 1873. For conditions of admission, address I. TISDALE TALBOT, M. D., Dean, 31 Mount Vernon Street, or JOHN H. WOODBURY, M. D., Registrar, 58 Temple Street. See accompanying announcement.

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This School is designed to fit liberally-educated persons, not only for those professions in which oratorical ability is essential to success, but also for Professorships of Elocution and Oratory in Colleges and Professional Schools. For details, address the Dean, Prof. LEWIS B. MONROE, 20 Beacon Street.

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# CIRCULAR.

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THE Trustees of Boston University will open their first, or Homœopathic School of Medicine on Wednesday, the Fifth of November, 1873.

## *ADMISSION.*

The School will be open to students of both sexes, on uniform terms and conditions.

The lectures will be heard in common so far as seems appropriate in the judgment of the Faculty, and separate lectures will be given whenever it is deemed necessary and advisable.

Separate cloak and retiring rooms are provided in the college building for the use of lady students.

Candidates who have taken their first degree in Arts will be admitted without examination. All others must satisfy the Faculty that they possess such an English education and such a knowledge of the Latin language as will enable them to prosecute the study of medicine with profit.

Satisfactory testimonials of good moral character will be required of all.

## *COURSE OF INSTRUCTION.*

The regular course will be of the most thorough and comprehensive character, covering three years, in which time it will be the aim of the Faculty to impart to every student a complete scientific and practical medical education. The graded course, by which the various branches are taught in succession, is considered the best method for thorough instruction; it is therefore earnestly recommended to all who are to commence the study of medicine. To those who have partially completed their course elsewhere, and to those graduates in medicine who desire to acquire a knowledge of the principles and practice as taught in this School, especial attention will be given by the Faculty, and every facility rendered

for the further prosecution of their studies. The regular course of instruction will be as follows :—

**FIRST YEAR.**

Anatomy, general, descriptive, and comparative, with dissections ; Histology and Microscopy.

• Physiology, human and comparative.

General Chemistry.

Botany.

**SECOND YEAR.**

Anatomy, pathological and surgical, with dissections and operations on the cadaver.

Medical and Pharmaceutical Chemistry.

Materia Medica.

Institutes of Medicine.

Clinical Medicine.

General Pathology.

Surgery.

Clinical Surgery.

Ophthalmology and Otology.

**THIRD YEAR.**

Materia Medica.

Institutes of Homœopathy and Practice.

Special Pathology and Diagnosis.

Clinical Medicine.

Surgery and Surgical Pathology.

Clinical Surgery.

Obstetrics.

Diseases of Women.

Diseases of Children.

Medical Jurisprudence, Ethics, and Æsthetics.

**GRADUATION.**

Candidates for the degree of Doctor of Medicine must be twenty-one years old, and of good moral character.

Such as have not pursued the full course of this school and passed its regular examinations must present evidence of hav-

ing studied medicine three years with competent instruction, and of having attended at least two full and reputable courses of lectures, the last in this school, and must pass an examination satisfactory to the Faculty. They must apply to the Dean of the Faculty four weeks before the time of graduation, and each must then present an original thesis upon some theme related to the studies of the School.

#### *COURSE OF LECTURES.*

The lecture term will commence on November 5th, 1873, and continue sixteen weeks, closing early in March.

All the lectures of the three years' course will be delivered during each lecture term. These will combine, as far as possible, the advantages of oral, text-book, and clinical instruction.

Students who may not wish to take the full three years course, as recommended, can attend such courses as they may elect, or all of them, during a single session.

#### *FACILITIES FOR INSTRUCTION.*

The College building, in East Concord Street, is centrally and favorably located for the purposes of the School.

The public hospitals and charitable institutions of Boston and vicinity afford to the medical student unsurpassed means of clinical instruction and observation; and no effort will be spared by the Faculty to secure to the students the full benefit of these institutions.

Among these the following are under homœopathic management:—

- The Massachusetts Homœopathic Hospital,
- The Home for Little Wanderers,
- The Consumptives' Home,
- The House of the Angel Guardian,
- The College Dispensary,
- The Homœopathic Medical Dispensary.

There are, also, the United States Marine and Naval Hospitals, the City Hospital and Public Institutions, the New England Hospital for Women and Children, the Massachusetts General Hospital, the Carney Hospital, the Eye and Ear

Infirmary, and many smaller institutions in which special studies may be pursued with advantage.

