rise up, and the sharp pain along the sides of the uterus would come on now and then. There is less pain about the symphysis pubis, and the patient is very hot and dry. I directed her to lie on the left side and gave her ℞hus t.$\frac{1}{16}$ m, after which the pains in the sides of the abdomen disappeared. The same dose was repeated twice about 1.35, a.m., when irregular sharp pains in the right and left sides of the abdomen came on. Until this time the labor pains were confined to the fundus, yet no waters were broken. It was evidently a dry labor. Patient was comparatively quiet and comfortable.

At about 1.40, a.m., all at once she began to moan and press, and after four or five pains without interruption, quietly looking at me, she said, "the child is there." And surely there it was, and a great sight it was.

There was the whole ovum intact and the child still within the folds. It was motionless, doubled up in the structureless parchment-like membrane which was so transparent that every part, and especially the cord, wound round the back of the neck as a blue string was clearly discernable. This membrane formed a complete sac of oval shape, the caudal end being fuller than the capital one; and it was closed smoothly and without any folds where it naturally gives the outer coat to the umbilical cord. The maternal part of the cord was beating vigorously. I tried to rupture the sac with my fingers, but the membrane was very slippery and so firm that I did not succeed in thus lacerating it. A slit with the scissors was made on its abdominal side, and the partition of the membrane easily effected by carrying the forefinger along towards the capital extremity. Then the membrane was turned back, the cord removed from the neck, and the child taken out and placed between the lower extremities of the mother. The child was alive and well, though the face was blue. Some friction was applied and the cord divided about fifteen minutes later, when the child had become more active, respiration regular and the strong pulsation of the cord had subsided. The whole scalp was full of hair and covered with

vernix caseosa, which also was accumulated on the back and in all the folds which the body presents. But there was no amniotic fluid to be found, not the least amount of it, neither on opening of the sac nor after the child was taken out of it. The inner coat of the membrane presented no marked difference from the outer one, except, perhaps, that of being a little more glossy and slippery.

The mother lost very little blood. About fifteen minutes after the detachment of the child, the placenta was delivered. It presented on its fætal side, under the choriotic coat, strong suffusion of blood; and on the uterine side it was very much torn.

After delivery the uterus appeared to be unusually large, so much so, that the patient thought another child might be present. This, however, was not the case. Sometimes the sharp pains in the sides of the abdomen returned. When I left, at half-past two, a.m., the patient had no after-pains as she used to have in two of her previous confinements; she felt every way comfortable. No binder was applied, as also none were put on in her two last confinements.

Early appplication of the babe to the breast was recommended. The next day some after-pains came on, when the child would draw vigorously; otherwise she was comfortable and got well in due time. The babe (female) weighed nearly eight pounds, and was in every respect well formed. All the former children of Mrs. N. had been delivered in the usual manner.

In her two pregnancies preceding her last one, she was under homœopathic treatment with high potencies. The first time, in 1856, she had a somewhat difficult labor which terminated favorably, but was followed by a puerperal fever of the highest grade. The second time, in 1858, she was delivered of a child in a very short time. Two years later, in 1862, she was confined again and gave birth to a healthy child, the labor being natural.

2. Dr. Minton, of Brooklyn, related to me a case he attended several years ago in which the child was enclosed in

a sac, filled with two quarts of amniotic fluid. The membrane was so firm that it could not be opened with the fingers alone. It presented no folds at the insertion of the navel-string.

3. Dr. E. W. Woodson, of Woodville, Ky., in the October number of *The American Journal of Medical Sciences*, reports a case of twins, one of which was enveloped in the membranes. The patient in this case was a negro woman. The midwife, supposing the child to be dead, deposited it in a vessel without rupturing the membranes and set it away until the doctor arrived, which was at least fifteen minutes after delivery. The rest I give in Dr. W.'s own language: "As soon as I entered the room, she (the nurse) related what had happened, and presented the vessel for me to inspect. I at once ruptured the membranes, and found the cord still pulsating. I removed the child, and succeeded in resuscitating it by using friction, artificial respiration, etc. I allowed the cord untouched as long as it pulsated. The child was perfectly livid, and apparently dead when I commenced to work with it. The breathing was at first gasping and at long intervals, but finally became regular and quiet. The child lived and did well."

4. Dr. Atlee, of Philadelphia, in *The Medical and Surgical Reporter*, reports another case of expulsion of the child with the membranes entire. This child was the fourth product of a quadruple birth in a healthy woman, after three other children had been born. The first one was born before the doctor came in. The second one was enveloped by strong membranes which were with the greatest difficulty ruptured. An immense gush of liquor amnii followed. The membrane of the third one had to be opened with the scissors, and furnished again a copious discharge of water.

