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THE

NORTH AMERICAN JOURNAL

OF

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In Certis Unitas,
In Dubiis Libertas,
In Omnibus Charitas.

EDITORS.

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JOURNAL OF HOMŒOPATHY.

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Original and Translated Papers.

ARTICLE I.—Cough, and Keynotes to the Selection of the Remedy.

By S. Lilienthal, M.D.

Aconite.—Short dry cough, paroxysmal only *during expiration*, induced from a tickling sensation by the rush of air from the lungs through the over-sensitive and irritated larynx, and also on every attempt to swallow liquids; mostly without expectoration, with fear and restlessness; or expectoration of bloody mucus and even hæmoptysis, through the congested state of the blood vessels, caused by dry cold west winds, or by exposure to dry cold air. Aggravation at night, especially after midnight; first stage of croup or bronchitis, before the disease has fully localized itself.

Allium-Cepa.—According to Hering, it fill sa chas a between Aconite and Ipecacuanha. Tickling in the larynx, with hoarseness; oppressed breathing from pressure in the middle of the chest; hacking cough on inspiring cold air; cough and catarrh, with fluent excoriating coryza; worse in the evening in the room, better in the fresh air.

Alumina produces *great dryness of the mucous membranes;* we have, therefore, a tearing cough, every turn of coughing being accompanied by involuntary emission of urine, dry

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hacking cough from pharyngeal or laryngeal irritation, especially in old people or in dry and thin subjects; dry short cough with dyspnœa, and some expectoration in the morning; great dryness of throat, followed by profuse accumulation of thick tough mucus, especially in the evening, and in the morning when awaking; spasmodic constriction of the throat, which interferes with swallowing, relieved by warm drinks; clergyman's sore throat.

AMBRA-GRISEA.—*Nervous and spasmodic cough;* hoarseness and roughness of the voice, with accumulation of thick tough mucus, easily thrown off by coughing; itching, scraping, and soreness in larynx and trachea; spasmodic cough from tickling in the throat, with expectoration of yellowish or grayish-white mucus, tasting salt or sour in the morning; without expectoration in the evening.

AMMONIUM-CARB.—Chronic cough, with bronchial irritation and tendency to asthma; *incessant cough excited by a sensation as of down in the larynx;* hoarseness and inability to speak a loud word; cough, with expectoration only in the morning from tickling in the throat, as of dust; cough, with stitches in the small of the back.

AMMONIUM-MURIAT.—"It cuts the phlegm," as the Germans say, and causes a morbid increase in the secretions of all the mucous membranes; frequent hawking, with expectoration of yellow or white mucus; dry cough in the morning from tickling in the throat; cough at night when lying on the back.

ANACARDIUM.—Violent convulsive cough, caused by tickling in the larynx; at night worse, without expectoration; in daytime and after meals cough with expectoration of flat sweetish-tasting mucus, or gray, and mixed with blood and pus; tough and sticky mucus in the throat in the morning; an attempt to remove it ends in vomiting; after the cough, yawning and sleepiness. It suits cross andir ritable children in whooping-cough.

ANTIMONIUM-CRUD.—Like Muriate of ammonia, *depressed vitality of the mucous membranes*, is the characteristic of Antimony. The tongue is coated milky white; the cough sounds

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as if it came deep from the abdomen; the throat feels as if plugged by thick tough phlegm, with expectoration of tough flat-tasting phlegm in the morning; the irritation to cough is felt in the abdomen, and there is constant hawking to get rid of the phlegm; loss of voice when over-heated.

ANTIMONIUM-TARTARISATUM.—Catarrhal inflammation, beginning in the larynx and becoming intense in the trachea and bronchi; much coughing and violent sneezing; tickling in the air-passages, provoking cough; loose night cough; mucous ronchi; gasping for breath at the commencement of every fit of coughing; burning sensation under the sternum; sensation as if the chest were lined with velvet; short laborious breathing, making it necessary to sit up in bed; relieved temporarily after coughing and expectorating; the head trembles, especially in coughing; coughing and yawning consecutively, particularly in children, with crying or dozing, and twitching in the face; the cough spells come on when children get angry, also after eating; rattling or hollow cough, worse at night, with suffocation; throat full of phlegm, with sweat on forehead, and vomiting of mucus and food. Characteristic is the relief it affords, in the violence of dying struggles, even when their throats are filled with tough phlegm, which they are unable any more to expectorate.

ARGENTUM-NITRICUM acts specially on the vagus and sympathicus, and irritates the mucous membranes. We have thus, primarily: dryness of the throat in beginning to speak; burning and scraping in fauces and throat; dark redness of the affected parts, with the sensation as if a splinter was sticking in the throat, followed by frequent accumulation of thick tough phlegm in the throat, producing gagging and frequent hoarseness; laughing causes mucus to accumulate in the trachea, and cough; cough caused by stinging, cutting in the trachea, with mucus in the chest, and expectoration of transparent mucus, like boiled starch; rattling cough only during the day, in the room; hoarseness and even aphonia from over-exerting the voice, as in singers, preachers, etc.

APIS-MELL.—Hoarseness and rough voice, day and night; *obstinate and incessant night cough*, worse at night in bed, or

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in a warm room; hoarseness and scraping in the larynx and trachea, caused by erysipelatous inflammation, with oppression of breathing; heat and smarting in the throat with occasional hacking cough.

ARNICA.—*Torpor of the capillaries of secretion and myalgic pains;* the cough produces a sore bruised sensation all through the chest, relieved by supporting the chest with the hands; more frequent and severe in the evenings till midnight, worse also from motion and drinking, sometimes with expectoration of putrid mucus which cannot be expectorated, but must be swallowed again; breath fetid, short and panting from obstruction and infiltration of the parenchyma of the lungs, followed by decomposition of the blood; dry, short hacking cough with bloody expectoration.

ARSENICUM shows in all its symptoms a *mixture of depression with irritation*; we have thus oppressed, anxious, short respiration, with difficult secretion of mucus and dryness; burning and constriction in the larynx; cough, with arrest of breathing and expectoration of frothy mucus in lumps, or tasting salty in daytime; without expectoration at night. Bronchitis and pneumonia of aged people or of a low type, with suffocating paroxysms; hydroa labialis.

ARUM-TRYPHILLUM.—Affections of the larynx and trachea, from over-exertion of the voice, with accumulation of mucus; moist cough, with excoriating feeling in the fauces and larynx; the voice is hoarse, uncertain, cannot be controlled. *Sore throat of clergymen and professional singers.*

BARYTA-CARBON suits best *atrophic children*, who take cold easily, which always results in sore throat; sensation as if the lungs were full of smoke; *suffocative catarrh of old people;* hoarseness and loss of voice from tough mucus in the larynx and trachea, with a tickling sensation in the pit of the stomach; cough is worse in the evening before midnight, after getting the feet wet, when sleeping in a cold room.

BELLADONNA.—*Primary excitement, secondary depression;* arrest of secretion produces dryness of throat with heat and pain on swallowing, flushed face and headache; short dry cough from tickling in the larynx, with stitches in different

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parts; barking cough; dry spasmodic cough with vomiturition and much pain in the pit of the stomach, the cough seems to strike there; almost uninterrupted cough; loud rattling noises in the bronchial tubes; hoarse croupy cough; cough causes pains through the chest, as if it were sore; cough, with fear of spitting blood, the patient having a taste as of blood in the mouth; the cough is renewed at the least motion, especially at night. Laryngismus stridulus.

BROMINE.—Its primary effect is anæsthetic to the larynx and pharynx, with a peculiar sensation of dryness of the throat and neighboring parts; we have therefore in the beginning dry spasmodic cough with wheezing and rattling breathing; tickling in the trachea during an *inspiration;* rough barking cough from tickling in the throat, with difficulty in breathing, which is short and hurried; much rattling in the larynx during respiration and still more during the cough; suffocation seems frequently imminent in consequence of the apparently great accumulation of mucus in the larynx (indication for Tartar-emetic is lower down); hoarseness, aphony; aggravation during first part of the night, amelioration after midnight. Goitre.

BRYONIA.—Its irritation of the respiratory mucous membrane does not extend lower than the first or second division of the bronchi. *Expirations shorter and more hurried than inspirations;* sensation during cough as if head and chest would fly to pieces; expectoration of mucus streaked with blood; *eating and drinking excites cough, and this produces nausea and vomiting;* dry cough, excited by creeping and tickling in the stomach; cough on going from a cold to a warm air; cramp-like suffocating cough, especially after midnight or after eating and drinking, often with vomiting of food; cough from tickling in the throat and pit of the stomach, in the evening and at night without expectoration, during the day the expectoration is yellow, or consists of coagulated blood or of cold mucus of a disagreable flat taste; cough with involuntary secretion of urine, hoarseness, thirst, sneezing, stitches in the chest and small of the back, red face, *aggravated by the touch, by motion,* talking, laughing, eating and drinking;

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hoarseness and roughness of voice when walking in the open air. Chronic bronchial and catarrhal affections of old people.

CACTUS.—Dry cough from itching in the larynx; *spasmodic cough*, with copious viscid expectoration or thick yellow of the consistence of boiled starch (in bronchitis or cardiac affections); chronic bronchitis, with profuse rattling of mucus in the lungs and difficulty of breathing; cough with profuse hæmorrhage from the lungs.

CALCAREA-CARB.—Scrofulosis during the period of evolution. Obstinate painless hoarseness; nightly cough with hoarseness; accumulation of tenacious mucus in the larynx down to the bronchi; catarrh and ulcerations of the larynx and trachea; dry violent cough with titillation as if from dust in the throat, especially in the evening and during sleep, or moist cough with mucous rales and a thick, yellowish, fetid expectoration; cough dry at night and loose during daytime; very sensitive to cold, which goes right through her; the pains are aggravated by the slightest touch, as from a current of air, whether warm or cold, noise, excitement.

CARBO-VEG.—Chronic catarrhal hoarseness; cough, with greenish fetid expectoration; roughness of the throat, causing cough; spasmodic hollow cough, caused by a tingling irritation in the larynx; expectoration only in the morning, yellow, like pus, brownish, bloody, tasting putrid, sour, salt and of offensive smell; worse in the evening, from movement, when walking in the open air, after lying down. It acts well in some epidemics of whooping-cough, especially in cold, wet weather, or in cold, frosty weather.

CAPSICUM.—Frequent and short barking cough, worse towards evening; after lying down excessive tickling and tingling in larynx; aching in throat, when coughing, as if an ulcer would burst; stitches in throat, exciting dry, convulsive cough; aching in one or both ears when coughing; bloody mucus from nose when coughing; drawing pains in one or both sides of chest, extending up to the neck; hoarseness.

CAUSTICUM. — One of the best medicines for *catarrhal*

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aphonia and for weakness of the voice from over-exertion. Coughs, after getting better, come to a stand-still, and there remains a dry, hollow cough; *great rawness of the throat and chest* when coughing, especially when the paroxysms of cough are attended *by involuntary discharge of urine;* cough worse on bending forward, in the morning; continuous short, hollow cough; the quantity of mucus in the throat produces coughing, but he cannot expectorate the acrid, fatty-tasting slime, but is obliged to swallow it (Arnica); chronic morning hoarseness, with dry cough; phlegm in the throat, that cannot be hawked up, which produces nausea; cough is relieved by a swallow of cold water.

CHAMOMILLA-VULG. moderates the excessive sensitiveness to pain; with such fretful children the cough is worse at night, from crying, from cold air, and during sleep; tickling in the pit of the throat causes a scraping, dry cough, with whistling and mucous rattling during respiration; voice rough, hoarse from the tough phlegm in larynx; continual irritation to cough after midnight, with orthopnœa and whistling; stitches and burning in the larynx with hoarseness; cough from irritation in the chest, from tickling in the pharynx and larynx during the day, with expectoration of small quantities of tough mucus, tasting bitter or putrid; cough and vomiting most frequently *during* the time of meal (Bryonia immediately after eating).

CHELIDONIUM-MAJUS.—*Bilious broncho-pneumonia*, with lungs full of mucus, from paralysis of the pneumogastric nerve; cheeks dark-red (Tart.-emet.); frequently with very little cough, but sometimes pinching, cramp-like pains on the inner boarder of the right scapula. Sensation as if the larynx were pressed on the œsophagus, impeding deglutition; violent spasmodic straining cough, with burning shooting pains and profuse lachrymation; constant tickling and desire to cough in the larynx, spasmus glottidis; long continued cough with rattling mucus, loose rattling cough, remaining for a long time.

CHINA. — Debility after exhausting discharges; *bronchorrhœa* with general malaise, simulating the last stage of phthisis

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pulmonalis; cough with a granular expectoration during the day or in the evening, not at night or in the morning; hoarseness from mucus in the larynx; sensation of soreness in the larynx and trachea; suffocative fits as from mucus in the larynx; suppuration of the lungs after hæmoptysis (frequent venesections), with stitches in the chest, aggravated by pressure; difficult inspiration and quick expiration; cough aggravated in the evening, or after midnight.

CIMICIFUGA.—Hoarseness; constant inclination to cough, caused by a tickling sensation in the larynx, aggravated by speaking, at night, especially when these chronic coughs result from *uterine irritation*, as during pregnancy, from amenorrhœa, hysteria; dry, short, hacking cough night and day; stitches and lancinating pains in the chest, preventing a full inspiration; *pleurodynia*; chronic, harassing cough depending on nervous debility.

CINA.—The spasmodic cough, with vomiting, is a *reflex action from the abdominal organs.* There is a sensation of dust or much mucus in the throat. The child coughs itself into a rigid state, and immediately after the paroxysm a gurgling noise may sometimes be heard at the larynx, which goes down to the stomach. Aggravation in the morning and evening, and better during the night; much perspiration during exercise and cough; excessive peevishness.

COCCUS-CACTI.—Roughness of the throat, cough and sneezing; burning in the throat when hawking; hoarseness, with mucous expectoration; feeling of mucus ascending and descending the trachea, causing tickling and cough; paroxysms of cough so violent that it causes vomiting and expectoration of a great quantity of thick, viscid, albuminous mucus; aggravation in a warm room, better in the open air.

CONIUM causes prostration of the nervous power in the motor, as well as in the nutritive sphere; *a wasting process* is therefore one of the characteristics of conium. It produces upon the respiratory organs dry, hacking, almost continual cough, worse on lying down, and at night; *there is scarcely any cough in the daytime;* violent spasmodic nightly

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cough, caused by itching in the chest and throat, or from a small, dry spot in the larynx; without expectoration at night, and difficult, bloody, purulent, offensive expectoration during the day; cough relieves the tightness of the chest; loose cough, with inability of expectoration; he must swallow what he coughs up.

COPAIVA acts well in chronic pulmonary catarrhs, where no inflammatory process is present, with profuse expectoration of a greenish-gray, purulent mucus of a disgusting smell, sometimes mixed with blood.

CORALLIA-RUBRA.—*Nervous and spasmodic cough*, hysteric cough, *laryngismus stridulus;* spasmodic stage of pertussis; violent spasmodic cough, so violent that children lose their breath and grow purple and black in the face; whooping-cough in children that take very little food and drink; during a deep inspiration, a sensation as if the air passing through the air passages were *icy-cold*, with inclination to cough and difficult hawking up of bronchial mucus; every change of atmosphere produces coughing.

CUBEBÆ.—Its action is rather that of a burning and destructive agent, than stimulating. Burning and contracted sensation in throat with constant hawking and coughing; noisy and panting respiration; sensation as if the throat were full and choked up with heaviness of the head and danger of suffocation; incessant bronchial cough, aggravated in the evening, by the heat and in the open air; barking croupy cough with sensation of a foreign body in the larynx; throat dry and parched, hurried and noisy respiration; harsh cough, which seems to tear and rupture the bronchi; expectoration always difficult and painful; cough with expectoration of mucus, which is yellow, greenish, rusty, and streaked with blood.

CUPRUM.—*Nervous and spasmodic cough;* laryngismus stridulus, pertussis, asthma. Suffocative arrest of breathing; hurried breathing with rattling in the bronchial tubes; whooping-cough in long-continuing attacks, causing suffocative fits; relieved by one swallow of cold water; the child has cataleptic fits during the paroxysm, it is unconscious and has much

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mucus in the chest; long-continued paroxysms of convulsive coughing with vomiting of mucus; blue face and lips; great dyspnœa and rattling after the cough.

DIGITALIS-PURP.—Spasmodic hollow cough from roughness and scraping in the throat; expectoration of sweet-tasting jelly-like mucus in the evening; hoarseness in the morning after a night-sweat. It may relieve some symptoms in pulmonary phthisis.

DROSERA-ROTUND.—*Spasmodic, nervous and sympathetic cough;* incipient tuberculosis pulmonum (Currie); bad, offensive smelling breath when coughing; paroxysms of coughing worse from midnight till morning, with high fever and bleeding at the nose and mouth; cough with vomiting first of the food and at the end of the attack of mucus; cough with constriction of the chest, relieved by pressure of the hands; continuous roughness and dryness in the larynx and trachea, with dry barking cough; alternate soft (yellow, green, gray) or hardened mucus in the trachea; deep cracked voice.

DULCAMARA.—Catarrhal inflammations produced by *exposure to damp cold weather;* increased secretions of the mucous membranes and glands, those of the skin being suppressed; long coughing spells to expel phlegm, especially in infants and old people from threatening paralysis of the vagi; spasmodic cough with profuse secretion of mucus in the larynx and trachea; during each attack easy expectoration of tasteless mucus, frequently streaked with blood.

EUPATORIUM-PERF. — Influenza (break-bone fever), *bilio-catarrhal fevers* (Chelidonium.) Hectic cough from suppresed intermittents; hoarse rough cough, with scraping in the bronchi; nocturnal loose cough; cough with flushed face and tearful eyes; the patient supports the chest with his hands; cough preceding or following measles (Sticta pul.); grating sensation in the chest at every deep inspiration; inability to lie on the left side; cough with asthmatic breathing.

FERRUM.—*Phthisis florida;* spasmodic cough after eating and *with vomiting of the ingesta,* especially when the patient has become quite weak from excessive vomiting; hot breath; oppressed short breathing; fulness, tightness, sensation of

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dryness in the chest; in the morning copious expectoration of purulent matter, in the evening the cough is dry; hæmoptysis in the morning and at night; spitting blood, with flying pains in the chest, better when walking slowly; general hæmorrhagic tendency.

GELSEMINUM.—Catarrhal affections growing out of the relaxed and debilitated condition of the system on the return of warm weather at the close of winter (spring fever); hoarseness with dryness of the throat; burning in the larynx descending into the trachea; cough from tickling and dryness of the fauces; sensation of soreness of the chest when coughing; short paroxysmal pain in the superior part of the right lung on taking a long breath, with stitches from above downwards. Congestive state of pneumonia.

HAMAMELIS.—Cough from a varicose condition of the throat (an examination shows fulness and enlargement of the superficial veins); constant inclination to a hacking cough; *hæmoptysis*, active or *passive;* venous blood and comes up into the mouth without coughing and scarcely any effort; tickling cough, with a taste of blood in the morning on awaking.

HEPAR-SULPH.-CALC.—It shows a special elective affinity for the respiratory mucous membrane. Hoarse, croupy night cough, the phlegm is loose and choking; cough worse after exposure to chilly night air and from drinking cold water; cough excited when any part of the body gets cold, or when any part of the body is uncovered (Rumex); constant rattling of mucus in the chest of infants, threatening suffocation at times; sensation in larynx as of a clot of mucus, with stitches or pains from ear to ear when swallowing or turning the head; titillations in the throat, hoarseness and cough, at first dry, then croupy with tenacious mucus; sensation as if there was a splinter or a fishbone in the throat (Argent.-nitr.); wheezing in the larynx and painfulness of a small spot in the larynx; swelling below the larynx; tenacious mucus in the chest; soreness and weakness in the chest, cannot talk from weakness; laryngotracheal catarrh, with much hoarseness after measles.

HYOSCIAMUS.—*Nervous coughs*, especially when the irritation begins or is aggravated as soon as the patient lies down,

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and better on rising up or sitting up; dry spasmodic cough at night (in old persons) from continuous tickling in the throat (as if the palate were too long); short consecutive coughs caused by a tickling sensation in the throat, as if some mucus were lodged in it; during the day expectoration of saltish-tasting mucus or of bright red blood, mixed with clots; rough voice from mucus in the trachea and larynx.

IGNATIA-AMARA.—*Excessive sensitiveness with marked impressionability;* impeded breathing and suffocative attacks; arrest of breathing when running; every time he stands still during a walk he coughs; sensation of soreness in the larynx; hollow spasmodic cough, caused in the evening from a sensation of vapor of sulphur or dust in the pit of the throat, in the morning from a tickling above the pit of the stomach, with difficult expectoration in the evening, tasting and smelling like old catarrh.

IPECACUANHA.—Moderate inflammatory irritation of the mucous membrane connected with quite disproportionate expulsive efforts, pointing to an involvement of the extremities of the incident nerves in the morbid process—*as much neurosis as phlogosis.* Quick anxious breathing; suffocative attacks in the room, from the least motion, better in the open air; the coughing is so rapid that one gets hardly a chance to breathe, with blueness of the face; strangles at every cough, with stiffness of the body, suffocation, and perspiration on the forehead; phlegm rattling in chest, sometimes vomited up; every moment produces a cutting pain, running from left to right; dry coughs, shaking and racking from tickling in the upper part of the larynx as from vapor of sulphur, with expectoration of blood and mucus in the morning; slow development of croup, with deep red color of tonsils and pharynx; convulsive evening cough; the chest is full of phlegm, but does not yield to coughing; hæmoptoe.

IODIUM.—*Non-tubercular phthisis pulmonalis,* with constant tickling and inclination to cough in the trachea and under the sternum; expectoration of transparent mucus streaked with blood; morning sweats; emaciation, wasting fever, rapid pulses, diarrhœa, and in females amenorrhœa; inflammation

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of the larynx and trachea with contraction, heat, and discharge of hardened mucus; hoarseness and dry morning cough with insupportable tickling and tingling in the larynx; extension of the sore throat along the Eustachian tubes, causing catarrhal deafness; *membranous croup in healthy subjects;* cough with expectoration of large quantities of mucus, which is frequently bloody; aggravation during motion.

KALI-BICHROMICUM.—*A pure irritant to the organic tissues,* causing an increased secretion of tough and stringy mucus, sometimes degenerating into pus. Chronic affections of the respiratory mucous membranes; chronic laryngitis and bronchitis, when the sputa are tough, difficult to detach, and come up in strings rather than in lumps; cough worse when undressing, better after getting warm in bed; worse in the morning when waking up; *wheezing* and panting, then violent cough with retching and difficult expectoration of mucus, *so viscid that it can be drawn in strings down to the feet*; tickling in larynx; every inhalation causes cough with hoarseness. In diphtheria, increased redness of the sound places of the mucous membranes of the mouth and fauces, with heightened sensitiveness; in the larynx hoarseness with rough and dry cough in the beginning, but getting looser after a few hours, producing through these loose masses paroxysms of suffocation. Symptoms are produced or aggravated by hot weather. Gastrosis.

KALI-CARBONICUM.—*Phthisis pituitosa,* with violent cough, mucous yellow expectoration, especially early in the morning (4 A.M.); sore pain, occasional *stitches* in the chest, especially under the short ribs of the right side when touching the side or when breathing deeply; spasmodic cough in short but frequently returning attacks, caused by a tickling in the throat and larynx; during the morning and day the cough is loose, but the yellow pus and tough mucus has to be swallowed again; cough, with sourish expectoration, or of blood-streaked mucus or of pus; the eyes are puffed out between brow and lid.

KALI-HYDROIODICUM.—*Phthisis pituitosa,* with purulent expectoration, exhausting night-sweats and loose stools; dry hacking cough, followed by copious green expectoration; in-

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fluenza with all its symptoms; hoarseness, with pain in the chest and oppression of breathing; short dry cough, occasioned by roughness in the throat; aggravation during rest.

LACHESIS attacks especially the pneumogastric nerves, producing constriction and choking about the throat, spasmodic dysphagia and dyspnœa, and slowing even to stopping of the heart's action; irritable sore throat; constant cough from titillation behind the sternum; troublesome night cough, especially of children, when they awake and cough continually from one to two hours; soreness and rawness of larynx; dry cough induced by tickling in larynx and trachea, provoked by a deep inspiration, speaking and external pressure; patient cannot endure the least constriction, not even the ordinary contact of the clothing; sense of fulness in the trachea and painful aching in the whole extent of the os hyoides; external throat painful to the touch, which produces coughing; cough at night during sleep or from tickling in the throatpit, or as soon as one falls asleep; cough as if some fluid had gone in the wrong passage; violent paroxyms of coughing from ulcers in the throat with straining to vomit; hawking of much mucus from the throat with much saliva in the mouth and difficult expectoration; excessive dryness of the throat, particularly if it occurs in spots with sensitiveness to contact and movement, and feeling of rawness, aggravated by inhalation of cold air; aggravation of cough after eating, after sleeping, when rising from a recumbent position, from tobacco-smoke; inflammation and ulceration of the left tonsil; spasmus glottidis; malignant or gangrenous diphtheria, beginning from the left side.