*CLINICAL INSTRUCTION.*

A *medical* and a *surgical clinic* will be held weekly in the college building, under the charge of the Professors, and in these, as in other departments, special effort will be made to familiarize the students with the best methods of examining patients, and to instruct them in all the details of diagnosis, prognosis, and treatment.

Physicians are urgently requested to send to the College Clinics during the lecture session, such cases of general or special disease as possess unusual interest, or require particular skill and experience in their treatment. All operations and examinations before the class will be entirely gratuitous.

*SCHOLARSHIPS.*

A limited number of free scholarships for the benefit of indigent and worthy female students, are at the disposal of the officers of the college, and will be available to such as require assistance.

The *Homœopathic Association of Boston University* will also be able to render some assistance to worthy and indigent students.

*HOUSE PHYSICIAN TO THE MASSACHUSETTS  
HOMŒOPATHIC HOSPITAL.*

At the close of the lecture term, an examination will be held for this position. The successful candidate will receive board and lodging, and unusual clinical advantages in the Hospital, for one year.

*TEXT-BOOKS.*

The following are recommended by the Faculty, for study and reference:—

**MATERIA MEDICA.**—Hahnemann; Jahr's *Symptomen Codex*; Hale's *New Remedies*; U. S. *Dispensatory*.

**INSTITUTES.**—Hahnemann's *Organon*; Grauvogl's *Text-Book*; Russell's *History of Medicine*.

**PATHOLOGY.** — Raue ; Da Costa's *Diagnosis*.

**PATHOLOGICAL ANATOMY.** — Rokitsansky ; Thomas' *Post-mortem Examinations*.

**PRACTICE.** — Hahnemann's *Acute and Chronic Diseases* ; Laurie ; Jahr's *Clinical Guide* ; Gross' *Comparative Materia Medica* ; Johnson's *Therapeutic Key*.

**SURGERY.** — Helmuth ; Franklin ; Gross ; Erichsen ; Hamilton on *Fractures and Dislocations*.

**OPHTHALMOLOGY.** — Angell ; Wells ; Stellwag ; De Wecker (French).

**OBSTETRICS.** — Guernsey ; Meigs ; Cazeaux.

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**DISEASES OF CHILDREN.** — Hartmann ; Tanner ; Vogel.

**ANATOMY.** — Gray ; Sharpey and Quain ; Heath ; Hodges' *Practical Dissections*.

**PHYSIOLOGY.** — Carpenter ; Dalton.

**CHEMISTRY.** — Fownes ; Eliot and Storer ; Barker.

**MEDICAL JURISPRUDENCE.** — Beck ; Taylor.

Arrangements have been made with Otis Clapp & Son to furnish to students all the text-books used in the school at the lowest net cash prices.

The Library of the College will be open for the free use of the students.

By special arrangements, students in the University School of Medicine will have access to the Boston Public Library, which is unusually rich in medical literature.

*TUITION FEES.*

Matriculation (once only)	\$5 00
Practical Anatomy	10 00
Graduation	30 00
Tickets for one full course of lectures	100 00
Lecture Tickets for the complete graded course of three years, in advance	160 00
Graduates of other medical colleges	50 00
Students who have attended two full courses at other medical colleges, or one at this and one at some other	50 00

*GENERAL EXPENSES.*

Students can live as cheaply in Boston as in any city of its size, and the general expenses will be determined in a great measure by the tastes and inclinations of the individual.

The cost of board and rooms need not exceed from five to eight dollars per week. By the formation of clubs, the expense of board has been reduced to less than three dollars per week in some departments of the University.

The lectures and other exercises of the school will be arranged at such hours that students living in any of the neighboring cities or towns on the lines of the various railroads may conveniently attend.

Season tickets can be obtained by students at reduced rates, the reduction being usually one-half. Inquiry regarding students' tickets should be made at the railroad offices, and not at the College.

The varied and valuable facilities for general culture which Boston affords in its libraries, its collections of natural history, its courses of scientific and literary lectures, its classical and popular concerts, and its art exhibitions, make an aggregate of general educational agencies, whose value to the earnest and ambitious student can hardly be estimated.

Its great attractiveness as a place for study, is shown in the fact that graduates of the most distant and celebrated colleges resort to it for their professional courses. The past year, thirty-four colleges have been represented by their graduates in the School of Theology and School of Law of Boston University,— a larger number than were represented in the corresponding departments of any other American University.

For any further information application should be made to the Dean,

I. TISDALE TALBOT, M. D.,  
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