"While I was engaged in placing a binder around the patient," Dr. Atlee continues, "she was seized with severe and rapid pains, and soon she cried out that something was coming from her. Upon examination I discovered that another child, with the membranes entire, had been expelled. I

immediately tried to tear the membranes, but they were too strong and I slit them open with the scissors, and exposed a living female child. The placenta came away without difficulty, and the uterus contracted well. The loss of blood was trifling. All the children were living and large, and active for the period of gestation (seven months). With proper care, I think, all these children could have been raised. But the day and room being cold, and the parents poor and no provision having been made for more than one child, they were all greatly exposed and died within the next two days. The mother bore the parturition well and had an excellent recovery. Two years afterwards she became pregnant again, and was delivered at full time of a single healthy child."

5. *The Medical and Surgical Reporter*, of January 5th, 1861, has a similar case of a woman in labor with her third child. The woman was of medium size, healthy, and had come to her full term. After a protracted labor, though not unnatural, she gave birth to a son of large frame and very lean in appearance, but apparently perfectly healthy. There was not a drop of liquor amnii present, about one pint of yellow unctuous fluid being substituted for it. The membranes were so tough that the ordinary means would not rupture them, and rather suddenly the fœtus was expelled with the membranes entire.

6. The two following cases were related by an intelligent American lady, who deserves credit for her statements.

Mrs. N., an American lady, twenty-five years ago, was delivered of a child enclosed in the membranes entire. The accouchur drew a fold of it asunder with his fingers, and the interior of it lying open looked like a honeycomb. The child looked very purple and the string was wound around the neck several times. The child was well and has always been healthy since, and is said to be a very smart man, intellectually.

7. In a case of delivery of another American lady, the expulsion of the fœtus was delayed for several hours by the interposition of a sac, which was then artificially ruptured

and discharged clear, clean water. On examination it was found that it formed a separate sac, having no communication with the membranes which inclosed the child. This was delivered without further delay and proved to be a healthy female child, which is now (1861) twelve years of age and was always in good health.

Dr. Darcy, an old physician, is reported to have had several cases of delivery with the membranes entire, in Newark, but the particulars of these I do not know.

9. Mr. Sherk, of Brooklyn, tells me, that in the open market place of a town in East Prussia, he saw a mare bending low down and observed a large bladder coming out of its hind body; while the bladder was lying on the ground, it suddenly broke and a young colt made his appearance, standing upon his legs.

Dr. Barker, of Brooklyn, confirms that this mode of delivery is quite common with mares.

10. Dr. W. Wright, of Brooklyn, E. D., on discussing the above cases in the Kings County Homœopathic Society, stated, he had four cases which passed off pleasantly. He thought it was owing to the wideness of the parts.

11. Dr. P. P. Wells, of Brooklyn, at the same time remarked, that within twenty-five years he had two cases which were premature. He never had a case of entire want of liquor amnii.

12. Dr. A. Wright, of Brooklyn, E. D., had a case which terminated favorably. The report is promised for publication, but has not come to hand as yet.

(*To be continued.*)

INTERMITTENT FEVER.*

BY AD. LIPPE, M. D., PHILADELPHIA, PA.

Cullen's assertion that bark cured all cases of intermittent fever, because it was both bitter and aromatic, first gave to Hahnemann the occasion to expose the errors of the then great authority in medicine, who in years was greatly his senior. Hahnemann knew that Cinchona cured but a comparatively small number of cases of intermittent fever; he also knew that other substances, both bitter and aromatic, never cured a case of this disease. Hahnemann was compelled to institute a new mode of investigation, and first he endeavored to ascertain with certainty what cases of intermittent fever were curable by Cinchona. For this purpose he proved Cinchona first on himself, afterwards on others, and by this new plan of investigation, by these provings, he was enabled to give us the characteristic symptoms of Cinchona, which indicated it in the cure of intermittent fever. From this, Hahnemann's first investigation, were developed the fundamental principles of our school, named and termed by its discoverer.

The question Hahnemann first asked himself was: "What are the peculiarities, the characteristics of intermittent fever curable by Chincona?" We ask this question in our own days: What is the remedy, how shall we treat intermittent fever, or how can we find the homœopathic remedy for each individual case? If we follow Hahnemann's advice, we will be able readily to solve these questions. Many remedies have been proved and their characteristic symptoms defined. Among them are some of our native plants as Eupatorium perfoliatum, Gelsemium, etc.