LACHNANTHES-TINCTORIA.—Pneumonia, with affection of the brain; cough worse at night and after sleeping; *cough dry*, as if it came from the larynx; expectoration streaked with blood, with severe pains in the chest; after diphtheria stiff neck, the head is drawn to one side.

LEDUM-PALUSTRE.—Chronic diseases, characterized by cold and a deficiency of animal heat; spasmodic cough preceding for a few days the eruption of eczema or an attack of gout; spasmodic double inspiration with sobbing, as one who had

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cried after having become angry; spasmodic constriction of the chest when walking and ascending, suffocative arrest of breathing and episthotonos previous to coughing; violent, hollow, racking, spasmodic cough, caused by tickling in the larynx and suffocative oppression of breathing, with expectoration after midnight and in the morning of fetid purulent matter, frequently of bright red foaming blood.

LOBELIA-INFLATA.—*Asthmatic constriction of the air tubes*, burning pricking in the air passages; dyspnœa, with a sense of a lump in the pit of the stomach rising into the mouth; hawking up copious quantities of mucus; titillation in the larynx, with frequent, short, dry cough; sensation of a foreign body in the throat, impeding the breathing and swallowing.

LYCOPODIUM.—*Chronic persistent catarrh of the air passages*, with general weakness; purulent, foul-smelling expectoration; fluent coryza, with cough and hoarseness; formication in the windpipe at night, dry cough in the morning; cough after drinking, affecting the chest; cough constant and hard, day and night, with extreme emaciation, especially in children; cough with expectoration during the day and without it at night; cough with painfulness of the region of the stomach; a loose cough with spitting of purulent matter; constant oppression of the chest with suffocation on doing the least work; painful stitches in the left side of the chest (chelidonium right side); cough at night which affects the stomach and thus shortness of breathing in children, especially during sleep, and fan-like motion of the alæ nasi in respiratory diseases of young people and children; diseases of the throat that commence on the right side and spread to the left (lachesis *vice versa*); frequent attacks of inflammation of the throat, tonsils very much enlarged, indurated and studded with many small ulcers; aggravation from 4 to 9 P. M.

MANGANUM (compare with Ferrum).—*Chronic diseases of the larynx* and Eustachian deafness. Dry cough brought on by loud reading and talking, with painful dryness; roughness and constriction of the larynx; cough and hoarseness in the morning and in the open air; expectoration of yellowish-green lumps of mucus without cough in the morning.

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MEPHITES-PUTORIUS.—Whooping-cough, worse at night and after lying down, with convulsions or with complete suffocative feeling; he cannot exhale; vomiting of all the food some hours after eating; rattling cough every morning; when drinking or talking, liability to have something get into the larynx.

MERCURIUS has very little affinity to the respiratory organs. Moist barking cough with some sound of moisture in the air passages, though apparently no expectoration; convulsive cough, which cannot be controlled, and occurs in frequent paroxysms; hoarseness, with burning and tickling in the larynx; violent racking dry cough, especially at night, as if it would burst the head and chest, sometimes with vomiturition; aggravation in the night air, at night, and when lying on the left side.

NICCOLUM-MET.—Dry hacking cough, like the tick of a clock in its regularity, continuing often in paroxysms for hours. Cough from tickling in the throat in the evening; nightly cough, obliging him to sit up and to hold his head with both hands; violent hoarseness; he is scarcely able to speak; cough with great dyspnœa, but little or no expectoration.

NITRIC-ACID.—It has some reputation in whooping-cough and against malignant sore throat; scratching and stinging in the larynx, with hoarseness, especially when talking for a long while; violent shaking, barking cough, caused by tickling in the larynx and pit of the stomach, with expectoration during the day of blood mixed with clots or of yellow acid puss, tasting bitter, sour, or salt, and of offensive smell.

NUX-MOSCHATA.—*Hysterical affection of the air passages;* sudden hoarseness from walking against the wind; cough when getting warm in bed, but after sleeping always wakes up with a very dry tongue, mouth and throat; cough, with great soreness in the larynx or chest; cough during pregnancy; sensation of constriction of the chest.

NUX-VOMICA.—Primary excitability, secondary depression; attacks abdominal organs more than respiratory ones. Dry hard cough, with great soreness of the abdomen; dry coryza,

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worse nights; cough from exertion—reading, or mental exertion—or thereby aggravated; dry cough with pain in the head, as if it would burst; the cough is dry in the evening and at night, expectoration during the day; sensation as if something were too loose in the chest; suffocative attacks after midnight from spasmodic constriction of the larynx; itching of the larynx; cough accompanied with nausea and vomiting.

PHOSPHORUS.—Laborers in match factories suffer from bronchitis of a very severe form, accompanied by weakness, and frequently emaciation and hectic; *bronchopneumonia;* hoarseness, loss of voice; stitches, soreness, dryness, and roughness in the larynx, preventing talking; trembling of the whole body while coughing; cough worse when coming from a warm room in the cold air; dry tickling cough in the evening, with tightness across the chest in the evening, expectoration in the morning; fluent coryza, with cough, which is worse before midnight, with hoarseness, soreness, and burning in the chest; expectoration bloody, frothy, pale-red, rust-colored, streaked with blood, purulent, white and tough; constrictive spasms in the chest; congestion and anxiety in the chest; *phthisis tuberculosa* in persons of gracile build, light-colored hair; night-sweats, circumscribed redness of the cheeks, hæmoptoe, great irritability in persons whose parents suffered from gout, or who themselves in their youth were affected with diseases of the bones; profuse hæmorrhages, pouring out freely, then ceasing for some time; cough caused by a tight feeling in the left ovarian region, at the same time spasmodic contraction of the larynx, with continual hawking of mucus.

PHYTOLACCA has been found beneficial in *ulcerated sore throat*, but not so much in true diphtheria or when the inflammation attacked the respiratory organs; tickling in the left side of the larynx, with hacking cough and great dryness of the throat; cough towards morning from dryness of the pharynx; dry bronchial cough with sensation of roughness and slight increase of heat in trachea and bronchi; can only expectorate when pressing his thumb against the sore spot in the trachea.

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PLATINA.—*Hysterical cough* from stifling behind the upper part of the sternum; loss of voice; short dry cough; sudden arrest of breathing in the throat, as takes place when walking against a sharp wind; oppressed breathing, with warm rising from the pit of the stomach to the pit of the throat.

PULSATILLA sets up a catarrhal process, with a short and little marked dry stage, followed by copious mucous secretion; hoarsenes, which does not permit one to speak a loud word; dry cough whenever he wakens from sleep, disappearing while sitting up in bed, and returning as soon as lying down again; short dry cough as soon as he gets warm; dry severe cough, mostly in the morning, with retching and desire to vomit, and sensation as if the stomach were turned inside out; cough from irritation in the pit of the stomach (sympathetic gastric cough); cough very loose from the beginning, worse towards evening; vomits mucus at every fit of coughing; cough with expectoration of yellow bitter mucus; cough with expectoration of black clotted blood (during the suppression of the menstruation); expectoration salty, offensive.

RHUS-TOXICODENDRON.—*Catarrhal affections from getting wet when the skin is perspiring*, particularly suited to rheumatic persons, worse before a storm and in damp weather; pains worse after midnight and by rest, relieved by motion; severe cough, which seems as if it would tear something out of the chest; a dry teasing cough, coming on first before the chill and continuing during the chill; putting the hands out of the bed brings on the cold; cough from tickling in the bronchi, short, dry, especially in the evening and before midnight; cough in the evening, with vomiting of the ingesta; cough in the morning soon after awakening; tickling under the sternum, which excites cough; acute catarrh, the nasal, laryngeal, tracheal and bronchial passages seem stuffed up, commencing about sunset with sneezing; dry hard tickling cough, continuing very severe until midnight, when all the sufferings are relieved; renewed next morning. Sensation of coldness in the larynx when breathing; cough, with stitches in chest, profuse general perspiration and pain in the stomach; stitches in the chest and side of the chest, worse when at

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rest and while sneezing and breathing; cough with bloody expectoration, or with bright blood; expectoration of brick-dust or bloody sputa, raised with great difficulty, with high fever; for weeks after delivery has a terrible cough, which seems as if something would be torn out of the chest. Hydroa labialis.

RUMEX-CRISPUS.—*Exalting the sensibility and diminishing the secretion of the larynx and trachea.* Violent, incessant, fatiguing cough with little expectoration, aggravated by pressure, talking, and by every *inspiration of cool air*, and at night; sense of excoriation behind the sternum; soreness and rawness in the larynx when coughing; cough as soon as he turns to the left side; hawking of mucus from the upper part of the larynx and trachea with burning soreness, extending later to the bronchus of the left side, renewed by a stronger exhalation and scraping; tickling in the throatpit or pressure on the throat causes cough; the sternum feels sprained.

SAMBUCUS-NIGER.—*Increased secretion of the skin and of the respiratory mucous membrane.* In phthisis pulmonalis it covers the hectic flush; night-sweats, choking cough, and afternoon fever; sudden nocturnal suffocative attacks, when it seems as if the patient, awakened after midnight, would choke, without being able to call for help; profuse expectoration with oppressed respiration; hoarseness, with much tough mucus in the larynx; quick, wheezing, crowing breathing; accumulation of mucus in the larynx; suffocative, hollow, deep cough, caused by a spasm in the chest, with expectoration only during the day of small quantities of tough mucus.

SANGUINARIA-CANADENSIS.—(Compare Lycopodium.) Acts especially upon the mucous membrane of the lungs. Dryness in the throat and sensation of swelling in the larynx, with expectoration of thick mucus; tickling in the throat in the evening with cough and headache; tough rusty-colored sputa; troublesome, harassing cough with marked inflammatory action, when you are uncertain whether you are dealing with a chronic bronchitis or an incipient tuberculosis; foul-smelling sputa.

SCILLA-MARITIMA.—*Double action upon the kidneys and the*

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respiratory mucous membrane. Violent coryza, eyes full of water, the nose dribbles, rattling of mucus in the chest; every paroxysm of coughing winds up with sneezing and involuntary discharge of urine; cough worse in the morning and from *drinking cold water;* coughing, attended with violent stitches in the chest; the morning cough, even with difficult expectoration, is much more severe and causes more suffering than the dry evening cough; wheezing, moaning breathing, with the mouth open; constant dry cough from tickling in the chest.

SENEGA.—*Bronchitis of old people,* when the cough is irritating and shaking; soreness of the walls of the chest on moving the arms, especially the left; shortness of breath from accumulation of mucus in the chest and trachea; dry shaking cough from tickling in the larynx, especially in the open air; cough with copious expectoration of tough mucus like the white of an egg; stitches in the chest when coughing and breathing; dyspnœa as from stagnation in the lungs.

SENECIO-AUREUS.—Increased secretion from the bronchial mucous membrane; chronic coughs, catarrhal affections occurring in females, *the result of obstructed menstruation;* hæmoptoe; cough with copious expectoration of yellowish, thick, sweet mucus, often streaked with blood, attended with a sensation of rawness and soreness of the chest; cough at the critical age.

SEPIA.—Especially adapted to *chronic diseases affecting the female sexual organs* or *to passive congestions and obstructions of the portal system;* roughness and soreness of the larynx and trachea; hoarseness with coryza and dry cough from titillation in the throat; expectoration profuse, purulent, offensive, whitish-green, tasting salt; taste of rotten eggs when coughing; expectoration difficult, or being obliged to swallow again what had been raised; sensation in both hypochondria, as if the ribs were broken and sharp points were sticking in the flesh; rawness of the chest.

SILICA has an extraordinary control over the *suppurative process;* maturing the abscesses when desired, by reducing excessive suppuration to moderate limits. Hollow, spasmo-

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dic, suffocative cough from tickling in the throat, with expectoration only during the day of profuse, yellowish-green pus, or of tough, milky, acid mucus, at times of pale frothy blood, generally tasting greasy, and offensive smelling; hoarseness, with roughness and soreness of the larynx; dyspnœa when at rest, when lying on the back; suffocative cough at night; deep sighing and breathing.

SPONGIA-TOSTA.—It affects chiefly the laryngo-tracheal mucous membrane, and its influence becomes weaker as it descends into the chest. In the spongia croup the stridulous breathing and barking cough results from the *inspiratory* effort (Aconite-expiration); cough dry and sibilant, sounding like a saw driven through a pine board; great dryness of the larynx with hoarse, hollow, wheezing cough; difficult respiration as from a plug in the larynx, relieved by bending the body forward; sensitiveness of the larynx to the touch and when turning the neck; hoarseness with cough and coryza; cough wheezing, asthmatic, dry; relieved by eating and drinking; acute bronchitis, with profuse secretion of mucus in the bronchi, with expectoration of yellowish or white mucus, and great dyspnœa; all symptoms aggravated by lying with the head low or by the room getting too warm; aphonia after tracheotomy.

STANNUM.—Phthisis laryngea and pulmonum Hoarseness and roughness of the larynx; accumulation of the great quantities of mucus in the trachea easily thrown up by coughing; cough during the day with copious, greenish, salty expectoration; *in the morning the expectoration is not profuse;* after expectoration great soreness or stitches in the chest; cough caused by talking, singing, laughing, from lying on the right side, from drinking anything warm; oppressed breathing and want of breath from every movement, also when lying down, or in the evening.

STICTA-PULMONARIA.—*Influenza* with all its symptoms; cough during and after measles. Excessive dryness of the nasal mucous membrane, which becomes painful; the secretions are so quickly dried, that they are discharged with great efforts, as hard as scabs; dry and hacking cough from tick-

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ling in the larynx, with oppression of the lungs, causing a feeling of a hard mass collected there; *incessant cough at night, with comparative freedom from cough during daytime.*

SULPHUR affects the external and the internal skin; burning, with itching, and mucous discharge, are its characteristic symptoms. Suppressed choking cough; much rattling of mucus in the lungs; the cough loose in the morning; she feels suffocated, wants the doors and windows open; weakness in the chest in the evening, while lying down; sore throat with great burning and dryness; soreness begins on the right side and goes to the left; hoarseness and roughness in the throat, with much mucus in the chest; deep rough voice; aphony; dry cough night and day, with spasmodic constriction of the chest; short dry cough with stitches in the chest, or in the left shoulder-blade; when coughing, pain in head and abdomen; dyspnœa, shortness of breath and oppression of breathing on bending the arms backwards.

THERIDION-CURASSAVICUM.—Indispensable in *phthisis florida* in the beginning of the disease; violent stitches up high in the chest beneath the left shoulder, even in the throat; night cough, increased inclination to take deep respiration, to sigh.

THUJA-OCCIDENTALIS.— The great *antisycotic* changes a naturally mild secretion to one of an acrid, corroding quality. Shortness of breath from mucus in the trachea; the expectoration tastes like old cheese; sensation as of a skin in the larynx; during the evening cough after lying down, with loose expectoration, easier when he turns from the left to the right side; cough as soon as one eats.

VERATRUM-ALBUM.—Every coughing spell is followed by great exhaustion, with cold sweat on the forehead, vomiting and blue fæces; worse from 4 to 5 A. M., and when entering a warm room; suffocative attacks, caused by a constriction in the larynx or in the chest; cold breath; deep hollow cough as from the abdomen, with cutting pain in the stomach; expectoration yellow, tough, bitter or salt only during the day; dry cough from tickling in lower bronchi; hoarseness.

VERATRUM-VIRIDE.—Cough with high fever, oppression of the chest, scanty bloody expectoration (*in the first stages of pneumo-*

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nia); cough and vomiting of tough viscid mucus; spasmodic cough from spinal congestion or cerebral irritation with spasms.

ZINCUM-MET.—The greatest tonic of the nervous system; suffocative cough with roughness and dryness of the throat and fauces; dry cough with violent stitches in the head and chest; discharge of blood during dry cough, with burning and sore pain in the chest, morning and evening; spasmodic cough, during which the children put their hands to the genitals when they cough; spasmodic cough in persons with varices on the lower extremities, which are disposed to burst and bleed; troublesome cough, as soon as he brings something up he feels relieved; thick purulent expectoration when coughing, day and night.

ZIZEA-AUREA.—Dry cough with stitches in the chest, a bruised feeling in the muscles of the chest; dyspnœa; worse in the evening and night.

ARTICLE II.—Experimental Researches on the Physiological Action of Eserine.

BY DRS. LEVEN AND LABORDE.

From "Bulletin de la S. M. H., de Paris," March, 1870.

Eserine is the crystallizable principle of the seed of the Calabar bean (Physostigma-venenosum), an alkaloid discovered and studied for the first time in 1865, by Dr. Veé; the result of his experiments showed a perfect analogy between the action of Eserine and that of the extract of the Calabar bean. Leven and Laborde arrived at the following results:

Eserine administered to inferior animals, as, *e. g.*, to frogs, produces the following phenomena: a state of paresis, affecting especially the hind-quarters; contraction and extreme diminution of the pupils; sensibility and reflex power is maintained, but in a diminished degree; integrity of nervous mobility and of muscular contractility, manifesting itself

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spontaneously by peculiar fibrillary tremulations; persistence of the beats of the heart, only modified in regularity and numbers; the characteristic excitability of the spinal marrow is preserved.

A centigramme (about 15 gr.) of Eserine, dissolved in a small quantity of water mixed with a few drops of acetic acid, was injected in the skin of the groin of a vigorous young dog. About six minutes after the injection the dog became dull, uttered some plaintive cries, looked for a dark place and lay down behind a stone. He yawned repeatedly, put his tongue out, and carried his paws to his mouth, as if he wished to remove some foreign substance from the buccal cavity. The hair and the skin become now distinctly agitated as if by light chills; which soon become general and increase in intensity, till a full trembling continues to affect the whole body, the four extremities and the head. The animal soon squats down on his hind-quarters, then on his four paws, and it seems he cannot move any more. In fact, when irritated, he cannot change his location. Spontaneous movements take place, and it seems that the impossibility to move is particularly due to the continual state of trembling, which seizes the whole body of the animal and which keeps it in a perpetual and irresistible trembling. Respiration becomes more and more difficult. The motions of the sides are a sort of jerking and evidently participate in the general trembling, which has seized equally the muscles of the thorax as well as the diaphragm, if we may judge from the constriction existing in the diaphragmatic region. Asphyctic phenomena make now rapid progress, showing themselves by steadily increasing dyspnœa, by swelling and drawing out of the tongue, whose muscles are in a continual fibrillary tremulation, and by the continual drivelling of abundant gluey froth. The trembling of the head, which was kept in a bending position, gives way to a striking of the chin on the floor, the teeth chatter, so that they keep up a continual noise.

The pupil, attentively observed during all the periods of intoxication, offers the following observations:

1. In the beginning it shows immediately an abnormal

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very manifest dilatation, but contraction soon succeeds the dilatation, then the dilatation shows itself anew, and both states alternate for some time; it seems as if the muscles of the pupil participate in the trembling, by which all other points of the body are affected—a trembling which seems to constitute the principal phenomenon of the physiological action of Eserine.

2. At an advanced period, and which may be called the real state of the case, the contraction prevails more and more, and establishes itself permanently in an extreme degree.

3. The pupil dilates again after the animal has perished.

Experiments at different times and in different parts showed sensibility well preserved, even nearly up to the period of asphyxia. The persistence of the reflex action is retained to the last, showing itself by increased trembling in the excited extremity or by energetic winking, when the cornea is touched. A few minutes before death, about half an hour after the operation, the trembling leaves the hind-quarter and fixes itself more in the chest and head, and localizes itself in the latter up to the last breath.

Autopsy, immediately performed, shows the lungs highly congested and studded on the pleural surface with a great many wine-colored spots; large emphysematous bullæ exist on their sharp borders, and the bronchial tubes are full of a frothy fluid. The swollen heart is soft to the touch; the tissue black and, as if congested, is in fact infiltrated with large quantities of black blood, which, after incision, runs out under pressure as from a sponge. The right ventricle contains a diffluent clot, the other cavities only a little fluid blood. In the abdominal cavity we find the small intestines in a state of contraction, showing in places circular constrictions, or, if ligatures had been put on, producing knots. The large intestine, on the contrary, is very distended and full of fæcal matter, which appears to have accumulated under the influence of peristaltic motions continually developed under the action of the poison (the animal had two stools during the experiment; constant rumbling was heard in its bowels, and one could see through the abdominal walls the contrac-

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tive motions of the bowels). The walls of the bladder are also rigid and contracted, its cavity therefore absolutely empty; the animal passed water several times before its death. The liver, like the heart and lungs, shows signs of great congestion; the gall bladder and biliary ducts show nothing abnormal. The nervous system was not examined, as former autopsies gave only negative results.

The histological examen of the muscles gives not the least modification in their structure. The muscular fibres of the heart present a large quantity of refracting elements, but this certainly was here in a normal state, and had nothing to do with the poison.

This experiment proves that animals subjected to the action of this poison show particular disorders of the muscular system, which cannot be properly called convulsions, but a veritable trembling in different degrees of intensity, from the lightest fibrillary tremulation up to continued and jerking motion of single parts of the body (extremities, trunk, head) or of the whole body.

Looking at the successions of symptoms, we find at first a slight shivering of the skin with bristling of the hair; this shivering is perceptible to the touch even when it cannot be ascertained yet by the sight; it seems to commence at the head (which is also the last part where we find it), and extends then by degrees over the whole body with increasing intensity to a real tremor, very similar to that of paralysis agitans.

A resumé gives us, therefore, as the physiological action of Eserine:

Muscular trembling in different degrees; oscillatory motions of the pupillary muscles, alternation of contraction and dilatation, ending in permanent contraction; oscillations of the bulbus, nystagmus, trembling and convulsive agitation of the heart, continual motions of the bowels, circular constrictions, knots, contractions of the bladder, finally rigidity of the vesical muscles; symptoms of paresis consecutive to the trembling or coincident with the latter; this Eseric trembling is due to the primitive influence of the

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Eserine on the myelitic centre. This influence, localized on the superior region of the medulla, is the determining cause of the pupillary phenomena. Muscular contractility is only secondarily modified, as the muscles, which are not supplied from the medulla, suffer also from the trembling, but only in the last stage of intoxication. The asphyxia shows the mechanism of this intoxication, as its sole cause is the pathological state of the respiratory muscles, although this may again be caused by the modifications found in the spinal marrow. Finally, Eserine leaves nearly intact the sensibility, the nervous mobility, and the excito-motor power, which even sometimes appears sensibly exalted.

Calabar bean and its alkaloid have never been therapeutically employed according to the law of similitude, but they may be indicated and ought to be applied in certain diseases of co-ordination of the visual organs (mydriasis, paralysis of the third pair), and it seems to us especially indicated in a disease, so far considered incurable, the *paralysis agitans*, and perhaps also in some cases of internal strangulation.

Dr. John W. Ogle, of London, made experiments with the Calabar bean, and found that we have in it a ready and effective agent for producing contraction of the natural pupil and also of neutralizing the effect on the pupil produced by the application of Atropine or Belladonna to the eye. (*Hom. Med. Journal*, June, 1863.)

The old school have applied the Calabar bean against tetanus, and the result of seventeen cases treated, with only five deaths, shows a degree of success that has not been shown to follow the employment of any other remedy Fenwick (*Dubl. Quart.*, Aug., 1869) and Dr. Roeber arrived at the conclusion, that the indication for the use of the Calabar bean is an *abnormal excitability of the spinal centres*, as in epilepsy, chorea, tetanus. Bourneville, house surgeon to the Paris hospitals, observed that the Calabar bean, when instilled into the eye, produces a very remarkable contraction of the pupil; but, when injected under the skin, there

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ensues, on the contrary, a dilatation of the pupil, or else the ocular diaphragm remains unchanged (*Lancet*, 1869). Nunelly has used it locally on the eye, to withdraw a prolapsed iris, which has escaped through a wound in the cornea; also in granular and irritable lids; in strumous ophthalmia, where there is much photophobia; in pure and uncomplicated retinitis, where contraction of the pupil by the exclusion of light might be useful. He prefers for such local application the diluted tincture of the bean (1 drop to 10 drops of water) or the prepared Calabar paper (extremely thin paper saturated with the tincture of the bean, and then dried), a morsel of which should be put *very carefully and smoothly* within the lower lid.

Dr. W. Wright, of the McGill College, reports, in the *Canada Med. Journal*, Feb. 1869, that the symptoms of poisoning vary according to the amount taken. When this is excessive, no sensation may be felt for about ten minutes; the victim becomes thirsty, often extremely so. In a few minutes more, the power of swallowing is lost, next the ability to speak fails; sensibility and intelligence seem to remain intact. Twitches of a convulsive character occur in the muscles of various parts; but principally of the back. Syncope sets in, complete paralysis of the heart follows, and death ensues in about thirty minutes. Where death is slower, from the dose being smaller, the chief features are rapidly spreading paralysis of the voluntary muscles; asphyxia succeeds. In these cases the pupils become contracted, and the pulse may be felt very feeble for some time before it ceases. These two cases illustrate the two ways in which it is said to kill, *by syncope and by asphyxia*. When death is still further retarded, nausea, severe griping and purging are observed; the dejections have a watery character, or present a dirty white semi-fluent appearance.

Post mortem the evidences are chiefly negative; the gastro-enteric mucous surface generally shows no unusual vascularity. The condition of the heart and other organs is either that in which they are found in syncope or in asphyxia, according as to whether death has been rapid or more tardy.

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Von Bezold and Eugen Gœtz sum up the effects of the Calabar bean in the following manner: 1. The number of the beats of the heart is either increased or diminished. 2. The frequency of the pulse is diminished. 3. The power of contraction of the heart is increased. 4. The bowels, all through their whole length, are spasmodically contracted (consequence thereof a pressure of the blood in the whole circulation). 5. Large doses diminish the frequency of respiration; it acts as an irritant on the sensitive ends of the vagus in the lungs, and paralyzer on the medulla oblongata. 6. The cause of death is real suffocation, never direct paralysis of the heart. 7. Calabar is the strychnine for the centre of involuntary motion (with the exception of respiration). 8. It is in the strictest contrast to Atropine, as we plainly see in the powerful contraction of the pupil, which it produces (*Centralbl.*, f. d. m., Wiss., No. 16, 1867).

In the publications of the *Mass. Hom. Med. Society*, vol. ii., page 456, are some provings of the members, from which we may glean the following meagre pathogenesis:

Abbreviations: Ch.: H. L. Chase; C. C.: Charles Cullis; W.: C. Wesselhoeft; L.: Leven.

1. General Symptoms.—Pain ceases during rest, but commences again during motion; but by continued motion it is relieved.

Muscular trembling in different degrees; from a mere tremor up to a jerking of the muscles.

Moral Symptoms and Head.—Constriction of the forehead and eyes, with heaviness of the lids; numbness and dizziness.

Dizziness and sensation of wavering in the brain, when walking, half an hour after tea.—Ch.

5. Deep-seated pain in the forehead, with desire to rub it. —Ch.

Dizziness in walking; it requires an effort of the will to keep from staggering.

Severe pressing pain in the forehead, as though something hard was bound tightly on it, accompanied by dizziness when walking.

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Difficulty to concentrate thought.—CH.

Confusion of the head, vertigo with loss of strength in the legs, as if he had been drinking.—C. C.

10. He staggers like a drunken man, and goes to bed with his head swimming.

Some headache over the right eye, lasting two days. 10th day.—C. C.

Strange vertigo at night; she holds to the bedstead to keep from falling, and makes an effort to shake off that feeling. Her whole frame seems loosened and powerless.

Her thoughts wander and she has difficulty in fixing her attention.

Feeling of constriction around forehead and temples, changing into oppressive pain over the left orbit and extending to the forehead and temples, very troublesome in reading.—W.

15. Dull weight along the vertex, mostly on the left lobe of the brain.—W.

Feeling of constriction around the entire top of the head, as if a tight cap were being pressed down as far as the temples, at the same time severe pressure along the sagittal suture, as if from fulness of the longitudinal sinus and dull aching in each temple.—W.

Dulness; was obliged to make an extra effort in speaking with people.—W.

Pressing from within outwards in vertex and temples.

During the forepart of the day he has at times a feeling of weakness, though there was uncommon mental activity.—C. C.

20. Sudden attack of headache with nausea and bitter rising, followed by dull pain under the sternum, increased by suddenly turning the head, bending forward or throwing the shoulders forward.

Headache with fulness and a sense of faintness, with a numb feeling down the left arm, pulse 50 to 60 with feeble impulses.

EYES AND FACE.—Sensation of contraction of the eyelids

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with difficulty of opening them and a suffusion of tears, when opened wide.—Ch.

Sensation of contraction of the whole left side of the face, with slight numbness; it required an effort to keep the eyelids open.

Eyes unusually free from black spots.

25. For three days attacks of partial blindness, on attempting to write he was unable to see a line.

Alternation of dilatation and contraction of the pupil from oscillatory motions of the pupillary muscles, ending in permanent contraction.—L.

Nystagmus.—L.

Severe pain in the right side of the upper jaw, like toothache.

Sensation of contraction of the alæ nasi and upper lip, with frequent desire to rub them, which relieved for a time. 20 minutes.—Ch.

30. Tongue feels as if scalded.

Severe sharp darting pains in the right malar bone, and in the ramus of the jaw on the right side.

Small boil on the inside of the right nostril, very painful, the pain extending up to the eye and right side of the head. It broke on the fourth day with very little discharge.

Abdomen.—Dryness and smarting at the tip of the tongue all day.—Ch.

Numbness, tingling and smarting of the tongue and lips, with a constant desire to moisten them.

35. Soreness of the bowels, painful when moving about, aggravated by riding.

Soreness of abdomen, the spot is not larger than the palm of the hand.

Sense of distension with soreness of abdomen.—Ch.

Colicky pains low in abdomen, succeded by a copious loose discharge from the bowels.—Ch.

Small intestines in a state of contraction, showing in places circular constriction, like internal strangulation.

40. Chest.—Pulsations through the whole body, particularly

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at the chest, each beat of the heart distinctly perceptible in the chest and temple.—W.

Heart's action retarded with diminished impulse; rate 56; no abnormal sounds, the radial pulse irregular and weak.—W.

Trembling and convulsive agitation of the heart.—L.

Respiratory muscles in oscillatory motion.—L.

45. URINE AND SEXUAL ORGANS.—Pain in the back, hips and lower part of the abdomen; thought the menses were about to appear, but this did not take place.

Slight stitches in the left side of the abdomen (female).

Dull pain and downward pressure in the back, accompanied by the appearance of the menses.—Mrs. P.

Menses come on at the usual time without the usual unpleasant premonitory symptoms.—Mrs. N.

BACK AND EXTREMITIES.—Sharp darting pains in the right elbow-joints, extending down the outside of the arm to the two middle fingers.

50. A numb pain in the knees and ankles, while sitting, with a desire to move frequently.

The limbs feel weary, as after great fatigue, with a constant desire to move.

Itching of the left palm.

Severe cramp-like pain in the left popliteal space; walking was very painful.

Heavy pain in the back, under left shoulder, continuing severe for an hour, and then slowly passing away.—Mrs. S.

55. Sharp twinges in the right instep, and various twinging pains about the body. Half hour.—W.

Throbbing pains in the forehead; worse on moving.—W.

Sharp darts through the right thumb, at the root of the nail, and several weaker ones through the finger joints of the right hand.—Mrs. P.

Dragging pains over the left hip towards the back.

Slight twinging pains in the lower limbs, with sharp momentary twinges in the ankles.

60. Drawing rheumatic pains through the left shoulder.

Drawing pains low in the back and abdomen, with bearing down, as if the menses were coming.

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Feeling of weakness, as though paralyzed, passes downwards from the occiput through the back to the lower extremities; the feeling in the legs like that known as being asleep.—CH.

Slight exertion causes lameness and weakness of the back.

SLEEP.—After falling asleep wakes repeatedly during the night with terrible thoughts. He fears he was becoming crazy, and that he might get up and do some mischief. He dreamed that he was a lion. Awakes at 4 A.M. with soreness, not a pain, in the left side of the abdomen, painful to pressure.

65 Irresistible desire to sleep.—W.

Soporific sleep, extremely distressing, paleness of face.—W.

Drowsiness in the forenoon, even while riding or working.

Profuse perspiration dispels partly the drowsiness.

Great drowsiness after dinner; sleeps good, and sleeps just as well at night as if he had not slept in the afternoon.

70 In the evening not drowsy as usual, but wakeful.

ARTICLE III.—Argentum-Nitricum.

BY DR. PAZ ALVAREZ.

"*El Criterio Medico*," *March*, 1870.

Boerhave recommends the Nitrate of silver as a drastic in dropsies; Osborne in gastritis, with acid vomiting; Langdon Parker, as a sedative in gastric hyperæsthesia, acting similarly to Bismuth and Opium, Biggers and Steinetz in dyspepsia, and Hudson in inveterate gastralgias; it has also been used as a vermifuge; Trousseau and Pidoux employ it in injections in acute dysentery, in the diarrhœa of nursing children, when other remedies failed, with tormina and viscous sanguinolent stools and tenesmus, and drinking is accompanied by nausea and serous, green and lienteric stools; chronic diarrhœa of adults has also been benefited by it. In the acute period of whooping-cough during the

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convulsive stage, Berger saw benefit from it. Ricord and other practitioners praise it as a great antisyphiliticum. Hebra, of Vienna, contradicts emphatically the assertion, that large doses, employed for some length of time, produce a bluish tint of the skin. Everybody uses it as a caustic, as in small-pox, impetigo, or zona, or to prevent excessive granulations in ulcers, also in chronic indurations of the urethra, or of the tonsils, and in stenosis of the nasal organs, the external ear or the inferior part of the rectum, etc.

Hahnemann, in his pathogenesis of silver, treats more of the pure metal, and to facilitate the study of the Nitrate of silver, we wish to compare them together, to find out as well their analogies as their differences.

General Symptoms.—Metallic silver produces anxiety, lassitude in the afternoon, weariness and weakness in the legs, with aversion to work, somnolence and sullen features, trembling of the extremities, sensation of distention in them and in the head, violent convulsions.

The pains in the cartilages, periost. and bones, belonging to Silver are: a bruised sensation in the bones of the nose; a tearing, pulling pain on one side of the face; toothache, especially during mastication, or when anything cold or acid touches the teeth; pressure and weight in the chest; nocturnal tensive and compressive pains in the dorsal region; violent pains in the kidneys, as from luxation, in the morning, alleviated by walking; nocturnal osteocopic pains in the ulna; violent tearing, scraping pains in the knees; arthritic pains in the feet. The paralytic weakness in the lumbar region as far as the coxo-femoral articulation; the lassitude and tired sensation in the calves of the legs, as after a long march; the weariness and paralytic weakness of the lower extremities, belong also to the Nitrate of silver. The pulling cramps from the hip-joint to the knee, and from the hip-joint to the ankle, simulate a sciatica. The pains in the head have little analogy with those of the Metallic silver, as they arise undoubtedly from the bones of the cranium, whereas the latter are more of the congestive type; it has also semilateral prosopalgia, earache, and toothache simultaneously with the headache.

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It produces a gastralgia, that is a painful pressure in the stomach, analogue to the pressure in the cardia produced by the Argentum. The pressure and beating in the liver, and the pulsating pains in the spleen; the pressive, bruised sensation in the abdomen, as after ascites; the pains of excoriation and ulceration, and the spasmodic colic, are all found in the Nitrate of silver. We may therefore ascribe to the Nitrate *the osteocopic pains, the paralytic weakness of the lumbar region and of the lower extremities, prosopalgia, otalgia, odontalgia, and sciatica.*

MORAL AND MENTAL SYMPTOMS.—The moral and intellectual state, which in the Metallic silver is hardly altered, manifests itself depressingly by anxiety, with sighing and profound discouragement, by apathy, with want of confidence in himself, with debility and nervous weakness; by exactness alternating with indifference; by hypochondria, and by looking at everything from the dark side, and by a presentiment of an epileptic attack. The intellectual faculties fall even to a degree of stupidity and incapacity of thinking, or to find the adequate words; dementia with foolish smiling, imbecile manners and visions, during which he closes his eyes in daytime, and confused sensations in the head, with painfulness, especially after taking coffee.

HEAD.—Obscuration of the sight, with anxiety, heat in the face and lachrymation—the head disturbed as if he would be attacked by an epileptic fit, dizziness and dulness, dizziness with languor, with passing headache, as if everything would turn in a circle, or with headache, nausea, blindness, and tearing in the ears. These vertigos, more numerous and pronounced than in the Metallic silver, united with the primary general symptoms, the spasms and sensation of strangulation in the throat, spasms in the œsophagus, with painful urging to expel eructations, pain in the stomach, nausea, languor, and accumulation of water in the mouth, and sensation of a lump ascending from the stomach, recommend this remedy in some hysterical epileptic attacks. The heaviness and painful fulness of the head, especially when awaking in the morning; the continual headache and the

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great congestion to the head, with pulsation of the carotids; the melancholy, stupor, and incapacity for mental occupation, recommend this remedy in some congestive and apoplectic headaches. The tearing semilateral pain from the forehead to the face and left eye with headache, red and brilliant eye, the tearing pulling pain on one side of the face, are neuralgias, proceeding from the primitive affection of the periost. or of the bones. We find also convulsions of the muscles of the face with trismus, neurosis of sight and hearing, with attacks of sudden blindness at twilight, with loud lamentations, frequent dizziness and confusion of the letters when reading or writing, presbyopia when reading, noise of ringing of bells, of jingling and swimming in the ears, hardness of hearing or perfect deafness. This remedy is far superior to the Metallic silver in the symptoms appertaining to the head, producing not only a greater variety and more outspoken vertiginous symptoms, and more symptoms of the face than the Arg.-fol. but also the congestive symptoms are more important, and also the neuralgic symptoms of the eye and ear.

SLEEP.—Frequent and deep yawning, great desire to sleep, a soporous state, favor the indication of this remedy in the congestions mentioned.

FEVER.—Chills and horripilations in the morning; yellowish tint, nausea and eructations; fever, with violent headache, tumultuous noises in the head with nausea; inclination to vomit and desire for salty, acid and piquant things; copious night-sweats (moderating towards morning). Such a state of gastric intermittent differs in its febrile state from the Metallic silver, where there is hardly any.

SKIN.—Pricking, lancinating pruritus at night with heat in bed; great itching of the head with tickling as from lice, or prominent lumps with pruritus on the scalp and neck; pruritus on the nostrils, continual and violent, which he has to scratch till it bleeds, are symptoms showing such analogy to the Metallic silver (in Argent.-fol. the pruritus obliges to scratch the ears till they bleed). And whereas the Silver limits its symptoms to this itching, the Nitrate of silver produces eruptions of a mangy form, which bleed, with bloody

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scabs after scratching; yellow vesicles on a red base, preceded by blisters or red spots on the back of the right hand; inflamed and oozing papulæ on the head with violent itching and excoriation; papulæ on the thighs, with nocturnal itching; eczematous papulæ, warts, excrescences; inflamed and pustular nodosities in the labia and commissures; swelling of the upper lip beneath the nose.

Mucous Membranes.—Abundant accumulation of mucus in the eyes, nocturnal agglutination and lippitudo. Inflammation of the eyes with pressure, mucosities, scarlet redness, tenderness of the conjunctiva, dull sight and irritation of the commissures of the lids, or bloody redness in the corners with swelling of the lachrymal gland, as if it were a piece of raw flesh, and formation of a net of veins proceeding from the corners. The ophthalmia is alleviated by plenty of fresh air, the pains are insupportable, with heat in the affected organs; the cornea dull with a white spot on the upper part. The pure Silver produces only redness on the borders and corners of the lids, but the Nitrate gives us the picture of a far more severe inflammation; frequent sneezing; obstruction of the nose with great itching; coryza with chills; haggard features, lachrymation, sneezing, and stupefying headache, obliging him to lie down. Discharge as of white pus, mixed with clots of blood. Painful bloody scabs, discharging blood and bloody puriform mucus, after they come off. These symptoms are found in both, but more characteristic in the Nitrate.

Spongy gums, which bleed easily, are very tender, without pain or swelling. These symptoms of the gums and the bloody scabs in the nose are chronic syphilitic forms or herpetic manifestations, which we can combat successfully with this remedy in persons who have taken large quantities of Mercury.

Dry tongue especially in the morning, rugged by the erection of its papillæ, or covered with a bluish or yellow coating. Swelling of the tongue, with pains of excoriation. Dryness of the palate with difficulty of speech so that he nearly stutters, copious viscid salivation and fœtor of the mouth in the

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morning. The glossitis of herpétic subjects is cured by this remedy.

Sensation of swelling in the velum palati when moving the the tongue or when swallowing; dark redness of the posterior part of the mouth, and of the uvula; excoriation, scraping dryness, and pain of excoriation in the throat—*pain as of a splinter in the throat when swallowing;* accumulation of thick and viscous mucus in the mouth and throat with continual hawking. These spmptoms (sufficiently analogous to those of the Argent.-fol.) indicate the utility of the Nitrate in some secondary forms of syphilis, especially after abuse of Mercury and in herpetic subjects.

In the larynx cough from tickling in the throat, cough with vomiting at night and suffocating cough in the afternoon. Nocturnal hoarseness with expectoration of sanguinolent mucosities after a few paroxysms of dry cough. Constant inclination to cough with hæmoptysis and oppression. The smell of tobacco is unbearable and produces cough. Although the pure Silver produces also cough with abundant expectoration and pain in the larynx and trachea, we find in the Nitrate only expectoration of sanguinolent mucus and of blood. It has been found useful in whooping-cough, in the chronic catarrh and laryngeal phthisis of herpetic subjects who take large quantities of Mercury.

In the chest we have heaviness, oppression with sighing, attacks of suffocation, dyspnœa with anguish. Violent palpitations, particularly at night, with nausea and languor. We find it therefore useful in asthma, and considering the symptoms of the throat and œsophagus, of the head and of the general symptoms, we get a perfect picture of some hysterical attacks.

Gastro-intestinal Apparatus.—Bitter taste, sometimes astringent or metallic, or pasty and insipid; anorexia; food tastes like straw; desire for strong cheese and sugar; *frequent and violent eructations* accompanied with other gastric symptoms; nausea and continual loathing with languor vomiting which stains the linen black; vomiting with anguish; diarrhœa and violent colic. Malaise, heaviness, and

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pressure in the stomach; burning heat; heat in the stomach and chest; great weakness of digestion, with continual sensation of fulness in the stomach; *painful pressure in the stomach as from* a stone, especially at night, and followed by vomiting. *Gastralgia*, sometimes with intense chills and haggard features, disturbing the sleep through the whole night. Heat and cramp in the stomach, and corrosion and pain of excoriation. Inflammation, ulceration and tenderness of the mucous membrane of the stomach.

Pressure and fulness in the region of the liver, beating in the liver and spleen. Pressure and pulling in the abdomen. Pain of excoriation and ulceration in abdomen. Spasmodic colic; frequent passing of flatulence, followed by relief of all the symptoms; ulceration of the bowels; intestinal phthisis.

Mucous diarrhœic stools, green and very fetid, or yellow stools of a putrid odor. After eating sugar, nocturnal watery stools with much borborygmus and gurgling in the bowels. Mucous and sanguinolent diarrhœa with much debility; passage of ascarides and pieces of tænia. Comparing these symptoms with those of Arg.-fol., we find the principal analogy consisting in the oppression of the stomach and in the expulsion of gases, which relieves, but the Nitrate attacks with more force the mucous membranes; and although mere experimentation can never show its full value, we may expect benefit in melæna, as the Nitrate produces bloody stools with debility and indigestion, malaise, heaviness, fulness, tension, pressure, heat and pain in the stomach, eructations, nausea and vomiting. The mucous, green and fetid diarrhœa, or yellow and fetid, with bloody stools, indicates the importance which the old schools assign to it in the diarrhœa and dysentery of children, especially during dentition.

GENITO-URINARY APPARATUS.—Excitation of the urinary organs. Frequent desire with abundant emission of urine of a pale yellow color; frequent urination at night. Sensation as if the urethra were swollen and closed, with discharge of a few drops after urinating; sensation of narrowness of the urethra. Pain of excoriation and of burning heat during micturition. Inflammation and swelling of urethra with mucous discharge;

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priapismus; bloody urine and fever, hæmaturia. Ulcers like chancres on the prepuce; hypertrophy and hardness of the right testicle; frequent pollutions and want of sexual desire, with contraction of the sexual organs.

Menses abundant with pains in the lumbar region and groins; voluminous swelling of the mammary glands, with pains of excoriation.

SYNTHESIS.—It is difficult to show precisely the primary action of this remedy on the organismus; we might say that it manifests itself principally *on the mucous membrane and on the skin*, in consequence of which circulation and innervation suffer; it acts also in a far higher degree than the pure metals *on the bones*, on the periost. and cartilages, and it must be therefore beneficial to herpetic patients, or to those who took a great deal of Mercury; also in chronic syphilis with papulæ and osteocopic pains, in the chronic irritation of the gums, in chronic angina, chronic catarrhs and laryngitis. We may also find it useful in the paralytic debility of the lumbar region and of the kidneys, in prosopalgia, otalgia, odontalgia, and sciatica; in hysteria, vertigo and cerebral congestion, in ophthalmia, acute coryza and whooping-cough; in frequent eructations and flatulency, in diarrhœa and dysentery, especially during dentition, perhaps also in some gastric intermittents, in glossitis, melæna, orchitis, and scirrhus of the breasts. Analogues: Asa., Aur.-fol., China, Iod., Merc., Natr-m., Phos., Puls., Rhus, Stann., Zinc.

EDITORIAL ADDITIONS.—Dr. Gross (*A. H. Z.*, vol. lxiv., p. 123) refers to the proving of Arg.-nitr., in the Austrian journal, wherein we find only few symptoms, which would show its indication in chorea; still, he says cures of chorea have often been made by Allopaths with Nitrate of silver, and finally he gives the details of several cases of chorea, some of these of great severity, cured with great rapidity by the fourth to the twelfth potency of Arg.-nitr.

The Argentum-nitricum as well as the Sulphur are with Grauvogel, ii., 229, the representatives of his carbo-nitro-

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genous constitution, where the influence of the oxygen on the organism is retarded. Such patients feel the best in the fresh air; dampness or cold produces with them no aggravation, as in the hydrogenoid constitution; they breathe quickly, and during respiration they hardly raise their thorax, as the lungs do not become fully expanded, and their blood is thus poor in oxygen. The physician is frequently called in on account of the palpitations and the frequent pulse, which are necessarily caused by the impoverished power of respiration. The excitability of the medulla oblongata is also thus diminished, and we see such persons complain of congestions, vertigo, unusual irritability and ill humor, loss of strength, obstruction, diarrhœa, so called arthritic pains in the head, face, on the neck, on different parts of the vertebral column, of the ribs and extremities; or they complain of catarrhs, coughs, difficulty in ascending stairs, etc. Or centrifugally, such alterations in the functions of respiration and of the heart may appear, when from former onanisms and other sexual excesses, from suppressed intermittents or other severe diseases, as cholera, typhus, etc., or from long mental tribulations, continued irritations of the brain, and medulla oblongata, sometimes also of the cervical sympathicus or in the centrum of the vagus, have developed themselves, producing different psychical diseases, hysteria or spasmodic affections, paralysis, epilepsy and tabes dorsalis.

Hughes and Dudgeon agree with Grauvogel, as they also found the Nitrate of silver beneficial in commencing paraplegia from debilitating causes. Pereira already knew its depressing action on the nerves centres, as it causes headache deep in the substance of the brain, with low spirits; want of mental power; restless, dreamless sleep; weakness of the spine, with pain in the small of the back; weakness, even to paralysis, of the legs; vertigo, blindness (*Hughes' Therapeutics*, 97). Dunham (*A. H. Review*, iii., 45) remarks that the Nitrate of silver applied to the os and cervix uteri does often produce symptoms in the region of the eye and the respiratory apparatus that are clearly recognized, and give us no little insight into the action of the Arg.-nitr.

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Frank (*N. A. I.*, vi., 509) is also of the opinion that it coagulates the albumen of the blood, that it diminishes or prevents the absorption of oxygen, and Blake remarks that the Salts of silver when directly introduced into the blood do not act on the heart, but operate by causing obstruction of the capillary system. If they are injected into the aorta, the systemic capillaries are obstructed, the nervous system is consequently oppressed, respiration is arrested through the medium of this nervous oppression, and death takes place by asphyxia, the heart continuing to beat vigorously. This obstruction of the capillary system explains easily the excessive congestion to the head, with throbbing of the carotid arteries, accompanied by heaviness, stupefying dulness of the head, great melancholy, weakness of mind, inability to express himself suitably and coherently. Such vertigo, even with blindness, precedes sometimes an epileptic attack especially when we find the starting-point of the disease in the garglionic centres.