The fact that Homœopathy was developed by investigating the relation in which Cinchona stood in regard to intermittent fever, leaves no room for doubt that there exists the curative remedy for each individual case of intermittent fever. This

* Read before the Wayne County (N. Y.) Homœopathic Medical Society, December 5th, 1865.

will be admitted to be, theoretically, correct—but not practically. It is asserted that some cases will not yield to any homœopathic remedy and some physicians even say that in certain seasons and in some localities we must resort to large doses of Cinchona. When Hahnemann, by strictly logical argument, demonstrated the error of Cullen's assertion, and when he afterwards proved his argument by practical experiment, and gave to the world the law of cure and the practical rules to guide us; the practice based on these principles and rules has always been proved correct. There can reasonably be no exception to these well-established principles and rules, neither season nor locality nor individuality can offer cause for an exception.

The facts are found to be:

1. Some cases of intermittent fever are cured by certain persons, in certain localities, by homœopathically selected and potentized medicines.

2. Other cases of intermittent fever are not cured by certain persons in certain localities by homœopathically selected and potentized medicines.

If this is true we must see where the fault is. If under one the law of cure by the experiment is successful, in the hands of some persons, why is it the reverse under two?

The variety of possibilities for want of success under two are:

a. The law of cure, as we understand it, has been applied but without success. If this were the case, then the law of cure could not be correct or true, for the law, like all natural laws, must be true under all circumstances without regard to time or locality.

b. The law of cure, as we understand it, has not been applied and, therefore, there was no success. This may arise from two principle causes; first, the law of cure was not properly applied because not properly understood; or, secondly, the means to apply it (the medicines and their provings) were not known, nor understood by the prescribing physician. There may be a lack of qualification to examine the patient,

that is, to obtain a picture of the disease or a lack of qualification to select the proper remedy.

If we should admit *a*, which we would if we asserted that time and locality annuls or supersedes the otherwise applicable law of cure, we would declare Homœopathy, based on these laws, to be fallacious, incorrect and of no benefit to the sick. But the law holding good in every other case of disease, at all times and in all localities, this assertion must be set aside, cannot be held or defended.

The failure to cure intermittent fever with homœopathically chosen *remedies* and potentized medicines must rest with the practitioner, who either does not understand or cannot properly apply the homœopathic law.

To those unfortunate men, who call themselves Homœopathicians but reject Hahnemann's teachings, we have nothing to say; they must be and will remain unsuccessful, not only in the treatment of intermittent fever, but also of all other diseases. We address ourselves to those Homœopathicians, who knowing the laws of cure, seek to find the means and mode of applying them successfully for the cure of intermittent fever, in such cases, in which at times they had failed to effect a cure. This want of success may be,

1st. That we have not properly examined the case,

2d. We may not have found the truly curative remedy; or,

3d. We may not have applied it properly.

We will take up these cases seriatim.

1st. In examining a case of intermittent fever, we may find characteristic symptoms for one of the known remedies, or we may not; if we do not find any, it may be because we do not know them, and this is essentially our own fault. Or,

2d. If the characteristic symptoms are not marked, we select the remedy by other means—analogy. Again, there may be no characteristic symptoms, as in cases where there simply a chill followed by fever and perspiration, and no strongly marked concomitant symptoms. In this case we must look to the symptoms of the patient during the apyrexia

and to his constitutional symptoms—these will often assist us in finding the proper remedy.

3d. We may have been too hasty in repeating or changing the remedies. We should have obeyed the master's advice, and allowed each remedy to exhaust its action before repeating or changing it.

But how to find the truly curative remedy in a case of intermittent fever is after all the vexed question. Dr. von Bœnninghausen in his essay on "Intermittent Fever" has almost exhausted the question, but we cannot too often refresh our memory.

1st. The examination of the patient as to the time and periodicity—the various stage of paroxysm—the concomitant symptoms of each stage and the symptoms predominating during the apyrexia.

2d. The selection of the remedy. The truly curative remedy may be indicated by the time and periodicity, as under Natrum mur., ten, p.m., Lycopodium, four, p.m., Nux vom., in the morning, Apis when in the afternoon, and also Lachesis, Cactus grand., Nitric acid, etc., at the same hour every day Sabadilla, Aranea, etc. Again by the concomitant symptoms, as thirstlessness under Pulsatilla, China, Sabadilla. Thirst before the chill, Eupatorium, Arsenic, China, Pulsatilla; or only during the chill, Capsicum, Carbo veg., etc.; or between the chill and fever, China, Sabadilla, etc. The thirst during the fever paroxysm may be for large quantities of cold water at a time as under Bryonia, or for small quantities at a time as under Arsenic, Lycopodium, etc., or the paroxysm is accompanied by headache as under Natrum mur., which under Arsenic continues after the paroxysm, or the fever is accompanied by sleep as under Apis, Gelsemium, Cactus grand., etc. We must refer to Dr. von Bœnninghausen's excellent essay on "Intermittent Fever" for more minutiæ.

3d. The remedy properly chosen should be administered very soon after the paroxysm is over and only during the apyrexia, never during the paroxysm. If the next paroxysm

is not changed in any way either as to time or in its concomitant symptoms, and if no new symptoms belonging to the remedy have been developed, our choice of the remedy may be supposed to have been faulty. If the paroxysm changes as to time and the next attack comes on earlier, we may reasonably expect an improvement and should not repeat the remedy; if the next attack is accompanied by symptoms characteristic of the remedy, or if the attack is lighter we should not repeat the remedy, if the attacks continue but are lighter each time, we may safely wait on the effects of the medicine given. If the attacks continue and the symptoms having guided us in the selection of the remedy cease, then we must choose another remedy. We must follow implicitly Hahnemann's rule—not to repeat the dose or give a new remedy until the effect of the former dose is exhausted.

The more carefully we apply the law of cure to the treatment of intermittent fever the more brilliant will be our success.

CLINICAL CONTRIBUTION.

BY D. A GORTON, M. D., NEWBURGH, N. Y.

Typhoid Fever Complicated with Jaundice.—The case here presented is chiefly remarkable for its complication. It is one of those cases which do not always yield promptly to medical treatment, on which account they are often early given over to baseless experimentation; and while some, even then, will get well, the majority, it is believed, sooner or later succumb to the disease. If, in the treatment of any class of diseases it were desirable to adhere strictly to the principles of our science, this class is the one above all others, because, as it is more malignant and fatal, greater certainty of prescription is requisite to conduct it to a favorable issue. Yet, unhappily, it is too often the case that the Homœopathician, finding the case stubborn, not readily yielding to his remedies, feels it his duty

to ignore his most cherished principles and resort to any method, system or drug, that in the annals of medicine—or out of them—ever succeeded in the treatment of an analogous case.

This case is more interesting because we have in its issue the gratifying reward of a faithful adherence to homœopathic principles.

G. H. S. is of a frail constitution, with a predisposition from youth to bilious and catarrhal difficulties. Temperament, nervo-bilious; scrofulous diseases appear to be hereditary in the family, as indicated by the early death of a brother with pulmonary tuberculosis. Age twenty-four years.

August 27th, 1865. Has been suffering for the past two days with temporary swimming in the head and a disposition to chilliness. Had to-day, as the occasion for calling me, a decided chill. The following Mercurius symptoms were present, viz.: swimming in the head when attempting to arise; vomiting of slimy mucus; the tongue and fauces are covered with white slime; ardent thirst for cold water; hot and dry skin; aching in the bones, particularly in the back and legs. Dissolved a few pellets of Mercurius sol.^{30} in half tumbler of water, and give a dissert spoonful once in two hours.

28th. Rather less fever and pain in the bones; pulse steady at 100 per minute, otherwise not much change.

29th. Seems decidedly improved. The bowels however are constipated and pain him considerably; the abdominal pains seem of an obstructive character. There is frequent disposition to evacuate without the power to do so. Dissolved in half tumbler of water a few pellets of Nux vom.^{30} and gave a dessert spoonful once in two hours.

30th. Much relieved; bowels have moved twice to-day; skin feels natural; some return of appetite of which he has been entirely wanting of late; complexion sallow; and the conjunctival membrane of the eyes strongly indicate considerable hepatic torpor. Mercurius sol.^{30} in water, once in three hours.

I pass over the brief period of five days in the history of

my patient, during which time Mercurins sol.^{30} had been continued, with occasional intermissions of twelve hours. He was doing finely—had gotten along too well as the event proved—serious relapse now followed as a natural consequence, it is believed, of untimely exercise and fatigue.—Typhoid symptoms had now clearly set in, of which I give the following synopsis:

September 5th. Hot and dry skin; pulse 110, unsteady; mind confused; great thirst for cold drinks; mouth dry; tongue coated yellowish brown; extremely restless; throws his arms and legs wildly about; tosses himself from one side of the bed to the other; loathing of food; slumbers for a few minutes and then wakens to toss about; bowels feel natural although there has been no stool since 30th ult; all the nervous symptoms are worse at night. Gave Arsenicum alb.^{30} a a few pellets dissolved in half tumbler of water, of which a dessert spoonful is ordered once in two hours.