Hirschel (*Gastrodynia*, p. 233) considers the Nitrate of silver a chief remedy in gastrodynia, not only in the neurotic, but rather especially in the organic form of that disease, and suiting especially "hysteric and nervous persons, particulary women with menstrual disturbances or in cachectic states with loss of strength. The form of perforating ulcer of the stomach finds a great remedy in the Nitrate of silver." It has been found beneficial in those obstinate cases of incessant vomiting of food, with a smooth dry tongue, apparently destitute of papillæ, caused, according to Symonds, by excessive nervous irritability, combined with chronic or passive congestion of the stomach.

Grauvogel closes his splendid remarks on this remedy with the following words: "The sphere of activity of Arg.-nitr. is on that account so large, because it stands in its effects between sycosis and psora, a complication with which we have frequently to battle.

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ARTICLE IV.—Curious Case—Clinical Experience with Asclepias-Tuberosa.

By Henry Noah Martin, M.D.

The patient was a man about 50 years of age, who had some knowledge of homœopathic medicines and their application. He had been for twenty-five years, or more, an inveterate smoker of pipes and cigars, and had, from a child, been subject to a loose state of the bowels. The use of Tobacco always seemed to increase the looseness of the bowels. Two or three years ago the patient began to feel an acute soreness, attended with sharp griping pains in the lower part of the abdomen whenever he indulged freely in smoking, and the soreness and pain increased to such an extent that he was at times unable to walk or ride in a carriage, without great suffering, and the bowels were so irritable that he had five or six stools per day.

The soreness and pain seemed to be in the peritoneal lining of the lower part of the abdomen, and over the fundus of the bladder, but not in the rectum, or bladder, or urethra. There were no symptoms of dysentery or diarrhœa.

The patient thought he suffered from *Tobacco poisoning*, or that the symptoms were the direct result of the constant and excessive use of Tobacco, as they followed immediately every indulgence in smoking, and ceased or moderated materially when he ceased to smoke.

He therefore tried all the known antidotes to Tobacco, homœpathically, all the narcotics having any similarity to Tobacco, in low and high dilutions, and also *Tabacum* in the higher potencies, without any perceptible relief.

He then tried all the remedies for affections of the bowels, all the remedies for cholera and dysentery, such as Veratrum, Colocynth, Camphor, Aloes, Arsenic, Mercurius, Podophyllin, Cuprum, etc., etc. Flatulence being a marked feature of the case, he tried Cocculus-indicus, Carbo-vegetabilis, crude and attenuated Charcoal, and the 200th potency, with no benefit.

The patient was now almost unfit for business. The pain

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came on with great violence about two or three o'clock in the morning, with sudden discharges from the bowels; the number of discharges from the bowels during the day was five or six (still no symptoms like diarrhœa), and the patient was so sore in the abdomen that he could scarcely walk.

He now had resort to Morphia in allopathic doses, Camphor, Ginger, Capsicum, etc., in equally large doses, in hot water; Turkish baths, and friction of the abdomen, without obtaining any material relief. The case began to look serious. During this last attack, the patient discontinued the use of Tobacco, almost entirely, but still the pain and soreness continued. The pain was often griping, like colic, but was evidently not in the intestines.

The patient has seen good effects of *Asclepias*-tuberosa (or pleurisy root, so-called) in cases of pain in the chest, after colds, and also in cases of so-called *winter diarrhœa*. He had also an idea that there was something like a condition of chronic inflammation in his case, and a congestion of the tissues of the abdominal lining. With these ideas and theories in his mind, he resolved to use Asclepias by injection to the rectum. Not having a good instrument at hand, however, he took five or six drops of the tincture of Asclepias, in a wine-glass of water, at ten o'clock in the morning, and in thirty minutes afterwards, all the pain and nearly all the soreness in the abdomen disappeared, the irritability of the bowels ceased, and the next day the patient had the first stool of solid fæces he could recollect for twenty-five years; a few more doses of Asclepias were taken, and he has now remained for several weeks free from all pain or inconvenience in the abdomen and bowels, except a slight flatulence.

The patient now abstains almost entirely from the use of Tobacco, but has occasionally used part of a cigar, when the old symptoms show a disposition to return, particularly the irritability of the lower intestines.

Query: Was this a case of Tobacco poisoning? Or, was it neuralgia? The effect of the Asclepias, in making the cure, was apparently unmistakable. It may be proper to state, however, that the patient had, a day or two before the use of

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Asclepias, taken *Sulphur*, in the 30th dilution, and thought it agravated his pains. It may be that the Sulphur had something to do with the cure, or the preparation for the cure.

ARTICLE V.—Collinsonia in Irritation of the Cardiac Nerves.*

By E. M. Hale, M. D.

Those physicians who are familiar with the history of the introduction of the Collinsonia as a remedy, in the Homœopathic school, are aware that it was first mentioned in the first edition of *New Remedies*. In the second edition an additional proving, by Dr. Burt, was published, which proving verified many of the symptoms previously given. Mention was also made of a discussion before the Western Institute of Homœopathy, relative to its use in cardiac affections. Several physicians testified to its value in disordered action of the heart.

On page 258 of *New Remedies* will be found a report of the curative value of Collinsonia in a case of pulmonary hæmorrhage. It is to be regretted that the condition of the heart and circulation was not mentioned, as it might have thrown some light on its action in such cases. Is it not probable that it assisted the hæmorrhage by virtue of its homœopathicity to irritation of the heart, with too great action?

Since the publication of *New Remedies*, in 1867, much additional experience with Collinsonia in cardiac affections has been published, principally by the Eclectic school, and some valuable clinical observations by our own.

The most valuable contribution to the clinical history of Collinsonia has been from the pen of Dr. M. M. Fenner, of New York, and published in the proceedings of the New York State Society (Eclectic). He states that he has found

* Read before the Ill. State Hom. Med. Society, May 17, 1870.

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it most useful in that condition known as "irritation of the cardiac nerves."

"Every practitioner," he says, "is familiar with cases of excited actions of the heart, that he could not refer to any palpable cause. It is common in one's daily practice to meet with perturbations in the rhythm of this great centre of the circulation, but it is usually not difficult to find the offending cause."

The *causes* of this affection are derangements of the digestive organs; abuse of stimulating liquors and condiments; derangements of the portal circulation; excesses in venery; mental emotions; or any causes which impair the integrity of nerve-tissue.

THE SYMPTOMS.—Idiopathic cases of this affection may occur, in which the abnormally and persistently increased action of the heart may be all that may be discovered.

But it is generally a sympathetic affection, arising from reflex irritation, transmitted from disorder of the stomach, lungs, uterus, and other organs.

The more common symptoms are *pressure in the præcordia*, a feeling of fulness in the chest or heart, or both. Dr. Fenner say it is always—so far as he has observed it—*periodical*, perhaps intermittingly so at first. The pulse beats rapid, full and strong, sometimes reaching as high as 140 beats in a minute, but more often about 120. Generally, more or less of oppression and pain exists in the chest, sometimes with a feeling of faintness.

Any unusual stir, or the appearance of strange faces, will usually increase the rapidity of the pulse, and aggravate all attendant symptoms in a marked manner. So much is this the case that the patient will live in constant dread of hearing or seeing something new. This condition is quite common in women suffering from spinal irritation or uterine disorder.

After a full meal, the taking of stimulating drinks, or any other circumstance calculated to excite vital action, all the symptoms will become temporarily aggravated. *During sleep*, on the contrary, the patient becomes comparatively quiet,

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with respect of cardiac pulsations, until the latter stages of the disease, when even in this state of repose he shows the abnormal cardiac action. The irregularly periodic action becomes a sustained effort.

Thus the disease continues until the sufferer is worn out by the continued exalted action. He becomes emaciated and effeminate; distressingly sensitive to all external impressions. There seems to be no tendency to spontaneous subsidence of the symptoms, and recovery. The disease once established, from whatever cause, seems to be self-sustaining, and continues, although the cause may disappear, until relief is obtained by treatment, or death claims his victim from this alone, or the conjoined effects of this and some supervening disease.

This affection has yet hardly a place in the established nomenclature of diseases. Watson mentions it under the head of "irregular action of the heart." He says: "Besides these over-strong or irregular movements, which are symptoms of disorder of the stomach, *there are palpitations* of a purely nervous kind; I mean they depend upon a peculiar and highly sensitive condition of the nervous system.

In "*Scudder's Practice*" *(Eclectic)* there is a section devoted to "Excited Action of the Heart," and referred to as a symptom of: 1st, Derangement of the circulation; 2d, Derangements of contiguous viscera, and 3d, Irritation of the cardiac nerves. Dr. Handfield Jones, in his excellent work on "Nervous Disorders," gives, under the head of "*Cardiac Neurosis*," a full description of this affection, illustrated by numerous cases. He would call the disorder "Cardiac hyperæsthesia." He says: "A common form of cardiac neurosis is that when the action of the heart is much accelerated, varying from 110 to 140 in the minute in the standing position, and not falling much below the former figure in the sitting. The contractions are abnormally sharp and vivid; the organ seems to spring up with a quick, forcible leap against the ribs. The apparent excess of action misleads the practitioner sometimes to suppose that there is hypertrophy. Percussion, however, shows that no enlargement

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exists, and auscultation detects no vascular bruits, nor derangement of the rhythm. The feeble stroke of the radial pulse often contrasts markedly with the vivid action of the heart. The general condition of the patient exhibits, more or less, indications of debility." Dr. Jones considers the excessive use of tea to be the principal cause of this condition.

My own experience in this affection has satisfied me that it often has its origin in spinal irritation, either reflex or idiopathic. It may have a rheumatic origin, in which case it might be called a "rheumatic neurosis."

According to Bezold, the nervous centre of the cardiac movements furnishing three-fourths of the entire propulsive force of the heart, occupies the cervical region of the cord, including the medulla oblongata, and extends as low as the fourth dorsal vertebra. Its fibres run through the cervical spinal cord, and pass out between the seventh cervical and fifth dorsal vertebra, probably passing through the lower cervical and upper dorsal sympathetic ganglia and proceeding to the heart. If we suppose a rheumatic disorder, assuming the form of intercostal neuralgia, it is not difficult to understand how, by extending backwards and involving the origins of the upper dorsal nerves, it might induce a rheumatic neurosis of the cardiac nerves, resulting in hyperæsthesia.

I have often found in cases of excited action of the heart a tenderness of one or more of the cervical or dorsal vertebra, or a tender spot on one side or the other of the spine.

TREATMENT.—Before proceeding to the examination of the value of Collinsonia in this affection, we will make some inquiry into the treatment usually adopted.

Hadfield Jones—who may be considered the best Allopathic authority, says: "The treatment of cardiac hyperæsthesia is too often unsatisfactory, probably because it is impossible to obtain rest for the organ. An irritable brain or stomach may be soothed by giving them timely repose, but we can do this but very partially with the heart. Belladonna plasters are generally useful. Internally, I have seen most benefit from tinctura-digitalis, fifteen minims a day, but

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I am not altogether satisfied how far it is quite safe to give this drug in states of cardiac excitement. In conditions of cardiac languor I have no fear of it, but in the opposite I think we must be cautious."

[Digitalis is doubtless homœopathic to cardiac hyperæsthesia, but only when it depends on a secondary condition characterized by loss of tonicity. In this condition it may be given in the lower dilutions with success.]

Dr. Jones also suggests Opium, Nitrate of silver, Aconite, and Hydrocyanic acid. In another place he says all nerve-tonics tend to decrease and strengthen the action of an excited and weak heart. This is doubtless the case, owing to the fact that primarily all tonics increase and excite the action of the heart to an abnormal degree, while secondarily they cause an irritable and weak condition of that organ.

Various remedies have been recommended and used successfully for this condition. Iron, especially the Iodide of iron, has been found useful. The bark of the wild cherry (*Prunus-v.*) has a specific effect on the heart, especially when its action is rapid, weak, and irregular. Lycopus-virginicus is useful in moderating excessive action, and will probably be found curative in cardiac diseases, with exophthalmia.

Dr. Fenner, above quoted, says the specific remedies for this condition are Cactus-grandiflorus, in doses of 10 to 20 drops of the tincture three or four times a day (he acknowledges that he gets his information from homœopathic sources). Pulsatilla, Collinsonia, and Lobelia in non-nauseating doses, are also claimed to possess specific powers over cardiac irritation.

The homœopathic treatment of irritation of the cardiac nerves has never been fully elucidated, nor the specific indications given for the use of our remedies. It is obvious that we must be guided by the pathological condition, as well as by the totality of symptoms, modified by those *characteristic* indications which are sometimes so useful in practice.

A careful study of the heart-symptoms given in the *Repertory to Jahr's Materia Medica*, will afford a comparative analysis of the remedies we have at our command.

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It is probable that all those medicines included in the Aconite-group, viz.: Gelseminum, Veratrum-viride, Veratrum-alb., and Cactus-grand., are in many cases homœopathic to this malady. Digitalis, Hydrocyanic acid, Kalmia, Lauroceraus, Prunus, Thea, Tabacum, may each be found useful if we select them with a full knowledge of their pathological action.

My experience leads me to prefer Cactus, Digitalis, Lycopodium and Collinsonia as being most generally useful in this complaint.

DIGITALIS has succeeded best in my hands when the excessive excitement was an idiopathic affection consequent on nervous depression secondary to some excitement; or was the result of previous inflammatory action in the system which left the heart itself in a debilitated condition, or hypertrophy with thinning of the walls; or was caused by loss of fluids, or was present in convalescence from acute disease.

CACTUS is most useful in affections of the motor and sensory nerves; when the increased action alternates with spasms of the tissues of the heart, and congestions of the head and chest occur as complications or results.

COLLINSONIA, although it has been of great value to me in this disorder, has not been sufficiently subjected to physiological experiments on the healthy to enable us to explain its method of action. It is a little strange that Dr. Burt did not observe any cardiac symptoms; nor have those patients who have been treated by large doses observed any derangement of the heart. It may be that it should be proven in the higher potencies in order to bring out these cardiac symptoms which certainly appear to belong to it, if we can judge by its curative action.

Dr. Fenner says: "I have tried as yet only the Collinsonia, not having had occasion to go beyond this agent for the relief of this affection. In every instance in which I have used it improvement has followed its administration. He gives it in doses of 10 to 30 drops every three or four hours, if the case demands. I have not found it necessary to use more than 5 or 10 drops of the first decimal dilution. The symptoms cured by Dr. Fenner are these:

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Periodical spells of faintness and oppression.

Pulse 140 per minute, steady and quick.

Attacks of syncope, with fulness of the chest and difficulty of breathing.

The slightest emotion or excitement of any kind would aggravate the symptoms.

Pulse very strong, 128 per minute, and intermittent.

Severe attacks of dyspnœa, with great weakness.

We shall not venture to theorize on the probable method of action of this remedy, but it will do no harm to place before the physician some facts relating to its effects on disease.

I. It relieves headaches consequent on suppressed hæmorrhoidal discharges—at least under its action the hæmorrhoids return and the headache disappears.

II. In preliminary hæmorrhages the Collinsonia arrests the bleeding, but brings back the hæmorrhoids which existed before the hæmorrhage.

III. In cardiac disorders, such as palpitation, irregular action, and excessive action, this remedy relieves; but under its action hæmorrhoids appear, or a suppressed menstrual flow returns.

These three facts seem to show that the reflex action on the nerves controlling the circulation are in some way controlled by Collinsonia in a remarkable degree.

The symptoms existing between congestion of the pelvic viscera and the heart, are always worthy our attention. Collinsonia is not inferior to any remedy when this complication obtains. In such cases it is the rival of *Aloes*, *Æsculus*, *Nux-vomica* and *Sulphur*.

ARTICLE VI.—Operation for the Relief of Deformities resulting from Cancrum Oris.

By John C. Minor, M. D.

Joseph Johnson, ten years old, a stout and healthy little fellow, while suffering from remittent fever three years ago;

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was salivated by the attending physician and cancrum oris resulted. After many months the child recovered, both cheeks having been attacked by the disease and portions of the superior and inferior maxillary bones on both sides having necrosed and exfoliated. After the parts had been healed nearly two years the patient was brought to me for operation.

I found on the left side a depression in the superior maxillary bone an inch long and three-quarters of an inch deep. Into this depression, caused by necrosis, the cicatrix in the cheek dipped down, firmly adherent. On the right side was a similar depression, but deeper and twice as long, the necrosis having affected both the superior and inferior maxillary bones, and into this chasm the cheek dipped, or rather the cicatrix dipped, for there had been a large portion of the substance of the cheek lost by ulceration, and instead of the ordinary integument there was the tissue formed by secondary adhesion. From the bottom of this deep sulcus came the secretion of the salivary gland, a salivary fistula opening at that point. The disease had involved the bones, gums, cheeks and tongue. All the tissues were welded together in one fibrous mass with just enough motion of the jaws preserved to permit the patient to open his mouth a quarter of an inch, and, the tongue being adherent to the gums on one side only, he could make inarticulate sounds, which were understood by the parents, but were unintelligible to me.

I first removed the front teeth, and through the enlarged opening was enabled to insert my finger and examine the interior of the mouth. On finding the condition of things detailed above, I explained the difficulties of the case to the parents and expressed the gravest doubts whether any operation could relieve in the slightest any of the horrible deformities presented. Having finally consented to undertake the case, the patient was placed under chloroform, and I began the operation with an oval incision on the right cheek, taking in the whole length and breadth of the cicatrix, and cutting down to the bone. I now dissected out the scar with all the fibrous tissue beneath it, cutting deeply and rapidly. Through the opening thus made directly into the cavity of the mouth

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I was able to see the condition of the interior, and the sight was far from encouraging. On both sides, from the angles of the jaws to the corners of the mouth, the interior was lined with a dense mass of fibrous bands as tough as leather, binding together the jaws, gums, cheeks, and involving the tongue on the right side. Seizing the tongue with a pair of hooked forceps, a few touches with the knife set it free from its fibrous adhesion. Operating all the while through the hole formed by the removal of the scar on the right side, I passed my knife over the tongue to the left side of the mouth, and divided as well as I could the fibrous tissue forming the internal surface of the left cheek.

The scar on the left side was now dissected away in the same manner as that on the right side; owing to its position, however, it was impossible to use the opening thus formed as a basis for operations on the opposite side; I therefore used a tenotome, and passing it under the integument of the right side, divided the adhesions subcutaneously. I now attempted to force the mouth open, but failing after repeated trials, I used the tenotome freely on both sides, and another attempt to force the mouth open succeeded, the remaining fibres giving way with an audible snap.

The remaining steps of the operation consisted in detaching the integument of the cheeks from the fibrous tissue beneath, so as to allow an easy approximation of the edges, inserting a thin plate of gutta-percha on each side, gliding the healthy skin over it, and uniting the cut surfaces with silver sutures, the whole being supported by adhesive straps.

The plastic operation on the face healed by first intention, the silver sutures and gutta-percha plates being removed on the fourth day. There seemed to be a wonderful improvement in the appearance of the face; the fistula was healed, and the patient could talk plainly. Passive motion was now commenced, for the child had no power of opening his mouth beyond the original quarter of an inch, unless he used his hands to open the mouth with. The parents having been instructed in the method of applying passive motion, took the child home with them on the eighth day after the operation.

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Five months afterwards, at my request, the child was brought to me for examination, and I found the deformity nearly as bad as ever, so far as the appearance of the face was concerned, the cheeks dipping down into the old cavities, but not so deeply as before. The fistula was cured, the tongue perfectly free, and the mouth could be opened at will seven-eighths of an inch.

The total results of the operation were much better than I had expected to find, for the pathological condition of the parts affected was very like that following a burn, and any operation for relief would be subject to the same disadvantages.

ARTICLE VII.—Provings with Tincture-Colocynthidis.

By Dr. J. Lembke in Riga.

Feb. 21, 1870.—7 A. M., 5 drops Tinct.-coloc.; 4 P. M., 5 drops. Pressing and drawing pain in the right temple. 5 P. M., pains frequently repeated; tearing in the forehead during the evening; boring in the right knee, at 6 P. M., several times repeated.

Feb. 22.—8 A. M., 5 drops; 5 P. M., 10 drops. Tearing and pressing in the right temple. The stool, which showed for several weeks a tendency to diarrhœa, is in the evening more constipated.

Feb. 23.—7 A. M., 10 drops; at 8 a soft stool of dark-brown color. Severe boring in the right inferior maxilla, 10 A. M.; at 2 P. M., another soft stool of the same color. In the evening, tearing in the forehead.

Feb. 24.—8 A. M., 10 drops; soft stool in the morning; boring in the right temple; severe boring in the left temple, continuous and frequently repeating, 2 P. M.; fluid light-yellow stool, 3 P. M.; fluid dark-green stool, 6 P. M.

Feb. 25.—8 A. M., 10 drops; borborygmi; tearing in both temples, several times repeated; in the evening, a soft yellow stool. Titillation in larynx, dry short cough, especially during the night, and waking him from sleep.

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Feb. 26.—No medicine. A hard dark stool about noon. Abdomen full of flatus, which pass off.

Feb. 27.—8 A. M., 10 drops. During last night, frequent dry short cough in paroxysms. Titillation and irritation to cough in larynx. At 9 A. M. a small yellow consistent stool; passes a great deal of flatus; frequent short cough without expectoration. At noon a copious, soft, light-yellow stool with flatus. At 2 P. M. a fluid light-yellow stool, preceded by great gurgling in abdomen. Pain in the umbilical region, several times; tearing in the right temple. At 8 P. M. fluid light-yellow stool, preceded and accompanied by a great deal of colic.

Feb. 28.—Noon, a fluid light-yellow stool. During all these days—but more frequently during the nights—a short dry cough, waking him from sleep, with scratching and titillation in larynx.

March 1.—8 A. M., 5 drops. Light-yellow soft stool at noon; frequent tearing in the temples; drawing in the right leg, when sitting. 7 P. M., 5 drops. Drawing and pressing pains in the knees, when sitting, with bruised sensation and general malaise; tearing in the right temple; pressing and drawing in the right ankle; boring in the right hip-joint; bruised sensation in sacrum and both legs; short dry cough during the night.

March 2.—Morning, pains in the hips and knees; feels bruised and tired; severe pressing in left ankle. 8 A. M., 5 drops. Drawing in the right toes; pressure in the right fingers; boring in the right shoulder, then in the left knee, then in the right one. Small hard dark stool, 9 A. M.; a great deal of pressure in the knees, when sitting; pressure in the ankles; boring in the shoulders, in the muscles of the thigh; tearing in the head, left side; migrating pains in the joints of the toes and fingers, and feet; stitches in the calves; burning in the skin of the calves, more on the right side; a tired feeling in the knees, aggravated by sitting; boring on the right side of the occiput; many drawing and pressing pains in the joints of the hands, fingers and shoulders; tearing in the forehead, in the cheeks; the whole day tearing in

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the joints of the arms and legs, more when resting; also by day sometimes scratching in larynx, and short dry cough; during the night, very little pains in the joints; dry short cough and titillation in the larynx during the night.

March 3.—After rising, pressure in the joints of the hands and feet; a hard dark-green stool. 8 A. M., 5 drops; pressing pains in the joints of the hands; drawing and pressing in the knees and shins; tearing in the forehead, left; tired sensation in the knees when sitting; boring in the right toes; boring pain in the right lower jaw; drawing above the right ear; drawing in the right ankle; tearing in left upper-arm; pressure in the elbow-joints, in the muscles of the thighs; flatulency; tearing pains in the dorsum of the feet; all these pains frequently repeat during the day, and are worse when sitting than during motion. During the day, dry tickling cough, with nausea, vomiturition, nearly vomiting. Talking, cold air, etc., do not produce coughing, but it comes suddenly, without any cause, in the fresh air as well as in the room. In the evening, a firm dark stool. Severe boring, as if from a plug, in the left temple, in the evening; boring in the left elbow, in the shoulder. Pressing and boring pains in the joints of the toes and fingers, 9 P. M.; tearing in the forehead, in different places; frequent titillating cough in the evening and during the night, without expectoration.

March 4.—Morning, tearing in the cheeks and on different parts of the forehead; frequent drawing in the tibia, in the hands and fingers. 8 A. M., 5 drops. Drawing and boring in the shoulders and joints of the hands; drawing in the forehead; pressing in the joints of the upper arm; tearing in the left side of the head, towards the forehead; boring in the temples. All these pains repeat frequently, jump from one part to another, remain nowhere very long, but return easily to the affected part. Cold or heat appears to be without any influence either to increase or to diminish them. Tearing on the right side of the vertex. All these pains are worse during rest than during motion. A hard dark stool; pains in umbilical region. To-day the titillating cough is not so frequent, and it seems that, with the increase of the articular

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pains, the cough is more rare; during the night, titillating cough as formerly.

March 5.—The same pains in the extremities. Tearing in the head and on the left side of the forehead; drawing in the muscles of the thigh when sitting; boring in the joints of the toes, then in the shoulders; drawing in the head on different places. Also, in walking, boring and drawing in the head, in the joints of the fingers, in the shoulders, in the knees, in the shin-bones and ankles. Towards evening the pains increase in the extremities during sitting, and are especially severe in the knees, feet, and shoulder-joints; it is a pressing drawing pain, a sensation of tiredness. During the night, several times a titillating cough.

March 6.—The same symptoms; also, boring in the bones of the skull, especially on the right side. Although the pains are felt also during walking, still they are more frequent and more severe when quiet, and are felt in a far less degree during the night. 8 A. M., 5 drops; a great deal of boring in the forehead and in the bones of the skull. A dark hard stool; pressing pains in the knees and ankles; drawing pains in the knees; severe and frequent pressing in the wrists; tearing and burning pain in the right elbow; burning and drawing in the muscles of the thighs; boring and tearing pains in the forehead, very frequently during the day, also in the evening; burning, pressing pains in the muscles of the right thigh, so that he can only walk with difficulty; in the evening a soft dark stool; titillating cough frequently during the night.

March 7.—In the morning, after rising, drawing, pressing, boring pains in the wrists, fingers, knees, muscles of thighs; during the day the same pains as yesterday, especially boring in the forehead and temples. A dark hard stool, and in the evening another stool. In the evening the same pains; at night titillating cough.

March 8.—After rising, drawing in the legs, ankles, shoulders, forehead, in the muscles of the thighs, in the wrists, knees, migrating and changing quickly its location. A small, painful hæmorrhoidal knob in ano. 8 A. M., 5 drops. A great deal of pressure in the knees and wrists when sitting; also

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in the muscles of the thighs; boring, pressing, pinching in the muscles of the calves; frequent boring on the right side of the forehead; drawing, pressing pains in the wrists when sitting. A hard dark stool; during the last days the hard dark stool consisted mostly of hard, knotty pieces. Pressing, drawing in the forearms. During a walk, drawing in the legs, in the knees; bruised sensation; the same symptoms when sitting. Boring, pressing in the ankles during walking; neither originating in nor being increased by walking, but are felt just the same when sitting. Much titillating cough, with choking and vomiturition several times during the day; tearing, boring pains in the forehead during a walk. At 2 P. M., a soft, light-colored stool, mixed with hard knots; urine darker than usual. At 4 P. M., 5 drops. During the whole day, drawing and pressing in all the joints; more when sitting than when walking. In the evening and during the night much titillating cough. A great deal of flatulency during the night.

March 9.—6 A. M., a light-colored soft stool; the same pains in the extremities, with a bruised sensation in the knees, arms, shoulders, when sitting; tearing in forehead, right side; drawing and burning in the muscles of the left axilla down the arm; after a while, also in the right axilla; during walking, in the muscles of the calves and thighs; so that the flexure of the lower extremities becomes painful, a symptom several times reported during the day, and rendering walking difficult. Boring and pressing in the wrists and forearms; sensation of weakness in the arms; when sitting a drawing pain in both groins, frequently repeated, and going all round the pelvis; severe and frequent tearing on the right side of the forehead, in the right temple and above it; frequent dry cough, with titillation in larynx, and inclination to vomit; boring and pressing in the knees when sitting; drawing in the soles; heaviness and pressure in the forehead toward evening; a small hard knotty stool towards evening; severe boring above the nose, in the wrists; during the whole day the pains wander about, especially when sitting, but some of them appear only when walking, as the very painful drawing in the muscles of the calves and thighs, preventing motion.

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March 10.—Night good, only titillating cough; in the morning some of the old pains. I observe since several days, on the skin of the left upper arm a small vesicle filled with pus (my skin is usually remarkably free of eruptions), in the beginning without any pain. It is now surrounded by a red hot border, burns even when not touched, and painful on motion; severe boring burning pain on the right side of the forehead; during the night great tickling cough; the swelling of the upper arm increases, becomes more red and painful, with drawing in the whole arm.

March 11.—8 A. M., 5 drops; hard lumpy stool with copious flatulency; at noon a soft dark stool; tearing, drawing, pressing in the different joints and parts of the head, especially boring behind the right ear and on the right side of the head; frequent pressure in the stomach and round the umbilicus; tired sensation in the joints; during the night tickling cough.

March 12.—Towards morning a dark, small, lumpy stool; boring and drawing in the knees, in the right side of the head, in the forehead; bruised feeling in all the joints; boring and drawing in the joints and dorsum of the foot when walking, frequently repeated. The swelling on the left upper arm is harder, larger, and more painful, extending upwards to the axilla, and down to the fingers; drawing in left calf and tibia; the pains are worse and more frequent when sitting; a soft dark-green stool in the evening; during the night the pains in the furuncle keep him awake.

March 13.—The furuncle begins to ripen with increase of pains all over the arm; drawing, pressing pains in the forehead, in the muscles of the thighs, in the knees when sitting; pressing in the palmar joints; drawing in the toes and tarsus. Towards morning a small dark-green lumpy stool with flatulence.

March 14.—8 A. M., 3 drops. Bruised feeling in the knees, when sitting; drawing behind the left ear; pressure in the knees when sitting; drawing in the legs and feet; pressing in the calves, in the shoulders when sitting; boring in different parts of the head right side, on the left side of the fore-

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head; pressing and drawing in the calves when standing; when walking, drawing in different parts of upper and lower extremities. During the day frequent teasing cough with nausea, vomiturition; severe boring pains on the right side of the forehead. In the evening frequently repeated pressing pains in the right knee, boring in maxilla, *r. s.*; pains all over, jumping from one joint to another and changing quickly from one kind of pain to another. During the night frequent tickling cough. The furuncle begins to discharge some pus; the axillary glands swollen and painful.

March 15.—8 A. M., 5 drops. The same continually changing pains all over, frequent teasing cough during day and night. A dark soft stool in the morning.

March 16.—8 A. M., 5 drops. The same pains, especially pressure in the joints of the hands and feet and boring in forehead. Cough the same as yesterday.

March 17.—8 A. M., 10 drops. The furuncle in full suppuration, two soft stools, the same ever-changing pains, but more severe, especially in the muscles of the extremities and of the buttocks, where they are boring and burning; during the night no pains.

March 18.—8 A. M., 10 drops. The pain in some joints feels as if they were compressed by a tight ring; two soft stools; during the whole day the same pains, only in an aggravated form; frequent stitches, as with needles on and below the nails of the toes.

March 19th.—The same pains, sometimes a sensation of general contusion with tired feelings, passing off during a walk; severe pressing pains in the muscles of the thigh when sitting; severe boring pains in the joints of the lower extremities, worse towards evening, more frequent when sitting than when walking or standing. Pressing, boring, drawing in all the muscles of the neck, on different parts of the occiput, worse on the right side and in the evening. Two soft stools, mixed with lumpy fæces and great flatulency.

March 19th.—8 P. M., 10 drops, but during the night no other pains, excepting the teasing cough.

March 20.—The same pains all over, from morning till

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night; two soft stools; tickling cough in the day and during night.

March 21.—8 A. M., 10 drops. Repetition of all symptoms during this and next day.

March 23.—8 A. M., 10 drops. The same symptoms.

RESUME: No symptoms during the night, except tickling cough. Aggravation in the morning and evening hours, when resting or sitting. Heat or cold, atmospheric changes made no difference in the increase or decrease of pain. Its effect on the abdominal organs was not very severe; two soft stools daily are nearly natural to my constitution; appetite and digestion remained normal; no effect whatever on the eyes, as I expected from it; severe action on the muscles and sinews.

PROVING OF COLOCYNTH, ^{200}, BY CAROLINE LE BEAU, M. D.

1st Day.—Took 3 small globules in the morning after rising, perfectly ignorant as to what remedy I was taking or of what dilution. Had no symptoms until about eleven o'clock A. M., when there was a sudden and severe feeling of nausea, lasting about five minutes and going off as suddenly as it came. Took three more globules at noon and experienced no unusual feeling till about four P. M., when I was seized with terrible contractive, twisting pains in the bowels, immediately about the umbilicus, spreading afterwards over the whole upper part of the abdomen, leaving the lower portion perfectly free from pain. This lasted about an hour, when there was a copious evacuation of the bowels, and an immediate relief from pain; which was, however, only temporary, as the pain soon came back again, followed by a copious discharge with temporary relief, succeeded for a third time by a paroxysm of pain, followed by a discharge and partial relief, for the pain kept on, more or less, during the whole night. The stools caused great soreness of the anus and surrounding parts; the stools were dark-green, thin, mushy, but not watery. In the morning the abdomen felt caved in, with a weak empty feeling in the stomach, and no inclination to eat. Could not

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account for all this trouble, as the diet had not been changed for a week past, and only two meals taken a day, which is habitual. Thought I would not take any globules the second day, as I felt myself not a fit subject for proving in that condition, but would wait until it had passed off, never thinking that a few little sugar pills could produce such a commotion.

2d Day.—Went about my business as usual until about 4 P. M., when the same abdominal pains, with the same results as the previous day, came on again, keeping up all the evening, chasing me out of bed twice during the night and early the next morning. By this time my appetite was all gone; had empty eructations, felt faint, tired, and weak the whole day.

3d Day.—Was again free from pain until 4 P. M., when the same abdominal symptoms came on again, but in a far slighter degree, although lasting during the whole evening. This state of things kept up for six days, wearing off only gradually, so that in a week from taking the three globules I again felt perfecty well.

To my utter surprise, I learned that all this commotion was caused by six little infinitesimal globules of the 200 dilution of Colocynthis.

Skeptics! prove, and doubt no longer.

Comparing the two provings together, it seems that the low dilutions affect more the muscular and tendinous parts of the body, whereas higher dynamisations exhaust their action on the abdominal organs. I wanted some uterine symptoms, but failed to get any from two of my provers. Remarkable is the periodicity caused by the dose of the high dilutions.

S. L.

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ARTICLE VIII.—The Law of Similia, traced to the Pathological Changes of Disease.

By Dr. W. Arnold, of Heidelberg.

(*Neue Zeitschrift fur Hom Klinik.*)

Arsenicum as a remedy against cholera has through manifold observation shown itself as very valuable. With reason have its curative virtues been referred to its homœopathicity. The case is here so clearly displayed that no unprejudiced and candid physician can deny the value of the law. However, this finds a new and not unimportant confirmation in one of the latest of Virchow's observations (Archiv für Pathologische Anatomie, Bd. 47, Heft 3 and 4, pp. 524–526). He found in a cadaver, after poisoning from large doses of *Arsenic*, neither cauterization, ulceration, nor perforation of the stomach, *but he found* that glandular form of gastric inflammation, gastroduodenitis parenchymatosa, which he observed in *Phosphorus poisoning*. These changes are induced in *Arsenic* as in *Phosphorus*. Outside of the characteristic gastroduodenitis toxica, we find in not a few infectious diseases these appearances. Aside from the abdominal typhus, puerperal fever, the malignant traumatic fevers, cholera induces and produces very severe forms of the parenchymatous gastroduodenitis. The similarity of the appearances found in subjects victims of the cholera, and of *Arsenicum* poisonings, according to Virchow, consists not only in a wide-spread follicular affection and the whitish swelling of the mucous tissue of venous turgescence, but also is to be found in the bileless, not feculent, rice-water-like character of the intestinal contents. Of the most interest, however, seemed the demonstration of the microscopical organisms, as found in cholera. The microscopical examination shows the same constituents as in cholera, particularly countless numbers of the finest Bakterides and Vibriones, which agree completely with the description of Klob and others of the cholera fungosities.

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We see not only a further substantiation of the law of *Similia* in these interesting observations of Virchow, but a to be heeded call for an extension of our researches into the domain of Drug Pathology. * * * For the physician who is guided by the law of similia at the sick-bed, the results of these pathological examinations are not only scientifically interesting, but of decided practical value. * * *

F. S.

ARTICLE IX.—Encephaloid and Scirrhus Cancer of the Eye.

By JOHN C. MINOR, M. D., of New York.

Mrs. Harris, 43 years old, married. Has a tumor protruding from the right orbit, and apparently filling the whole cavity. The tumor is irregular in shape, lobulated, having the appearance of a fungous growth, gives considerable pain, and the fetor is a nuisance to patient and family. It was impossible to obtain from her any intelligent history of the case, but the main particulars as ascertained were these:—Fifteen months ago a small tumor appeared in the inner angle of the right eye, exterior to the eyeball. The tumor was "white, streaked with red."

At first it grew slowly, advancing over the front of the eye towards the cornea. Last March the tumor began to grow rapidly, extending from the inner to the outer angle, obscuring the whole orbit, giving intense pain, and frequently bleeding copiously, and the color of the tumor deepened to a purplish blue. The bleeding has now ceased and the pain has diminished, but the tumor is increasing in size, and is covered with purulent matter, which is quite offensive. By pushing aside the outer border of the tumor the patient says she can distinguish light from darkness, though nothing like an eye can be seen in the cavity, its place being supplied by a granular purulent mass, apparently of the same structure as the rest of the tumor. I found on trial that the sense of vision was entirely lost.

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July 21st, 1866, I placed the patient under chloroform and removed the entire mass contained in the orbit. There was but little hemorrhage during the operation; the cavity was lightly dressed with carded oakum, and in a few days the patient returned to her home in another part of the State. An examination showed that the tumor had obliterated all traces of the eye, the cavity of the orbit having been completely filled with the mass. On subjecting the specimen to a microscopic examination I found a portion of the tumor from the point of origin at the inner angle of the eye presenting a dense fibrous structure, and the interfibrous tissue crowded with the cells of hard cancer. This portion was about the size of a small filbert, and terminated abruptly in a softer tissue that was easily broken down under the pressure of the fingers. In the softer or encephaloid portion of the tumor the cells were of large size, ovoid or spherical in shape, some of them caudate.

In many instances the cells of smaller size were grouped together and enclosed in one large investing membrane. The larger cells had sometimes two or three nuclei. No appearance of fibrous tissue was observed in this portion of the specimen.

A very interesting pathological question arises as to the nature of the tumor. The patient was forty-three years old, past the usual age at which encephaloid disease attacks the eye; indeed, it is denied by some that encephaloid ever occurs in adults, and yet there appears to be very little doubt that the larger mass of the tumor was encephaloid cancer in that stage of the disease known as fungus hæmatodes. The occurrence of scirrhus as part of the same tumor, as seen in the examination of the first specimen, is another point of interest. Lastly the growth of the cancerous mass seemed to commence exterior to the eyeball, in the ocular conjunctiva. This might not be inconsistent with the habits of hard cancer, but is certainly unusual in the encephaloid variety. My solution of the problem, if indeed it is a solution, is that the two forms of cancer attacked the eye separately, the scirrhus coming first and growing slowly from the exterior; the en-

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cephaloid appearing later, in the interior of the eye growing rapidly, absorbing all the structure of the eye, and finally enveloping and becoming adherent to the scirrhus.

How long the patient lived before the disease returned I am unable to say, as I never heard from her again.

ARTICLE X.—Laryngitis Chronica Simplex, Chronic Laryngitis or Chronic Sore Throat.

Translated from "*Die Chronischen Kehlkopfs—Krankheiten mit specieller Rücksicht auf Laryngoskopische Diagnostik, etc., etc.* (The Chronic Diseases of the Larynx, with special reference to Laryngoscopical Diagnosis.) Von Dr. Adelbert Tobold. *Sanitatsrath und Docent an der Berliner Universität.* Translated by F. Seeger, M. D., of New York, with additional remarks on homœopathic clinical records in this disease.

Dr. Tobold, in his clear and concise work, divides the affections of the mucous membrane of the larnyx into three kinds, viz: *Laryngitis chronica simplex, seu Catarrhalis laryngealis chronicus.* 2*d. Laryngitis chronica gravis seu ulcerosa.* 3*d. Laryngitis tuberculosa seu Phthisis laryngealis.* It is the first of these which shall be the subject of the present translation.

Anatomico-Pathological Condition.—The simple chronic laryngeal catarrh (Laryngitis chronica) is based upon a more or less degree of hyperæmic stasis, softening and tumefaction of the mucous membrane generally, to which may be added, in cases of long duration, a thickening and even a hypertrophy of the mucous and submucous textures. The long standing, high graded ancient cases show in addition the numerous mucous follicles enlarged and prominent (follicular granular laryngitis). The mucous membrane has a more dark, brownish appearance, produced from a deposition of pigment due to an ecchymotic process, and its surface is covered with a lustrous, glassy, or also with a yellowish, slimy, mattery secretion. Less often, however, the epithelium is denuded of its cilia.

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Occasionally the epiglottis has become thickened in diameter, and thus has lost in mobility. Often it has also taken on a deformed condition. Ossifications of the laryngeal cartilages are observed only in the more chronic, ancient cases, and are to be carefully distinguished from the so-called senile calcification of the laryngeal cartilages. Superficial ones in the form of the so-called catarrhal erosions, through degeneration of the mucous texture, caused by defects in the mucous membrane, belong to the less constant appearances, and are mostly found on the glottis cartilaginea, the Lig. ary. epiglotticis and the posterior laryngeal wall. The explanation lies partially in the mechanical effect of long continued movement and friction of the parts, especially at the posterior wall, and partially through the presence at these places of a more copious, less dense mucous membrane, having a less provision of elastic fibre. The papillary excrescences occasionally met in long-standing cases of laryngitis present on their surface a considerable development of basement epithelium.

The presence of the so-called catarrhal ulcers in the simple chronic laryngeal catarrh (laryngitis chronica simplex) I would assert my disbelief in. In the cases in which they have been observed, according to all probability these are of specific origin, most probably of syphilitic nature, or from a more severe and higher graded form of laryngitis, to which ulcerative conditions are peculiar. I may clash here with the views of those authorities who treat these ulcers in general, with the exception of the dyscratic, under the heading of simple laryngeal catarrh. From a sharply drawn pathological point of view they may be right, as the follicular ulcer, so to speak, presents but a more advanced degree of catarrhal erosion, and more or less destruction of the numerous mucous glands of the laryngeal mucous membrane; yet from a practical, therapeutical and laryngoscopic diagnostic stand-point it will appear more rational, if we class the real ulcerations to a higher class of laryngitis, whether they present but a simple round loss of substance, or a confluent ulcerating and destructive condition. To a class, where the

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picture of the disease presents a wide diversion from the simple chronic catarrh; where the aggravated form presents itself clearly, and the therapeutical measures require to be of a more energetic and impressive character.

SYMPTOMATOLOGY AND COURSE.—As already remarked, the symptomatology gives us but a vague idea of the degree of the affection (the remarks of the author on this point occur in a chapter previous to that of the disease now being translated). Yet we must exert ourselves to define a clinical picture, and to place forth prominently those distinguishing characteristics of each, as either the one or the other of these symptoms, in the following laryngoscopical diagnosis, will find its explanation as well as the definition of its greater or less importance.

In the simple laryngitis there is often but a tormenting disagreeable sensation of pressure, and transient fugitive stretching in the larynx. There may also be, as in acute laryngitis, a feeling of sore tickling, or even of burning pain, which, through long continued speaking, through inhalation of irritating vapors, and of raw, cold air, may become aggravated. Even the feeling of constriction and of choking, especially in delicate nervous ladies, is an occasional concomitant. A deep, veiled or hoarse voice in this form of inflammation is very often an accompaniment, most seldom, however, complete aphonia. But aphonia is not altogether absent in simple laryngitis, especially when there is considerable swelling of the ventricular ligaments, and in high-graded thickening of the vocal chords these latter do not take on the requisite tension or rather vibration; and when, in addition, tracheal and pharyngeal catarrh is present, in itself causing a disturbance of the ability to produce sound. In isolated cases the alteration of the voice is but slight in the morning, but progressively becomes aggravated with the advance of the day to a considerable degree. The respiration is never interfered with, unless obstructive growths or an intense bronchitis be present. The sensation of sore or raw irritation incites to repeated hawking and expectoration. There may also be a light habitual cough present, and even ball-like, blood-tinged

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expectoration. Only in the higher graded forms of this inflammation does a violent cough with cramp-like paroxysms occur, to which an intercurrent acute catarrh may cause a decided aggravation. The general health is in general not much disturbed. As regards the course of the disease, unless a local treatment be put into requisition, its course is often most irregular, and the disease is more apt to gain than to disappear. If the patient keeps himself quiet the symptoms rather subside, yet often the most trivial causes produce a decided aggravation. In general, after longer or shorter duration, under appropriate treatment a complete cure becomes established, without any organic disturbance in the vocal economy.

ÆTIOLOGY.—The laryngitis chronica simplex is pre-eminently a disease of the middle-aged; is more often met in males than in females, and is seldom observed in children. Acute, more or less neglected catarrh, repeated colds, especially of the feet and throat, persistent irritating agents acting in the larynx, as when remaining long in a dusty or with other irritating substances, impregnated atmosphere, and by persistent continued speaking or screaming, whereby the forcibly driven column of air in its passage through the glottis causes strong friction,—these are most often the causative conditions. It is, therefore, pre-eminently a disease most met in weavers, stone-cutters, millers, laborers in tobacco factories, criers, singers and public speakers. However, there are others in addition who become affected with chronic laryngitis, and where the cause is not to be found in any of those above enumerated; therefore we must not overlook the fact that a great many cases of laryngitis date their starting-point in a previously obtained faucial or pharyngeal catarrh, and are to be regarded as a continuation of the disease into the laryngeal mucous membrane. We find, therefore, not unseldom, that inhabitants of unfavorably located localities, in spite of all care and avoidance of the enumerated irritatives, are more liable almost as a rule, especially in the fall and winter, to be affected with pharyngeal and laryngeal catarrh. Additional irritative agents acting upon the pharynx and a portion of

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the laryngeal mucous membrane through direct contact, are found in excessive use of locally irritating articles of diet and drinks. The laryngitis chronica is therefore in debauchees and drunkards a pretty constant appearance, which makes itself known through a peculiar form of hoarseness (Raucedo potatorum), and which owes its origin in most of the cases to the preceding affection of the pharynx and fauces. The view expressed by Stokes and adopted by a few authorities, that a chronic enlargement and elongation of the uvula may be the mechanical cause inciting a progressing inflammatory condition, by constantly irritating the base of the tongue, is with difficulty admitted. It is sooner admitted that the elongated uvula is a product of angina faucium than that it is a cause of laryngitis. This may in part be substantiated, that in spite of a decapitated uvula (clipping of the elongated palate), not the least improvement of the laryngitis takes place. We perform this operation, as a rule, only to free the patients of the troublesome irritative, tickling sensation caused by the contact of the uvula with the root of the tongue. Lastly, I would mention that morbid growths in the laryngeal cavity may furnish the cause of the chronic laryngitis.

Laryngoscopic Diagnosis.—The auscultatory and palpatory diagnosis of the larynx we may pass over, since the laryngoscopic examination furnishes a positive means of diagnosis even in the most difficult cases. We see in the simple chronic laryngitis, in comparison to the acute laryngitis, a more deep red, at times a dirty blue red or brownish color and velvet-like softening of the mucous membrane in general, or of isolated parts. The mucous membrane shows itself moderately thickened and uneven, this latter produced through enlargement of the mucous follicles. The submucous membrane is also, in this inflammatory state, often involved, and appears then also thickened and hypertrophied. In fewer cases we observe papillary growths and mucous polypi on the posterior larynx wall, or springing forth from under the ventricles. The thickening of the sub-mucous and mucous membrane becomes often so great that the Morgag-

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nian ventricles disappear to the eye, and the vocal chords on phonation seem fully covered, or display but a small seam, and the appearance presented by the contact of the hypertrophied ventricular ligaments and of the ary-epiglottic fold remind of a closed nymphæ. Also the posterior laryngeal wall tends to hypertrophy, so that even on the deepest inspiration, therefore on the widest separation, the arytenoid cartilages may take on a semilunar convexity.

As regards the particular color of the vocal chords, we find that this varies from the lightest rosy red to the deepest dark red. Also at times but one vocal chord shows an evident reddening and thickening, which also applies to the ventricles. Occasionally we observe on an otherwise normally colored white ground only isolated straight or tortuous running injected vessels or ecchymotic spots. At times we see only the edge of the vocal chords, the commencement of the Morgagnian ventricles, or at the point of union of the ligaments or chords at the angle of the thyroid, or only the posterior part, lying at the glottis cartilaginea, reddened. The hypertrophy of the vocal ligaments is recognized by their thickening, and unevenness and prominence. In addition, there is often displayed a marked interference in the action of the arytenoid cartilage, and a flabbiness of the vocal chords on phonation. The mucous membrane of the epiglottis partakes more or less constantly in the inflammatory condition. Most often the posterior surface is reddened, while the front, especially in elder people, presents a strongly developed distinguishable venous network. Also deformed conditions of the epiglottis, after long existing laryngitis, belong to the not unseldom appearances. Cases are also observed in which, even with considerable inflammation of the ventricles, the ligam.-epiglottica, the arytenoid cartilage, together with the entire posterior larynx wall, the vocal chords, however, remain altogether unaffected, and of a beautiful white color; a phenomenon which is especially apt to occur in females.