6th. The symptoms are unchanged, except that the mind is less clear than yesterday; muttering delirium; calls for ice and iced water.

8th. Seems rather brighter in the morning; his naps are longer, but he wakens weary and restless; pulse 100 per minute; heat of skin much less. Sacch. lac.

10th Much as usual; increased feverishness and restlessness last night, against which Arsenicum^{30} was given in solution. Although he seems more comfortable this morning, I order the medicine continued.

11th. This morning the face, neck and chest are decidedly jaundiced; the urine is strongly impregnated with bile; it passes unnoticed, not unfrequently, imparting a deep yellow stain to the linen. The mind is clear in the morning, but toward evening becomes excessively dull; doses considerably, but is restless during waking intervals. Gave Mercurius sol.^{30} in solution as before, and ordered farina gruel to be given in four hours.

14th. The case grows more critical. There is a sluggishness about him, painful to both physician and nurse. Though

greatly reduced in flesh and strength in the early part of the day, he answers questions correctly. He always feels "first rate" when his health is inquired after, but presently kicks off the bedcloths exposing his person to whoever may be present. Sleeps heavily; no inclination to stool; still the abdomen is not tympanitic, and auscultation discovers no fearful gurgling at the cœcum; the breath emits an odor of putrid flesh; tongue brownish; the teeth are thickly crusted with offensive sordes; lips brown; corners of the mouth cracked; they bleed profusely at times. Percussion reveals great tenderness at the hypogastrium, and considerable hypertrophy of the liver. The urine is scanty, of a dark brown color, and deposites no urates.

As will be observed Mercurius sol.^{30} was continued, although I was not fully satisfied with it. It did not seem to do the patient any good, and yet what remedy in our Materia Medica covered the totality of the symptoms better? What remedy answered the long roll of symptoms so well?

Dr. Dunham, of New York, in consultation. He thought the case unhappily complicated. Recommended patience on the part of the attending physician, and perseverance in the use of Mercurius sol. to the patient. Spoke hopefully of the issue. If, however, after a further use of that remedy it be found inoperative, he would suggest Lycopodium.

The next day after our conference, the symptoms were favorably modified, and seemed every way to justify the confidence which had been reposed in Mercurius. On the day, following, however, we were doomed to disappointment. The worse features of the case were again presented. I quote from my notes as follows:

September 16th. Had quite a severe chill this afternoon; the skin is very hot; pulse 116 per minute; does not seem to notice anything; cannot get replies to questions; dull incoherent muttering. Lycopodium in solution, dessert spoonful once in two hours.

17th. Less fever; no increase of jaundice.

18th. Decidedly less fever; mind clearer and stronger.

P.M. Increased restlessness. One dose of Arsenicum^{30}.

19th. Improving satisfactorily; pulse 84 per minute; no appetite; takes farina gruel and beaf-tea, because he is urged to do so; drinks lemonade for which he has had a fondness from the beginning; mouth very dry; tongue chapped and sore. Continued Lycopodium^{30}.

The patient remained in this condition, comparatively comfortable, neither gaining nor becoming visibly worse, for several days. Lycopod. seemed no longer operative. The friends were losing faith of his recovery. I quote as follows from my note book:

23d. The lower border of the liver is quite sensitive to pressure; no stool in twenty-three days; abdomen greatly sunken and hard. Sulphur^{30} in solution, a dessert spoonful once in two hours.

25th. Improvement in the appetite; sleeps better; talks rationally.

26th. Rested tolerably well during the night; pulse 76 in the a.m., 80 in the p.m.

Gave also strong beaf-tea once in two hours, baked apples, toasted bread and oranges, *ad libitum*.

28th. Pulse 72 per minute; skin cool and dry; the hepatic soreness seems to have passed away; coliquative sweat during sleep; great atony; the condition is clearly dyscrasic; bed sores appear on the ankles; the back and hips are chafed and sore. China^{30} in solution, a dessert spoonful once in two hours.

29th. *Status quo.*

30th. Not much change in the symptoms, except increase of appetite and painful swelling of the left parotid gland. Lachesis^{30}.

The case now looked discouraging enough. He was extremely emaciated. Thirty-one days had elapsed since the last passage from the bowels, and still no rumbling sound could be heard—nothing indeed to indicate that they were ever to move. An injection of warm water had been given, but only a few hardened fæces had been discharged from the