The secretion is in many cases unimportant, and in such cases resembles fine froth; mostly, however, it is sticky, tenacious and stringy, and locates itself preferably in the caver-

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nous places or formations, from where, on inspiration, it is drawn out thread-like; on phonation, however, it forms into little balls between the vocal chords, and causes a rattling tone. If the trachea participates in the inflammatory condition, then we observe on deep inspiration a high degree of redness of the tracheal mucous membrane, to which here and there tenacious little lumps of mucus adhere.

The catarrhal erosions appear in the form of round, and, in a long-drawn-out, striped appearance, with a regular, even and fresh-looking ground. Only in the more seldom cases do we observe more extended, irregular, eroded places in the mucous texture. Whether a laryngitis simplex be of syphilitic or other cause, can neither through the laryngoscope nor symptomatically be defined with precision. A careful examination of the history of the patient will be the surest indicator under such circumstances.

Prognosis.—This in general may be termed favorable, even though the affection presents itself of long standing, and may, through new irritating causes and locally acting bad influences, be drawn out for a long time. If considerable hypertrophy of single parts have formed itself, especially anatomical changes, which rest in consolidation of the submucous texture, then a full restoration is not to be expected. To this belong all these cases of hypertrophy of the one or other of the ventricular ligaments (both are seldom involved to a high grade at the same time). Under these conditions, the least cold or exertion superadds an acute swelling of the mucous membrane, whereby the already impure voice becomes totally hoarse. Grave symptoms will only appear when the already *present* mucous excrescences, growths or new formations, take on an acute hyperæmic swelling, a process which, strictly defined, belongs not to laryngitis, but under the heading of new growths, and under which heading will be found the further course and treatment of this process.

Therapeutics.—Ere we proceed to the special therapeutics, a short consideration of the prophylactic may be allowed. As strongly as I recommend the hardening of the throat through cold washings, etc., as little, on the other hand, can

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I agree with the popular idea of leaving the neck exposed to the influences of cold air, as the resisting power of the mucous membrane to atmospheric changes, according to the individuality, is divergent, and the majority of persons easily tend to have pharyngeal catarrh, which often only then receive attention after the local affection has spread to the larynx. Irritable individuals will do well, therefore, to regulate themselves according to the weather, and to pay special attention to keeping the body warm, but particularly so the neck, chest and the feet.

When the countless methods for the cure of laryngitis are taken into thought, it becomes plain that they should be subjected to a careful sifting. Often the patients have gone through the entire catalogue, without gaining any positive and permanent result. It is plainly time that the importance of the diseased organ be borne in mind, that from the therapeusis may be eliminated all the useless and superfluous, and the importance of the local treatment under guidance of the laryngoscopic mirror, for which the most undoubted proofs are before us, be placed in the foreground. We will next take up the general dietetic regimen, next the special medical, and lastly the direct local treatment.

DIETETIC MANAGEMENT OF THE PATIENT.—In the lighter, not too long standing forms of the chronic laryngitis, rest of the organ, with otherwise suitable hygienic measures, is often in itself sufficient. The indulgence and care of the vocal organ must, in fact, in all cases, and especially in the female sex, be laid down as a *conditio sine qua non.* It constitutes the essential adjuvant in every general as well as local treatment. The larynx, with its internal arrangement, is a too tender and flexible organ, that it should remain unaffected, when already morbidly affected, by mechanical influences, and this is most markedly the fact. We should, therefore, insist upon it with all earnestness, that the patient avoid all loud speaking and singing, and that the patient in cold threatening atmospheric conditions refrain from going into the open air, and especially that he avoid speaking if he does go out. Very irritable, impressible individuals may with

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benefit provide themselves with a respirator, and wear a flannel jacket or like protection on the body, especially if they perspire easily. Workmen, who are subjected to a prejudicial air, impregnated with dust or irritating chemicals, must choose some occupation which permits the presence of a healthy, not too dry, sooner moist atmospherical surrounding. In weakly patients, the diet is with a view to the enrichment of the blood, nourishing, whereby, however, all irritants of the mucous membrane, spicy and very sour aliments, especially, however, heating, congestion-producing drinks, as spirituous and heavy beer, are to be carefully excluded. Herewith is the accompanying evil result, accompanying beer drinking in the saloons, namely, the remaining in an atmosphere heavily laden with tobacco smoke, to be strictly forbidden. The persistent inhalation of the tobacco smoke acts without the least doubt much more prejudicially on the mucous membrane than individual smoking does. I permit, therefore, unhesitatingly, a moderate indulgence in smoking, when not otherwise contra-indicated, as I have never observed any observable disturbance, either subjectively or objectively, resulting. As appropriate articles of drink, milk, cocoa, soda-water, alone or with milk. (In Germany, soda-water is drank with milk. The milk is warmed, and an equal quantity of soda-water added. This must be drank immediately. Seltzer-water is also drank in this way.—*Translator.*) Red wine, with sugar and water, recommend themselves.

Among the so-called dietetic home remedies, benefit is occasionally derived from drinking warm water in the morning, and also the use of Herring's milk. A complete cure, however, is as little to be awaited under these agents, as from the much vaunted people's remedy, and of physicians too, viz., the cold water enveloping of the neck. They may passingly modify the symptoms, but a complete cure is seldom, as inspection daily teaches, brought about.

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ARTICLE XI.—Diseases of Children *

By Wm. C. Roberts, M.D., Vice-President of New York Academy of Medicine.

Milk is the nutriment intended by nature for the young of all the mammalia. In many other circumstances it is an invaluable article of the Materia Alimentaria. It differs in smell and taste according to the animal from which it is obtained, and to what that animal feeds on. It has an alkaline reaction, and on standing, becomes covered with a yellowish white pellicle, called cream, constituted by a fatty matter. Its elements are complex, and principally divided into water, butter, lactine, caseum and salts, which are in turn composed of numerous fundamental principles.

Caseum contains an albuminoid matter. Caseum in suspension, caseum dissolved, and albuminose. The salts are phosphates of lime, magnesia, potassa, iron and manganese. Their qualities differ not only in different inividuals, but in the same under different circumstances; which is, perhaps, the reason why some milk agrees with certain children better than others, or that of the same nurse sometimes disagrees. It is difficult to tell the milk of women from that of other animals, nor what animal's milk most nearly approaches that of woman. Mare's milk has a little the most water. Woman's and ass's the most sugar. Cow's and goat's the most casein. And bitch's milk the most of all. Woman's milk has, of butter, 26 and a fraction, in 1,000 parts; cow's, 36.12; goat's, 56; bitch, 87; salts most in cow's, goat's and bitch's.

When milk remains long in the breast, it becomes poor and more serous, and its richness increases in nutritive elements under the influence of suction. The element of the colostrum generally disappears in about fifteen days after delivery. If it persist or reappear in the course of disease, it is incompatible with the health and development of the child. Pus

* Read before the Obstetrical Section of the Academy.

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derived from mammary abscess, in the milk, even in that of the sound side, and blood swallowed from cracked nipples, are injurious.

Excess of water in milk makes it poor and innutritious. It is clear and serous, and contains less butter, though perhaps a little more caseum and lactine. The quantity is sometimes small, agalactia; sometimes large, galactorrhea. Insufficiency of fatty elements in milk causes in the child progressive emaciation, diarrhœa, colics and vomiting, and should be speedily remedied. If there are too many fatty elements (globules) in milk, it is said to be too rich and to do harm. But this is doubtful, for the child takes less than when it gorges itself inordinately with a milk too serous to suffice for its need of alimentation. Dr. S. Rogers has proposed to give the child cold water before nursing it. To this, Jonlin says: "The inconvenience of this measure results from the difficulty of dosing the quantity of water destined to dilute the milk, and one is exposed to surpass the limits and to make, artificially, the milk too serous; and particularly, to dilute the salts and other materials which may not exceed the normal quantity. If certain that the milk disagrees, it must now be changed." Jonlin, to weakly children who suffer, and digest badly even ordinary milk, gives before each suckling, 10 centigrammes of pepsine, dissolved in a few drops of water. The artificial chymification, he says, induced by this agent, arrests the indigestion.

Acute diseases, and violent emotions on the part of the nurse, act injuriously upon the health of the child; the latter having been known to cause in it convulsions and sudden death. In this event, the child should be kept from the breast for one or more hours, until all traces of nervous excitement shall have disappeared. When a nurse is very irritable, and her emotions, without being violent, are frequently repeated, digestive troubles are frequently noticed in the child; it emaciates and is attacked with diarrhœa, without any perceptible alteration in the milk. Wet-nurses who are quarrelsome with the other servants should not be retained, and it is a mere common sense inference that when a child is not thriving, its nurse or its diet should be changed.

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If the agalactia is primitive, if the mammary function is ill-developed, if the efforts at suction are insufficient, of the new-born child, or of one more vigorous, to arouse the organ to secrete a quantity of milk sufficient for nutrition, all that can be done is to procure a wet-nurse, or bring up the child upon the bottle; and the same if the secretion is gradually or suddenly suspended.

The best way of investigating the qualities of milk is to examine it under the microscope. It then appears to be exclusively composed of a clear liquid, containing in suspension a considerable number of perfectly round and regular globules, some larger and some smaller, constituted by the fat, and representing the butter of the milk. That which has the most large-sized globules is the richest and most nourishing. If, previous to delivery, the *colostrum* be examined, if it contain a yellowish matter, more or less thick, in the middle of which are yellowish streaks, and many granular bodies, which are peculiar to colostrum, and many fat globules, large and well-formed, and not mixed with mucous globules, the colostrum announces a milk rich in nutritive principles, and one which will have all the desirable properties; and the reverse is equally true. If the colostrum be in such small quantity that scarcely a drop can be obtained for analysis, and what there is is not satisfactory, it may be safely affirmed that the woman will make a very poor and inefficient wet-nurse. The largest breasts do not always secrete the most milk. The size of the gland, and not the amount of fat, controls this. Flabby and pendant breasts are not encouraging. The nipple should be prominent and of medium size. If it forms no relief, or its place be occupied by a funnel-shaped excavation, or it be imperforate, the woman cannot suckle. Short nipples may be elongated by applying to them a vigorous child for a few days before confinement. American women are rather apt to have flat nipples; but perseverance conquers this defect. I once saw a marked case of this kind overcome by the use of a prepared cow's teat attached to a nipple shield.

Epilepsy and hysteria are formal contra-indications to

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suckling. There is no limit to the period. A woman of forty-five may have plenty of good milk. Business cares, unhealthy lodgings, etc., are not favorable to successful suckling. Unless the child suffer very seriously, menstruation, or the temporary alteration of the milk with which the period is attended, has, as a general rule, but little influence on the health of the nursling. On the other hand, pregnancy, if it does not diminish the secretion, imparts to the milk unfavorable qualities. Some nurses and medical men are in the habit of applying the new-born child to the breast almost immediately, or in a few hours, after confinement. This may do well enough when the mother is strong, and the child sucks readily, or when milk already exists in the breasts. If not, the application of the child to the breast early, worries and irritates both, which some women, just after confinement, are not in a condition to bear. Some infants sleep a good deal, and are not easily aroused. They get little else than colostrum, and not enough to satisfy them, and it is not until the third or fourth day after confinement that the secretion becomes abundant. A case exactly of this kind is at the present moment under my observation. It was not until the fifth day that the child could be made to nurse properly. It may be well to dispense with spoon-feeding as much as possible, in order that the child may know of no easier mode of obtaining nourishment than by suckling; but neither this nor the bottle can always be withheld. Persistent nursing of a dry breast has a tendency, I think, to make sore nipples; which is not an unfrequent cause of early weaning. I have seen this course persisted in in a case of ulcerated nipples, for several weeks, with great suffering to the mother, and the formation of two abscesses, and have finally to be abandoned; and I have seen this difficulty perfectly remedied by the cow's teat and shield, which, when it acts well, acts magically; the child sucks, the nipple elongates and heals, and all goes well. In a few days it may be laid aside. Unfortunately, it too often fails. Sore nipples occurring at later periods, often compel weaning, causing great suffering and injury to the mother's health, and being attended with the peculiar "nurs-

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ing" stomatitis, as well as with injury to the health of the child. A cracked nipple will seldom heal while the child's mouth is applied to it; and if the application be long delayed, secretion in that breast will cease entirely, and the mother can nurse, if at all, only on the other side.

It has long been my practice, where I could obtain compliance with my advice, in cases when I desire to dry up the milk, to cease drawing the breast, in any way, altogether; and I do not remember ever to have seen an abscess originate in this way. With emollient frictions, warmth, or, better still, with a circular diachylon plaster, embracing each breast wholly, and saline laxatives, etc., these cases are easily managed; a little inconvenience and spontaneous secretion takes place for a few days, and finally ceases, and the breast resumes its flaccidity. On the other hand, when the child or breastpipe has been occasionally applied to remove the "caking" of the breast, the process of desiccation is slower, and abscesses have resulted. But this is a subject on which women and nurses have an opinion and practice of their own, and are not easily directed. Within two weeks, however, it has perfectly succeeded in the case of a nurse at the Refuge, in Worth street.

A child when it ceases to suck, should be put into its cradle. It is a good rule to regulate the intervals at which infants nurse; two hours is a good one. It is a very bad habit to give the breast to the child very frequently to prevent its crying. The stomach is fatigued by being filled with new fluid, before the digestion of that which it has absorbed is completed, and it is important not to accustom it to suck at night. Mother and child both need the repose of sleep. From the commencement of suckling, the habit should be contracted of giving the breast towards ten or eleven at night, then again towards six in the morning; at first it may be difficult to accustom the child to this, but patience and courage on the mother's part will teach it that its anger is useless. And once the habit formed, the nights are peaceable; or at first, once in the night it might be fed from the bottle. Each breast should be given successively, and as age advances, the

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intervals increased. Milk should be the child's exclusive nourishment for at least six months. Sugar and other teats are to be wholly proscribed. They afford no nourishment and the considerable and continuous insalivation does harm. The diet of a nursing woman should be fortifying. She should not change her habits. Beer and acidulous drinks should not be interdicted. Suckling, although a physiological, is a weakening process, and a tonic regimen is essential to its continuance and the welfare of both mother and child.

Suckling by the mother is the most natural and the most favorable for the infant; and when not contra-indicated, should be so considered. The means of supplementing this defect are well known. When a wet-nurse is decided upon, the physician alone is capable of deciding on her fitness. She must have no signs of a scrofulous diathesis, or syphilitic taint; be robust, with well developed nipples and breasts; her child, if living, should be healthy; milk microscopically perfect; have good teeth, and be from twenty to thirty-five years of age. Brunettes and pluriparæ are preferable to blondes and primiparæ; the milk from two to six months old at most, lest the secretion should cease too early. Red-haired women are not, as a general rule, eligible wet-nurses. If possible, they should be even-tempered, and willing to assist themselves, and it is well, on engaging one, to tell her that you have no prejudices against changing the milk, and that if she gives cause for complaint, she will be quickly changed for another, which often suffices to make them behave themselves. They are always more or less troublesome; which is a reason why the mother should nurse her own child when possible. As it is not, happily, our custom to confide children to country nurses, I shall say nothing of the horrors and objections which attend the practice. Be careful that the wet-nurse does not divide with her *own* child, the nourishment which she is paid to devote exclusively to the child of her employer. It is not, either, a custom of this country to bring children up by letting them suck the teats of other animals, goats or asses; which is somewhat done in France, and very much in certain parts of

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Germany and Switzerland. It is not a very bad plan when it can be done at home. The goat is the only animal which can be availed of. It is a kindly beast, readily accepts its part of wet-nurse, and it may be milked and its milk given in that way. It yields sufficient milk for two children; which much resembles cow's milk.

With us the bottle is, on the whole, I think, generally employed as a substitute for the breast; and I am sure that in many cases it answers well. I think Jonlin is too condemnatory of it when he says: "That it is of all modes of nutrition the most defective, and should be absolutely rejected in Paris and great cities." As proof of this, Villermé, in reference to the mortality of foundlings, says that at Lyons, where they were wet-nursed, the mortality was only $\frac{33}{100}$; at Rheims, where they were brought up on the bottle, $\frac{64}{100}$. Nevertheless, I have seen and now see many cases where children are successfully brought up both on cow's and condensed milk; and, with care, I believe very good results may be obtained. It is a more troublesome way of bringing up children than breast nursing, though less so than spoon feeding. Cow's milk is, of course, generally used for the purpose.

The following extract from Jonlin merits attentive consideration: "All authors advise that it (milk) shall be diluted with water during the first months, that it may be less nourishing." I do not think that this precept, so generally adopted, can be followed without inconvenience. In examining woman's milk, we have seen that a feeble addition of water suffices to render it serous and less nutritious. Artificial nutrition is, in itself, an unfavorable condition, dependent partly on the manner in which the liquid is administered. It seems that milk cooled in contact with air, loses one of its properties, and is less proper for alimentation. Evidently these unfavorable conditions are considerably increased if we alter the milk by the addition of water, which dilutes its plastic elements, and causes it to fall *far below* those found in the milk of the *worst* nurses. Cazeaux recommends, for the first week, to mix one part of cow's milk

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to three parts of water; and then to mix them equally for some months later. Woman's milk contains 111 of solid parts; cow's milk, 136. In mixing the latter with three-quarters of water, it falls to 54 for the first week, and to .65 for the first months. Is it possible that the health of the child can accommodate itself to this detestable regimen? and would it not be infinitely more conformable to reason to give it *pure* milk, which differs much less by its composition from that of woman before than after the mixture?" When we consider further, that the milk we buy has already received a considerable dilution from unskilful hands, and is not always the same, it seems as if the possible inconveniences of an excess of richness were preferable to the opposite; and it seems to me that this subject deserves to be studied and experimented upon, less in accordance with time-honored and probably incorrect tradition and usage, than according to the views of modern physiology and hygiene. To avoid Charybdis, we fall upon Scylla. Grisolle, while attending at the Hospice des Nouveaux Nés, observed that children brought up on the milk of commerce of Paris died with symptoms of inanition, and suspended these accidents by substituting a milk of certain origin and warranted purity. If it were possible to get pure milk from a cow feeding on pasture, it would be best. Next to that, I suspect, is milkman's milk, given pure and without further dilution than it has received at his hands.

Water added to milk is not analogous to the *serum lactis*, containing neither albumenoid nor butyraceous elements. Milk should not be boiled, which deprives it of the air which it contains and renders it less digestible. It would be well to warm it at the time of administration, to the temperature of the blood (98); but not from time to time the quantity which remains in the bottle. Mixed natural and artificial nursing, though not very desirable, may be, must almost necessarily be adopted, when a woman suckles twins, or, having only a fair share of nourishment, desires to suckle her child. The cow must supply the deficiency.

Food of strictly farinaceous character, as a substitute for

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or even addition to milk, for children, I have no hesitation in utterly rejecting. Not only is starch not nutritive, but it is indigestible, and occupies space that could be better filled. Dr. Eustace Smith (*Brit. Med. Jour.*) says that when large quantities of farinaceous food are given as substitutes for a due amount of breast milk, or even when *cow's milk* is combined with breast milk, the curd of which is firmer and more solid and less easily digested, sleeplessness at night, colics, and innutrition is the result. And he considers constipation to be a consequence of this injurious feeding, and due to an excessive secretion of mucus from the irritated lining membrane of the intestine, which, being coagulated by the acid arising from the decomposition of starchy matters, covers the masses of food which must have passed undigested into the intestines, and lines the inner surface of the bowel, so that the slippery surfaces glide over each other, and the contents of the intestine are not properly passed along. The stools are evidently composed of curds, mucus, and indigested farinaceous matters, sour and stringy. He adds that plumpness is no proof that the feeding is judicious; which may be true, as some very fat children may be colicky. Hence the saying, "cry and grow fat." Whether the same remarks apply to the triturations of whole grains which contain gluten as well as starch, oats, wheat, barley, rice, etc., I am not so sure. Wheat flour, much used as food for children, as pap, or as bread and milk, is not particularly nutritious; the whiter the least so, although with some children it does well. Children, as well as adults, have idiosyncrasies, and even milk itself does not agree equally well with all. Oats, as Dr. Johnson said, are in Scotland food for men, and in England for horses. Arabs subsist for a long while on a few handfuls of scorched barley, and in China and Hindostan, rice is the staple of the food of millions. The high-caste Hindoos and Brahmins do not even partake of milk (or other animal food) at all. The Irish are said to thrive upon buttermilk and potatoes, and unless gruels of these substances, or the grains cooked in some other way, say boiled rice and milk, for instance, can be shown to be indigestible, which I think they cannot, it

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seems to me that they might be properly and advantageously exhibited, and milk mixed with them preferably than with water, which only by so much weakens as nutriment, a fluid already creamed for the dairy, and watered for the market. My learned friend, Prof. Post, is, I think, somewhat of my way of thinking, for he remarked to me after a meeting of the Obstetrical Society, that in cases of constipation, he thought he had derived benefit from a mixture of barley and milk, and of rice, in diarrhœa. The alkaline reaction of milk is very marked, and easily tested by litmus paper. When more decidedly acid, a little lime water, I think, might be judiciously added.

It is certainly conceivable that if the fæces of nurslings consist mainly of the debris of caseum, and that this is absorbed chiefly in and from the stomach and small intestine when in perfect health, the result of the further absorption of fluid parts in the large, may be scanty and constipated stools, and be the normal and physiological condition of the child's bowels; unless, when carried too far, leading to straining, forced efforts and colicky pains, though I think I have oftener seen colic with diarrhœa. Now, if the barley or rice, while adding to the bulk of the fæces, is not quite so readily absorbed, it may obviate constipation, and yet not create diarrhœa. Although how rice operates in arresting diarrhœa, I do not see.

Donné, who, in his *Cours de Microscopie*, 1844, has given to milk a most careful examination, says that "cow's milk, the secretion of which is favored by factitious means, kept up beyond the natural limit, even for years after the separation of the calf, cannot be considered as being, in all respects, in a perfectly physiological condition, and its natural properties are, to a certain extent, modified. The caseum is the azotized element, and is the peccant element in cow's milk when it disagrees. The density of milk is an unfaithful criterion of its poverty or richness. A better one is its degree of opacity. The density of filtered milk is always the same in all qualities of pure milk. The moment water has been added, the density falls, one, two, or more degrees. This is the chief falsification;

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one-third or even one-half, according to the price. Cheap milk never can be good; that is, pure. Blonde, or brown wet nurses were about alike in Donné's experience.

Syphilitic milk is bad only as it may be poor; the contagion is not direct; women secrete milk who have never borne children; and the mammary swellings of the newly-born, both male and female, contain all its elements. No means are known to increase the secretion of milk, in woman; (Gouch says, equal parts of barley gruel and milk); but this is not true of animals. Whey, or filtered milk, is not innutritious; it is light, easily digestible, and not laxative. Young animals do not thrive on soups as they do on milk; and woman's milk has succeeded in effecting recoveries where other resources of the medical art had failed. Ice, in conveniently disposed vessels, is the surest and most economical mode of preventing milk from souring, and will keep it sweet and savory for fifteen days without creaming. Boiling retards, but does not prevent this. A question which has powerfully excited my interest, and which I desire to lay before the Section for their consideration, is this: We constantly hear of the milk (or other food) disagreeing with the child. This may be so. But is it always, or perhaps oftenest the milk which disagrees with the stomach, or the stomach with the milk or food? Does food, not in itself necessarily injurious, say milk, strawberries, cake, etc., which at many or most times can be eaten with perfect impunity, ever *per se*, disagree with the stomach, or the stomach with it? and when a disagreement occurs, is the stomach ever perfectly healthy?

Children, we all know, are often fed much too often, and regurgitate, at intervals after nursing, milk as swallowed, or soft coagula, as a relief to an overloaded stomach, which its straightness renders easy. This is purely physiological. Sometimes they are really sick, look pale, gag, and vomit milk curdled, or not, etc. Milk, after a certain exposure to the gastric secretions, coagulates as a necessary prelude to its digestion. Milk, which is really too rich or diseased, and especially poor milk, affording insufficient nourishment, may certainly, in the long run, provoke disastrous consequences

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in the economy, disorder the bowels and result in atrophia. But when the milk is of good quality, and taken in moderate quantities, either from the breast or bottle, is it possible that it can so quickly disagree, or must we look to the condition of the digestive organs themselves for the cause, and modify our treatment accordingly? When we remember that it is chiefly in puny children that these phenomena occur, and about the season of the year, and age at which heat and dentition have a tendency to derange the health, and disorder the digestive organs, the idea does not seem to me utterly baseless. I am acquainted with a lady who is, from early education, an excellent judge of milk, and who gets from her milkman, milk which has half an inch of cream upon it, which she lets her infant drink from a teacup, pure and undiluted, and it does so with perfect impunity. The breast milk of a healthy woman (undiluted) agrees perfectly well with a healthy child.

It is certainly quite possible that the stomach may disagree, or be made to disagree with the food. The action of emetics, falls, or blows on the head, the incipiency of meningitis, or of eruptive fevers, are all causes of vomiting, some acting by direct irritation of the membranes of the stomach, some by directly or indirectly irritating the sensorium.

I was in a street car the other day, when a woman came in whose baby had just been operated on by galvano-acupuncture for a nævus of the cheek. It was crying and she nursed it, and very soon it violently ejected the milk uncurdled. The mother apologized by saying that the chloroform had made it sick. Some years ago, a young child was being carried past my door in convulsions, in the arms of an elder sister, much terrified. I brought it in and laid it on the sofa in my office, when it soon vomited very copiously, fish and potatoes which it had freely eaten. When it had sufficiently recovered, I conveyed it home, not a great distance; and in three days after it died of meningitis. Here, certainly, are cases where the stomach disagreed with the food, and not the food with the stomach. It is true that some children thrive better on the milk of one wet-nurse than of another; upon some

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kinds of food than upon others; but this may arise from idiosyncrasy, or from dyspepsia, in which we all know that some kinds of food agree, and others do not. But what is the explanation of the fact that the same disagrees at times and not at others? The kind of food which agrees best with the taste and health of the recipient must certainly be selected; but, on the whole, I am greatly inclined to believe that a *perfectly healthy child* will digest pure cow's milk with impunity, and certainly that which is already diluted for commerce. I think with Dr. Stephen Rogers, to whom we are indebted for calling our attention of late to this subject, that the whole system of diluting cow's milk with water, with a view to render it more like that of the mother, and more digestible, is a totally unfounded delusion. Water is *not* the serum lactis; and by adding it to milk in any quantity, we simply render it innutritious, and mischievously overload the stomach, tissues and blood, with an undue excess of fluid. I agree with him that healthy infants have digestive accommodation quite sufficient to enable them to meet, and easily dispose of the variations occasionally taking place in the milks of the human and brute females. With him I concur in a dictum of Dr. Corson, which he quotes: "That both in cities and in the country, undiluted cow's milk properly given, is an excellent and unequalled substitute for the breast; and that on it children may be raised with little, or no more difficulty than on the breast. Wet-nurses are expensive, exacting, capricious, often abuse their trust, and are liable to human influences and infirmities. Still, I must say, that when we are fortunate enough to get one who is healthy and amiable, especially one who has no baby of her own, one who loves the foster-child, and whom the child loves, who cares for it as she would for her own—and there are such, though few—that nurse is more of a mother to the babe confided to her care, than the nursing bottle, and her worth and services cannot either be too highly paid for, or appreciated.

Such, gentlemen, are the views which I am inclined, as the results of experience and reflection, to adopt on these subjects, and act upon as far as circumstances will allow. If

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we all could come to entertain and express them, and so dispel the popular error and prejudice which exists upon the subject of the diluting, etc., of cow's milk as food for infants, as the sole, proper, and necessary substitute for that of the mother or wet-nurse, I believe, with Dr. Rogers, that we should do much to invigorate the race, and to diminish yearly infant mortality in great cities.

Condensed, is very good milk; excellent for culinary purposes, and very convenient at times when ordinary milk is scarce, wanting, or soured. And I do not believe that there is any valid objection to it on account of the composition of the vessels in which it is condensed, as has been thought. The great objection to it, in my mind, is the large and uncertain use of *water* required for adapting it to the purpose of infant nutrition, in place of the natural serum.

The printed directions of the Rockland Co. Milk Association are before me, and I find that to make "rich milk," three parts of water are to be added; to make "ordinary milk," three parts, and for infants, four to eight. Suppose, now, that a child consumes three half pints of condensed milk daily, which I am told is not an excessive allowance, and gets, say, *five* parts of water to one of milk, containing neither caseum, sugar nor salts; can this be considered as equivalent to so much pure and undiluted cow's milk? as pure and undiluted, that is, as it *can* be got at the door from a respectable milkman? and what if you take the larger proportion of *eight* to one? Good as it is, and useful under certain circumstances, I confess I am inclined by these considerations, to adhere to the old and real "Simon Pure." All that I desire in penning these observations, is, if possible, to see the truth established and acted upon for the benefit of that tender and susceptible race of beings, in which we all feel so deep an interest.—*Medical Gazette.*

NOTE.—Vogil (page 155, *Diseases of Children*), says: "As a general rule, no hand-fed child with intestinal catarrh (diarrhœa), tolerates *cow's milk*, which, as a first condition, must be totally abstained from." (?)

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ARTICLE XII.—On Dust and Disease.

By John Tyndall, L.L.D., F.R.S., Professor of Natural Philosophy in the Royal Institution.

Being asked for permission to publish this discourse in *Frazer*, I willingly gave it. I have gone through the proof, and made in it a few alterations and additions. A brief historic summary is also added.—J. T.

Solar light in passing through a dark room reveals its track by illuminating the dust floating in the air. "The sun," says Daniel Culverwell, "discovers atoms, though they be invisible by candlelight, and makes them dance naked in his beams." *

In my researches on the decomposition of vapors by light I was compelled to remove these "atoms" and this dust. It was essential that the space containing the vapors should embrace no visible thing; that no substance capable of scattering the light in the slightest sensible degree should, at the outset of an experiment, be found in the "experimental tube" traversed by the luminous beam.

For a long time I was troubled by the appearance there of floating dust, which though invisible in diffuse daylight was at once revealed by a powerfully condensed beam. Two tubes were placed in succession in the path of the dust: the one containing fragments of glass wetted with concentrated sulphuric acid; the other, fragments of marble wetted with a strong solution of caustic potash. To my astonishment it passed through both. The air of the Royal Institution sent through these tubes at a rate sufficiently slow to dry it, and to remove its carbonic acid, carried into the experimental tube a considerable amount of mechanically suspended matter, which was illuminated when the beam passed through the tube. The effect was substantially the same when the air was permitted to bubble through the liquid acid and through the solution of potash. The core of the bubble does not touch the acid, and even the dust particles which come

* On a day of transient shadows there is something almost magical in the rise and dissolution of the luminous beams among the scaffolding poles of the Royal Albert Hall.

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into contact with the acid require time to be wetted by it. When left sufficiently long in contact with the acid, the particles are destroyed.

Thus, on the 5th of October, 1868, successive charges of air were admitted through the potash and sulphuric acid into the exhausted experimental tube. Prior to the admission of the air the tube was *optically empty;* it contained nothing competent to scatter the light. After the air had entered the tube, the conical track of the electric beam was in all cases clearly revealed. This indeed was a daily observation at the time to which I now refer.

I tried to intercept this floating matter in various ways; and on the day just mentioned, prior to sending the air through the drying apparatus, I carefully permitted it to pass over the tip of a spirit-lamp flame. The floating matter no longer appeared, having been burnt up by the flame. It was therefore of *organic* origin. When the air was sent too rapidly through the flame, a fine blue cloud was found in the experimental tube. This was the *smoke* of the organic particles due to their imperfect combustion. I was by no means prepared for this result; for I had thought that the dust of our air was, in great part, inorganic and non-combustible.

Mr. Valentin had the kindness to procure for me a small gas-furnace containg a platinum tube, which could be heated to vivid redness. The tube also contained a roll of platinum gauze, which, while it permitted the air to pass through it, insured the practical contact of the dust with the incandescent metal. The air of the laboratory was permitted to enter the experimental tube, sometimes through the cold, and sometimes through the heated, tube of platinum. The rapidity of admission was also varied. In the first column of the following table the quantity of air operated on is expressed by the number of inches which the mercury gauge of the air-pump sank when the air entered. In the second column the condition of the platinum tube is mentioned, and in the third the state of the air which entered the experimental tube.

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Quantity of Air.	State of Platinum Tube.	State of Experimental Tube.
15 inches.	Cold.	Full of particles.
15 "	Red-hot.	Optically empty.

The phrase "optically empty" shows that when the conditions of perfect combustion were present, the floating matter totally disappeared. It was wholly burnt up, leaving no sensible residue. The experiment was repeated many times with the same invariable result. From spectrum analysis, however, we know that soda floats in the air; these organic dust particles are, I believe, the *rafts* that support it, and when they are removed it sinks and vanishes.

When the passage of the air was so rapid as to render imperfect the combustion of the floating matter, instead of optical emptiness, a fine blue cloud made its appearance in the experimental tube. The following series of results illustrate this point:

Quantity.	Platinum Tube.	Experimental Tube.
15 in., slow.	Cold.	Full of particles.
15 " "	Red-hot.	Optically empty.
15 " quick.	"	A blue cloud.
15 " "	Intensely hot.	A fine blue cloud.

The optical character of these clouds was totally different from that of the dust which produced them. At right angles to the illuminating beam they discharged perfectly polarized light. The cloud could be utterly quenched by a transparent Nicol's prism, and the tube containing it reduced to optical emptiness.

The particles floating in the air of London being thus proved to be of organic origin,* I sought to burn them up

* According to an analysis kindly furnished to me by Dr. Percy, the dust collected *from the walls* of the British Museum contains fully fifty per cent. of inorganic matter. I have every confidence in the results of this distinguished chemist; they show that the *floating* dust of our rooms is, as it were, winnowed from the heavier matter. As bearing directly upon this point I may quote the following passage from Pasteur: "Mais ici se présente une remarque: la poussière que l'on trouve à la surface de tous les corps est soumise constamment à des courants d'air, qui doivent soulever ses particules les plus légères, au nombre desquelles se trouvent, sans doute, de préference les corpuscules organisés, œufs ou spores, moins lourds généralement que les particules minérales."

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at the focus of a concave reflector. One of the powerfully convergent mirrors employed in my experiments on combustion by dark rays was here made use of, but I failed in the attempt. Doubtless the floating particles are in part transparent to radiant heat, and are so far incombustible by such heat. Their rapid motion through the focus also aids their escape. They do not linger there sufficiently long to be consumed. A flame, it was evident, would burn them up, but I thought the presence of the flame would mask its own action among the particles.

In a cylindrical beam, which powerfully illuminated the dust of the laboratory, was placed an ignited spirit-lamp. Mingling with the flame, and around its rim, were seen wreaths of darkness resembling an intensely black smoke. On lowering the flame below the beam the same dark masses stormed upwards. They were at times blacker than the blackest smoke that I have ever seen issuing from the funnel of a steamer, and their resemblance to smoke was so perfect as to lead the most practised observer to conclude that the apparently pure flame of the alcohol lamp required but a beam of sufficient intensity to reveal its clouds of liberated carbon.

But is the blackness smoke? This question presented itself in a moment. A red-hot poker was placed underneath the beam, and from it the black wreaths also ascended. A large hydrogen flame was next employed, and it produced those whirling masses of darkness far more copiously than either the spirit flame or poker. Smoke was, therefore, out of the question.

What, then, was the blackness? It was simply that of stellar space; that is to say, blackness resulting from the absence from the track of the beam of all matter competent to scatter its light. When the flame was placed below the beam the floating matter was destroyed *in situ;* and the air, freed from this matter, rose into the beam, jostled aside the illuminated particles and substituted for their light the darkness due to its own perfect transparency. Nothing could more forcibly illustrate the invisibility of the agent which

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renders all things visible. The beam crossed, unseen, the black chasm formed by the transparent air, while at both sides of the gap the thick-strewn particles shone out like a luminous solid under the powerful illumination.

But here a difficulty meets us. It is not necessary to burn the particles to produce a stream of darkness. Without actual combustion, currents may be generated which shall exclude the floating matter, and therefore appear dark amid the surrounding brightness. I noticed this effect first on placing a red-hot copper ball below the beam, and permitting it to remain there until its temperature had fallen below that of boiling water. The dark currents, though much enfeebled, were still produced. They may also be produced by a flask filled with hot water.

To study this effect a platinum wire was stretched across the beam, the two ends of the wire being connected with the two poles of a voltaic battery. To regulate the strength of the current a rheostat was placed in the circuit. Beginning with a feeble current, the temperature of the wire was gradually augmented, but before it reached the heat of ignition, a flat stream of air arose from it, which when looked at edgewise appeared darker and sharper than one of the blackest lines of Fraunhofer in the solar spectrum. Right and left of this dark vertical band the floating matter rose upwards, bounding definitely the non-luminous stream of air. What is the explanation? Simply this. The hot wire rarefied the air in contact with it, but it did not equally lighten the floating matter. The convection current of pure air therefore passed upwards *among the inert particles*, dragging them after it right and left, but forming between them an impassable black partition. This elementary experiment enables us to render an account of the dark currents produced by bodies at a temperature below that of combustion.*

Oxygen, hydrogen, nitrogen, carbonic acid, so prepared as to exclude all floating particles, produce the darkness when

* This explanation has been found difficult. Why, it is asked, does not the current of hot air carry the particles up with it? I hope very soon to enter more fully into this question.

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poured or blown into the beam. Coal-gas does the same. An ordinary glass shade placed in the air with its mouth downward permits the track of the beam to be seen crossing it. Let coal-gas or hydrogen enter the shade by a tube reaching to its top, the gas gradually fills the shade from the top downwards. As soon as it occupies the space crossed by the beam, the luminous track is instantly abolished. Lifting the shade so as to bring the common boundary of gas and air above the beam, the track flashes forth. After the shade is full, if it be inverted, the gas passes upwards like a black smoke among the illuminated particles.

The air of our London rooms is loaded with this organic dust, nor is the country air free from its pollution. However ordinary daylight may permit it to disguise itself, a sufficiently powerful beam causes the air in which the dust is suspended to appear as a semi-solid rather than as a gas. Nobody could, in the first instance, without repugnance, place the mouth at the illuminated focus of the electric beam and inhale the dirt revealed there. Nor is the disgust abolished by the reflection that, although we do not see the nastiness, we are churning it in our lungs every hour and minute of our lives. There is no respite to this contact with dirt; and the wonder is, not that we should from time to time suffer from its presence, but that so small a portion of it would appear to be deadly to man.

And what is this portion? It was some time ago the current belief that epidemic diseases generally were propagated by a kind of malaria, which consisted of organic matter in a state of *motor-decay;* that when such matter was taken into the body through the lungs or skin, it had the power of spreading there the destroying process which had attacked itself. Such a spreading power was visibly exerted in the case of yeast. A little leaven was seen to leaven the whole lump, a mere speck of matter in this supposed state of decomposition being apparently competent to propagate indefinitely its own decay. Why should not a bit of rotten malaria work in a similar manner within the human frame? In 1836 a very wonderful reply was given to this question. In that year

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Cagniard de la Tour discovered the *yeast plant*, a living organism, which, when placed in a proper medium, feeds, grows, and reproduces itself, and in this way carries on the process which we name fermentation. Fermentation was thus proved to be a product of life, instead of a process of decay.

Schwann, of Berlin, discovered the yeast plant independently; and, in February, 1837, he also announced the important result, that when a decoction of meat is effectually screened from ordinary air, and supplied solely with calcined air, putrefaction never sets in. Putrefaction, therefore, he affirmed to be caused by something derived from the air, which something could be destroyed by a sufficiently high temperature. The experiments of Schwann were repeated and confirmed by Helmholtz, Ure, and Pasteur. But as regards fermentation, the minds of chemists, influenced, probably, by the great authority of Gay-Lussac, who ascribed putrefaction to the action of oxygen, fell back on the old notion of matter in a state of decay. It was not the living yeast plant, but the dead or dying parts of it, which, assailed by oxygen, produced the fermentation. This notion was finally exploded by Pasteur. He proved that the so-called "ferments" are not such; that the true ferments are organized beings, which find in the reputed ferments their necessary food.

Side by side with these researches and discoveries, and fortified by them and others, has run the *germ theory* of epidemic disease.* The notion was expressed by Kircher, and favored by Linnæus, that epidemic diseases are due to germs which float in the atmosphere, enter the body, and produce disturbance by the development within the body of parasitic life. While it was still struggling against great odds, this theory found an expounder and a defender in the President of this Institution. At a time when most of his medical brethren considered it a wild dream, Sir Henry Hol-

* Nobody is likely to infer from this language that the speaker lays any claim to the authorship of the germ theory.

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land contended that some form of the germ theory was probably true. The strength of this theory consists in the perfect parallelism of the phenomena of contagious disease with those of life. As a planted acorn gives birth to an oak competent to produce a whole crop of acorns, each gifted with the power of reproducing its parent tree; and as thus from a single seedling a whole forest may spring; so, it is urged, these epidemic diseases literally plant their seeds, grow, and shake abroad new germs, which, meeting in the human body their proper food and temperature, finally take possession of whole populations. Thus Asiatic cholera, beginning in a small way in the Delta of the Ganges, contrived in seventeen years to spread itself over nearly the whole habitable world. The development from an infinitesimal speck of the virus of small-pox of a crop of pustules, each charged with the original poison, is another illustration. The reappearance of the scourge, as in the case of the *Dreadnought* at Greenwich, reported on so ably by Dr. Budd and Mr. Busk, receives a satisfactory explanation from the theory which ascribes it to the lingering of germs about the infected place.

Surgeons have long known the danger of permitting air to enter an opened abscess. To prevent its entrance, they employ a tube called a cannula, to which is attached a sharp steel point called a trocar. They puncture with the steel point, and by gentle pressure they force the pus through the cannula. It is necessary to be very careful in cleansing the instrument; and it is difficult to see how it can be cleansed by ordinary methods in air loaded with organic impurities, as we have proved our air to be. The instrument ought, in fact, to be made as hot as its temper will bear. But this is not done, and hence, notwithstanding all the surgeon's care, inflammation often sets in after the first operation, rendering necessary a second and a third. Rapid putrefaction is found to accompany this new inflammation. The pus, moreover, which was sweet at first, and showed no trace of animal life, is now fœtid, and swarming with active little organisms called vibrios. Professor Lister, from whose recent able lecture this fact is derived, contends, with the strongest show of rea-

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son, that this rapid putrefaction and this astounding development of animal life are due to the entry of germs into the abscess during the first operation, and their subsequent nurture and development under favorable conditions of food and temperature. The celebrated physiologist and physicist, Helmholtz, is attacked annually by hay-fever. From the 20th of May to the end of June he suffers from a catarrh of the upper air-passages; and he has found during this period, and at no other, that his nasal secretions are peopled by these vibrios. They appear to nestle by preference in the cavities and recesses of the nose, for a strong sneeze is necessary to dislodge them.

These statements sound uncomfortable; but, by disclosing our enemy, they enable us to fight him. When he clearly eyes his quarry, the eagle's strength is doubled, and his swoop is rendered sure. If the germ theory be proved true, it will give a definiteness to our efforts to stamp out disease which they could not previously possess. And it is only by definite effort under its guidance that its truth or falsehood can be established. It is difficult for an outsider like myself to read without sympathetic emotions such papers as those of Dr. Budd, of Bristol, on Cholera, Scarlet Fever, and Small-Pox. He is a man of strong imagination, and may occasionally take a flight beyond his facts; but without this dynamic heat of heart the stolid inertia of the free-born Briton cannot be overcome. And as long as the heat is employed to warm up the truth without singeing it over much; as long as this enthusiasm can overmatch its mistakes by unequivocal examples of success, so long am I disposed to give it a fair field to work in, and to wish it God-speed.

But let us return to our dust. It is needless to remark that it cannot be blown away by an ordinary bellows; or, more correctly, the place of the particles blown away is in this case supplied by others ejected from the bellows, so that the track of the beam remains unimpaired. But if the nozzle of a good bellows be filled with cotton-wool not too tightly packed, the air urged through the wool is filtered of its floating matter, and it then forms a clean band of darkness in the

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illuminated dust. This was the filter used by Schroeder in his experiments on spontaneous generation, and turned subsequently to account in the excellent researches of Pasteur. Since 1868 I have constantly employed it myself.

But by far the most interesting and important illustration of this filtering process is furnished by the human breath. I fill my lungs with ordinary air and breathe through a glass tube across the electric beam. The condensation of the aqueous vapor of the breath is shown by the formation of a luminous white cloud of delicate texture. It is necessary to abolish this cloud, and this may be done by drying the breath previous to its entering into the beam; or, still more simply, by warming the glass tube. When this is done, the luminous track of the beam is for a time uninterrupted. The breath impresses upon the floating matter a transverse motion, the dust from the lungs making good the particles displaced. But after some time an obscure disk appears upon the beam, the darkness of which increases, until finally, towards the end of the expiration, the beam is, as it were, pierced by an intensely black hole, in which no particles whatever can be discerned. The air, in fact, has so lodged its dirt within the passages to the lungs as to render the last portions of the expired breath absolutely free from suspended matter. This experiment may be repeated any number of times with the same result. It renders the distribution of the dirt within the air-passages as manifest as if the chest were transparent.

I now empty my lungs as perfectly as possible, and, placing a handful of cotton-wool against my mouth and nostrils, inhale through it. There is no difficulty in thus filling the lungs with air. On expiring this air through the glass tube, its freedom from floating matter is at once manifest. From the very beginning of the act of expiration the beam is pierced by a black aperture. The first puff from the lungs abolishes the illuminated dust and puts a patch of darkness in its place; and the darkness continues throughout the entire course of the expiration. When the tube is placed below the beam and moved to and fro, the same smoke-like

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appearance as that obtained with a flame is observed. In short, the cotton-wool, when used in sufficient quantity, completely intercepts the floating matter on its way to the lungs.

The application of these experiments is obvious. If a physician wishes to hold back from the lungs of his patient or from his own, the germs by which contagious disease is said to be propagated, he will employ a cotton-wool respirator. After the revelations of this evening, such respirators must, I think, come into general use as a defence against contagion. In the crowded dwellings of the London poor, where the isolation of the sick is difficult, if not impossible, the noxious air around the patient may, by this simple means, be restored to practical purity. Thus filtered, attendants may breathe the air unharmed. In all probability the protection of the lungs will be the protection of the entire system. For it is exceedingly probable that the germs which lodge in the air-passages, and which, at their leisure, can work their way across the mucous membrane, are those which sow in the body epidemic disease. If this be so, then disease can certainly be warded off by filters of cotton-wool. I should be most willing to test their efficacy in my own person. And time will decide whether in lung diseases also, the woollen respirator cannot abate irritation, if not arrest decay. M. Pasteur, for whose work in connection with this subject I entertain a very high admiration, has shown that the germs diminish as we ascend a mountain. By means of a cotton-wool respirator, so far as the germs are concerned, the air of the highest Alps may be brought into the chamber of the invalid. Fifty different occupations might be named in which irritation of the lungs and injured health arise from the inhalation of dust. A properly-constructed air-filter of cotton-wool would entirely abolish the evil. Such a filter, properly constructed, would also be found effectual in warming the air. Provision ought to be made for the frequent removal of the cotton, the cost of which is practically *nil*.

In a letter published subsequently in the *Pall Mall Gazette*, one of the peculiarities of the method pursued in the forego-

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ing lecture is pointed out. Reference is made to the blue color of the sky, which is or may be "produced by particles suspended in the air, and not only invisible to the naked eye, but irreducible by the highest powers of the microscope. Hence, without seeing the individual particles, we may have indubitable evidence of their existence.

"This, indeed, is the point wherein the method pursued in the lecture differs from preceding ones, and is destined powerfully to supplement them.* The microscope seeks for single particles; but they are here taken *en masse*, and their existence demonstrated by the light which they scatter after they have passed utterly beyond the range of the microscope."

Attention was drawn at the same time to the important report of Dr. Angus Smith, published in 1869, which was sent to Professor Tyndall subsequently to his lecture. Pasteur had previously counted the germs of Paris air, but the exceedingly ingenious method employed by Dr. Smith enabled him to concentrate the germs of a very large volume of air in a small quantity of water, and thus to enormously multiply their numbers in relation to the space which contained them:

"I have been favored," says Mr. Tyndall, "by Dr. Angus Smith, with a copy of his fifth annual report, from which I glean some interesting facts regarding the air of Manchester. To catch in water the floating matter of the air, Dr. Smith places a small quantity of the liquid in a bottle and shakes it up with successive charges of air. In one instance he did this 500 times, and then handed over his bottle to an able microscopist, Mr. J. B. Dancer, for examination. The bottle had been shaken in the open air, through which, however, Dr. Smith could not see any dust blowing; at all events, if there were dust, it was only such as people are called upon to breathe. Here are some of the revelations of Mr. Dancer:

* It is competent, for example, to give ocular evidence of the absence of germs in still air; and thus to prove the correctness of Pasteur's experiments on the air of the caves under the Paris Observatory.

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"'FUNGOID MATTER.—Spores or sporidiæ appeared in numbers, and, to ascertain as nearly as possible the numerical proportion of these bodies in a single drop of the liquid, the contents of the bottle were well shaken, and then one drop was taken up with a pipette. This was spread out by compression to a circle half an inch in diameter. A magnifying power was then employed, which gave a field of view of an area exactly 100th of an inch in diameter, and it was found that more than 100 spores were contained in this space. Consequently the average number of spores in a single drop would be 250,000. These spores varied from 10,000th to 50,000th of an inch in diameter.

"'For the purpose of obtaining a rough approximation to the number of spores or germs of organic matter contained in the entire fluid received from Dr. Smith, I measured a quantity by the pipette, and found it contained 150 drops of the size used in each examination. Now I have previously stated that in each drop there were about 250,000 of these spores, and as there were 150 drops, the sum total reaches the startling number of 37½ millions; and these, exclusive of other substances, were collected from 2,495 litres of the air of this city—a quantity which would be respired in about ten hours by a man of ordinary size when actively employed. I may add that there was a marked absence of particles of carbon among the collected matter.'

"Apart from their other effects, the mere mechanical irritation produced by the deposition of these particles in tender lungs must go for something. They may be entirely withheld by a cotton-wool respirator. In various dusty trades and occupations the respirator will also be found a comfort and protection."

The employment of cotton-wool on scalds and burns; its healing effect on wounds generally; the use of flour in erysipelas; even the binding up of wounds by sticking-plaster, and the covering of them by gold-beaters' skin, may all have their rational ground in the fact that they withhold, not the air, but the organic matter of the air.

The reader will bear in mind that as this subject is not one

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with which my own studies would have rendered me familiar, I may be uttering that which has been already expressed by others. A similar remark applies to the history of the subject, which, as might be expected, is by no means meagre. Nyander held that small-pox, measles, the plague, dysentery, and whooping-cough, are all caused by minute animals. Réaumur thought that the small clouds which sometimes seem to hug the earth in summer weather may be insect swarms. Cuvier speaks of the *richesse effrayante* of insect life. Sir H. Holland thinks that the outbreak of carbuncular boils which occurred some years ago in England may have had its origin without the system, as a virus or some form of organic life. Ehrenberg, whose wonderful investigations have been heard of everywhere, speaks of the "*milky way* of smallest organization." The electric beam renders the figure admirably just. Henle maintained that the material of all contagious diseases is not merely organic, but matter possessing all the characters of parasitic life. Eiselt found pus corpuscles in a foundling hospital where the children were suffering from conjunctival blennorrhœa, and proved conclusively that such corpuscles spread the epidemic without contact with the infected persons. Pouchet, the able and ardent advocate of the doctrine of heterogenesis, has devised an instrument called an aëroscope, to catch the microscopic particles of the air. This instrument was employed by Eiselt in the foregoing inquiry. Every Alpine man can testify to the correctness of De Saussure's remark, that a deep blue heaven portends rain, while the air is rendered turbid by a succession of fine days. De la Rive ascribes this turbidity to organic germs which swathe the earth as a light haze. He has devised a photometer for determining the transparency of such air, and of connecting this with the other elements of meteorology. He also refers to the bearing of the subject on epidemic diseases.

The papers of Dr. Budd, in relation to contagious diseases, are full of interesting facts, and marked by rare logical force. Professor Lister has brought to my notice an observation of his own, the sagacity of which is so strikingly demonstrated

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by the experiments on the breath recorded in the foregoing lecture, that I propose to give it special attention at a future time. In a pamphlet published in 1850, Mr. Jeffreys reveals some exceedingly unpleasant facts regarding the air of London. He had then ventilated a house with filtered air, and examined the strained matter. I refer to page 16 of his pamphlet for a statement of what that matter is. Dr. Angus Smith's researches on the air of Manchester have been already mentioned. Dr. Smith also experimented on the air of cow-houses and stables, and concluded that such air contains more particles than the air of the street. Mr. Crookes has sought to entrap the germs in infected places. Dr. Greenhow has examined the lungs of stone-workers, colliers, and potters, and found embedded in them mill-stone dust, silica, alumina, and iron. The important researches of Dr. Stenhouse on the action of charcoal, though not strictly belonging to the present subject, may be mentioned here; and also the experiments of Dr. Marcet.

As may be seen from the foregoing imperfect summary, the history of this subject is voluminous. I shall probably return to it, and give it further expansion.—*Fraser's Magazine.*

ARTICLE XIII.—Freedom of Medical Opinion and Action: A Vital Necessity, and a Great Responsibility.*

By Carroll Dunham, M. D., of New York.

Mr. President, Ladies and Gentlemen,—While the site of this imperial city was still a mere military outpost, and the step of civilization yet hesitated on the eastern verge of the prairies, the department of medical science which this Institute represents, had already a few confessors in the cities of New York and Philadelphia.

* Annual Address delivered before the American Institute of Homœopathy, at its 23rd Annual Meeting, Chicago, June 8, 1870.

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About this time, when sagacious men, perceiving whither the course of empire tended, were laying here the broad foundations of this busy mart, the Homœopathic physicians of our country assembled in New York to inaugurate the institution of which we now celebrate the annual session—the American Institute of Homœopathy—though so young, yet the oldest national medical association in America!

They were a mere handful, and their earnest exposition of the new medical doctrine and practice was received by the profession with contempt and derision. These sentiments, however, were soon merged in bitter aspersions and determined hostility as the new practice found favor with the people. Every weapon which vested privilege, the sole possession of institutions of learning, and the prestige of centuries, could give to a profession which places in every household a ministering priest, to whom its inmost secrets are confided and whose word is almost law, was used with a hearty will against the pioneers of Homœopathy.

I need not describe the trials and obstacles which these noble men encountered and overcame. They belong to the personal history of very many whom God has spared to be with us this evening.

But these difficulties and persecutions gave a peculiar character to the proceedings of the Institute. Its annual sessions were occasions on which converts were added to the faith; and its public exercises were expositions of Homœopathy and protests against misrepresentations.

How great the difference between those earlier occasions and the present! Our science, then so sparsely represented, now numbers her hosts by thousands! The legal disabilities which once hampered her adherents are removed in every State by the will of the people. Public aid is freely extended to our public charities. The task of medical instruction is intrusted to us; and the practitioners of the old school, who but yesterday affected to deride us, are, by the clear intelligence of the community, placed on the defensive!

These happy changes in our relative position involve corresponding duties. No longer obliged to defend for our doc-

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trine the right to a place among the medical sciences, we are still under obligations to perfect it and to work out its relations with the ever-growing store of general scientific knowledge. No longer forced to battle for the right to believe as reason compels us, and to practice as we believe, we are now free to devote ourselves to the avowed object of our Institute, the "Promotion of Medical Science." Our success in this our legitimate work must mainly depend upon the spirit in which we enter upon and prosecute it.

As involving, then, a consideration of what shall be the animus which shall govern the future action of the Institute, I have thought it not amiss to submit to you some reflections upon *Liberty of Medical Opinion and Action: a vital necessity and a great responsibility.*

And in no spot upon earth could one, I think, with better justification and encouragement, speak for liberty of thought and action, freedom of mind and body, than in this noble *city of magnificent ambitions*, and, if that were possible, of still more wonderful achievements!

If this theme to any appear irrelevant on the ground that, in this country at least, there are no restrictions upon freedom of thought and of orderly action, let me remind them that it is not the physical restraint of legal prohibitions and penalties which has alone, or chiefly, impeded intellectual progress among men; nor has the absence of such prohibitions and penalties, of necessity, left men free. Public opinion is a power which few among us have the courage to oppose; and he who persistently defies the judgment of the community, especially if that judgment be supported by supposed pecuniary interests, may expect to meet with persecution, obloquy, and material loss. To cite one proof that persecution may live even in an enlightened republic: many of us here are old enough to remember how those men were treated who, less than thirty years ago, maintained without reservation or exception, the doctrine of the Declaration of Independence, that "man is born with certain inalienable rights, such as life, liberty, and the pursuit of happiness."

As regards the theory and practice of medicine: It is

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scarcely six months since one of the oldest States (New Jersey) repealed the statute which imposes a fine of fifty dollars upon the Homœopathic physician for every prescription he made within the State,—yet it is nevertheless true that legislative bodies have, to a great extent, removed the restrictions formerly imposed upon the liberty of physicians. But that liberty is still most injuriously circumscribed by the force of opinion within the limits of the medical profession itself, as I shall proceed to show by a few examples.

One of the largest and most flourishing medical colleges of the city of New York requires its graduates, on receiving their diploma, to take, in addition to the customary Hippocratic oath, a solemn obligation to return their diploma to the college in case, at any future time, they should deviate in their practice from the methods taught them during their pupilage in the college!

Progress in science and art involves, as a matter of course, the adoption of new principles and methods, as research and experiment shall commend them. But this body of professors would lay an embargo on all progress in the science and art of medicine by exacting from ingenuous youth an obligation not to swerve from the teachings of their Alma Mater on pain of forfeiting their diplomas! Is, then, the science of medicine, as they teach it, so complete, or the art, as they practice it, so successful that any change must, of necessity, be for the worse? What physician would advance, for any system of medical practice, so monstrous a pretence?

But what is a diploma? Is it a permit to practice, which may be revoked at the pleasure of the grantor? By no means. Although the State has attached a contingent value to it, by declaring that whoever possesses a diploma, may, without further condition, enjoy certain immunities and privileges as a practioner of medicine, yet, the diploma itself, in so far as the authority of the college is concerned, is a simple certificate, signed by a body of teachers, and bearing witness that its possessor has faithfully studied and thoroughly mastered the science and art of medicine and surgery, and is competent to practice them. In other words, that he is qualified to judge

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and to do what is best for the sick who ask his advice. Do not his knowledge and his capacity to judge remain the same, even though observation and reflection should lead him to adopt principles and a practice which had not been sanctioned by his teachers?

No men would more loudly proclaim the present incompleteness of medical science than this body of professors. But how shall it ever become more complete if the pupil may not swerve from the teachings of his masters? And wherein lies the hope of mankind in regard to progress of any kind, save in the adventurous spirit of experiment and discoverywhich is the attribute of youth?

It will be said, as is true, that this prohibition is intended to apply only to the adoption of the Homœopatic theory and practice. But this does not alter the principle involved. The imposition of such an oath is a fetter upon the freedom of the young physican,—of which the cruelty is equalled only by the impudence, while nothing can surpass its cruelty and impudence, save only its folly!

But it may be said that this piece of unwisdom is the act of a single corporation, and may not justly be brought as a reproach against the whole profession. Let me cite a clause in the Code of Ethics adopted by the national association of Allopathic physicians. This clause denounces physicians who adhere to one exclusive principle of therapeutics, and casts out from fellowship all who consult with such physicians. The discussions of the Association prove that, by this clause, it means to denounce Homœopathic practitioners, and to forbid consultations with them. Passing, for a moment, the possible inhumanity of such a prohibition, as it might in various ways affect the patient, I speak only of its effect upon the physician. It is conceded that scientific progress is, at least, accelerated by the unrestrained intercourse of active minds, exchanging observations, comparing deductions, and stimulating each other to fresh investigations. It is obvious that, in so intricate a matter as the study of disease and the treatment of the sick, new principles and a new method cannot be skilfully and safely applied by one who,

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whatever his knowledge and abilities, has had neither experience of his own nor opportunity to witness the operations of an expert. It follows that, in so serious a concern as the dangerous illness of a fellow-creature, few physicians would venture to apply a new method of treatment except under the guidance of an expert in that method. But the prohibition and the law of ethics to which I have called your attention, completely precludes such intercourse with Homœopathists as would enable an inquiring physician, not a Homœopathist, to practically study the new method, or to safely test it in his practice. He dares not openly study, dares not practically observe, dares not safely test Homœopathy, under pain of excommunication. This is no mere captious inference from the letter of the law. The action of societies, and the recent discussions of the American Medical Association (1869), establish the point that no intercourse whatever may be had with Homœopathic physicians. That there are many men in the profession too large of nature to wear such fetters, we freely concede; but that the majority are bound by them, the following incident, which came under my own observation, will attest.

Two young physicians, firm friends and classmates, and alumni of the same college, were earnest students of microscopic morbid anatomy. One of them became a Homœopathist. It chanced that, about ten years after graduation, they became residents of the same city, and renewed their acquaintance. The Homœopathist, having met with a rare specimen of structural metamorphosis, called upon his friend with it, stating the result of his own examinations, and proposing that his friend should investigate it with him, as had been their custom of old. To which the "regular" replied: "James, *personally* I highly esteem you, and, as a histologist, I should like to examine your specimen. But, you know, I am a member of the American Medical Association, and its laws forbid my consulting with a Homœopathist. I must, therefore, deny myself the pleasure of conversing with you on professional topics."

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I tarry only to ask, "In what particular is such a course of conduct likely to subserve the promotion of medical science?"

The most candid even of the bitterest opponents of Homœopathy admit and assert that Homœopathy has greatly modified and improved the previously existing theories and practice of medicine. *Fas est et ab hoste doceri.* Assuredly, in so noble and so difficult a work, it is permissible to learn from the errors of others. But how can one get the full measure of knowledge, even from this source, without free access to the field of observation? And this is forbidden by the rules of the craft! In what other profession or occupation are such restrictions imposed? Could the theologian refute his heretical antagonist without a study of the latter's arguments? Is it not the chief concern of the artist, the mechanic, the craftsman, to observe and closely scrutinize his rival's methods of procedure, that he may profit by his discoveries and avoid his mistakes?

Moreover, every tyrannical assumption and exercise of repressive power reacts upon the spirit of those who make it. And the more so if it be the act of a large body of men, rather than of a single mind. Because, in this case every member of the body becomes an involuntary spy upon every other; and, all being conscious of this, the constant endeavor of each is to make sure of compliance with the restrictive law by keeping *certainly within* its requirements. These, therefore become doubly strict, and ever increase in severity. Such is the terrible tyranny of a multitude; a memorable example of which was presented by the restriction upon word and deed which was imposed by public opinion, in the Southern States, before the late war, on the subject of Slavery.

Now, in this way, the consent of the great body of non-Homœopathic physicians to the restrictive and repressive edicts I have cited, has reacted upon themselves, discouraging original investigation and expression in any department of medical science akin to that which is under the ban of their Association—and consequently in the principles and practice of therapeutics—until it has come to pass that the clearest thinkers and closest observers among them abstain from ex-

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pressing themselves, or, if they publish their results, they do so in the most indirect way, disavowing any tendency towards Homœopathy, or else ingeniously and carefully ignoring any apparent resemblance to the hated doctrine and practice. And inasmuch as Homœopathy is, *par excellence*, a principle, the law of therapeutics, the thinkers of the old school guard themselves with ludicrous care from any attempt to express at all —what nevertheless they all proclaim to be wanting, and so desirable—namely, a therapeutic law. And this, through dread that some pestilent Paul Pry in their own ranks should raise the cry, "such an one is turning Homœopath!"

To show that I am not taking for granted this discouragement felt by the thinkers of the profession, and its cause, permit me to read a few editorial paragraphs from one of the ablest allopathic medical journals of our country, the New York *Medical Record*.

"The profession in America has been inclined to *discourage* rather than to encourage original thought among its members. * * * We write in memory of the time when one of the greatest surgical discoverers of the country, whose name all Europe has delighted to honor, was first received here with coldness and despising; when, even in New York, the most progressive of cities, his theories were scouted and his facts were discredited, and all the medical colleges closed their doors against him. We write in memory of the time, but eight years since, when the reviver of the practice of *external version*, which our leading obstetricians now boast of having performed, was driven into exile, hounded not only by his own townsmen, but by medical professors from all parts of the country. We write in memory of the time, when, in one of our principal medical societies, a well known member of the profession used the influence of a deserved reputation and the weight of an honored name, to prevent the discussion of a department of science that is already growing into transcendent importance, both in Europe and America, on the plea that its advocates would be thereby advertised. We write in memory of the time when, on the same plea, the same society remorselessly snubbed a professor in one of our leading col-.

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leges, who in his own department is an acknowledged authority." (*Medical Record*, May 15, 1869, pp. 133, 134.) And again:

* * * "We repeat that, until quite recently, no physician in this country could advance a radically original thought in science without risking not only his reputation, but even his comfort. * * * Not longer ago than 1860, there was published a pamphlet filled with maledictions of the American reviver of *external version*, and signed by a large number of the most prominent obstetricians of the country, some of whom have passed away, but most of whom are yet living, which, if it had been exhumed from the ruins of the Inquisition, would have made our blood run cold with horror. When Professor Thomas read some portions of it to his class in the College of Physicians and Surgeons (in New York), it sounded like the voice of the Middle Ages. Whoever desires to know why America has given so few original thinkers to medical science, let him read that pamphlet. Let him compare it with the persecutions of Galileo, and the ravings of the monks of Salamanca against the future discoverer of America."

Again I quote:

"It may be said that a courageous physician, a real hero, will speak the truth at all hazards and at whatever cost. This is very true, but moral heroes are rare. Many men who have taste and genius for original science, have not united with that taste the heart of a lion or the face of steel that is necessary to conquer despising and opposition. God gives to the world many who can originate ideas; but few who will dare all for an idea. To our personal knowledge, many * * good men and true * * are so overburdened with this great millstone of scientific prejudice, that they kneel in the furrow, fall by the wayside, and, in all the ambition for professional glory, are crushed forever."

How fine an unconscious tribute is this editorial to the moral heroism of those who defied a scientific prejudice and opposition tenfold greater than are here described, and who now form the goodly company of the Homœopathic profession! How many more of our professional brethren, as it

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plainly shows—had they not LACKED "the lion's heart and face of steel"—might have been with us this evening, rejoicing in their mental freedom, and ready to follow truth wherever she leads—into fresh investigations and, if SHE leads the way, to NEW confessions of faith!

Mr. President and Colleagues! It is not a pleasant thing to bring these reproaches against a parent profession which, since the dawn of civilization, has been foremost in every good work; on whose records are names which exalt our estimate of humanity. Far more grateful would it be, reverently stepping backward, to cover from sight the weaknesses of our misguided parent, waiting for time to bring sober justice and the single sight of truth. But circumstances require us to determine the course of our own institution and our own school, and examples so full of instruction and warning we may not pass by.

The American Institute of Homœopathy now represents a school of medicine already numerous and rapidly increasing, strong in the confidence and good will of the people and standing on an equal footing with other schools before the law. The time, then, has passed which called for defences and expositions of Homœopathy, appeals for equal privilege and protests against oppression. We stand henceforth on equal ground as members of the great body of the medical profession, in which we shall take rank according to the worth of our work in the broad field of medical science.

But our position is peculiar in this respect, that, in contradistinction to any body of physicians, we profess a principle of therapeutics so wide in its application as to express the natural law, in accordance with which, in all cases, drugs are to be selected to restore diseased organisms; and so revolutionary in its effects upon methods of medical practice that from it we take a distinctive name—Homœopathists. As a matter of course the community will look upon the composition of this representative body as a standard by which to estimate the character of Homœopathic physicians in our country. It will accept our proceedings and publications as the measure by which to gauge our success in cultivating medical science

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in general and the science of Therapeutics in particular, to which, under the name Homœopathy, we more especially devote ourselves.

This being the case, a decent respect for the opinion of mankind would impel us to keep clearly before our minds the design of this Institute, and would authorize us, in our labors to carry out that design, to exercise the right, which inheres in every association, of determining the qualifications of its members and of establishing rules of conduct and modes of ridding it of discreditable associates.

Accordingly, in addition to the article in our Constitution which explains the object of the Institute, we have adopted a code of medical ethics which defines with considerable minuteness the duties, as we understand them, of physicians to each other and to the public. Associations of other schools have done the same. But we have, besides, a standard which the other school does not possess—a fundamental therapeutic law, which is, to some extent, of the nature of a *creed*, adhesion to which would seem to be essential to membership in the Institute; and without acceptance of which it would appear that no physician could entertain views in common with us, or any desire to unite with us.

When the members of the Institute were few in number; when to avow one's self a Homœopathist required moral courage such as only a profound conviction of truth could give, there was in all its members absolute belief in the Homœopathic law and a general acceptance of the corollaries which are usually conceded to attach to it. But as the new practice became popular, men took the name of Homœopathic physicians who did not accept the Homœopathic law as of universal application in therapeutics, or who did not accept the peculiar modes of practice generally known as Homœopathic: the single remedy, for instance, and the minimum dose. So it results that we find to-day, in the membership of the Institute, all varieties of medical belief and practice that could obtain among physicians who accept the law "*Similia similibus curantur.*"

We have members who profess to prescribe according to

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this law, but who mix remedies in their prescriptions, who alternate and rotate remedies, and whose massive doses would sometimes astonish the Old School itself!

We have, thank God, a band by no means contemptible in numbers, of the strict followers of Hahnemann; not, perhaps, in his logic; not, certainly, in his asperity begotten of oppression, but in the practical rules at which his wonderful sagacity enabled him to arrive as the result of his long and varied experience.

And there are among those who call themselves Homœopathists, some who are impostors; men unworthy to be called physicians; men without knowledge and without conscience, who play upon the credulity of mankind, and pervert to their own aggrandizement every trust committed to them. That such men, professing to be of our school, should be regarded by the community as belonging to it, and should tarnish our fair name by their foul deeds, is certainly a misfortune. Yet, that there are so many of them, is, in one sense, a testimony in favor of Homœopathy! For who ever heard of a patent being infringed which was good for nothing? Who ever heard of impostors claiming heirship to an insolvent estate? Should we probably meet with uneducated or knavish persons claiming to be Homœopathic physicians, were not the success and consideration which attach to that position something desirable? In some sort, then, the very number of impostors and parasites may be taken as a measure of the value and vitality of that on which they cling!

I think I do not mistake the general feeling of our profession in assuming that the time has come for the Institute to establish, if not precise qualifications for membership, at least the general spirit and animus of its future action. Two tolerably distinct classes of cases present themselves for consideration; those which involve questions of the theory and practice of medicine, and those which involve questions of the general educational and moral fitness of actual or proposed members.

As regards the former class, shall we seek to establish a standard of medical faith and practice, which must be

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accepted without reservation, by all who would join us or remain with us? And if so, what shall be its articles? Shall we require belief, first, in the Homœopathic law, *similia similibus curantur*, and that the physician shall follow it in all his operations; or to such or such an extent; and shall we specify when he may follow some other law, and how far? Shall we, further, require adherence to the single remedy; or shall we suffer deviations from this rule, and when and how far? Shall we, moreover, prohibit the mixture of remedies in a prescription, or shall we allow it sometimes, and can we say under what circumstances? And, finally, shall we insist upon the minimum dose, or what shall be our decree on this point?

Mr. President and my colleagues! my own position on these points of doctrine and practice is not unknown to some of you. Holding that the law *similia similibus curantur*, expresses the relation between the specific drug-action and the diseased organism, and that it is a sufficient and the only trustworthy guide in every application of drugs to cure the sick, I fully believe not only that the practical rules laid down by Hahnemann, and which enjoin the single remedy and the minimum dose, are the rules of sound practice, but I believe that every observing physician who faithfully applies the law of cure, will be led by experience to the same conclusion, and will adopt these rules as leading to the best results.

Notwithstanding this belief, I advocate entire liberty of opinion and practice. Nay, *because* of this belief, I plead for liberty; for I am sure that perfect liberty will the sooner bring knowledge of the truth and that purity of practice which we all desire.

So long as we are a body of physicians characterized by a distinctive name derived from the law of cure which we profess, I suppose that none will seek membership in the Institute who do not substantially accept the law. This granted, I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute every applicant of suitable educational and

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moral standing. I deprecate any attempt to regulate or prescribe the opinion and practice of members of our school, for two principal reasons. We *cannot* do it if we *would*, and we *ought* not if we *could*.

We *cannot*. We are not a body claiming to possess infallibility. It belongs not to us to utter denunciations of what we may believe to be errors of faith and practice; nor to put forth an index of the allowed and the forbidden. We are a voluntary association of laborers, simply from the love of knowledge, as is the case with all workers in science; and we have no power to enforce any restrictions upon which we might determine.

We ought not. Not until we have reached the absolute truth should we be justified in establishing a standard of faith and practice. How far we are from that position need not be argued here. Let us remember the wise course of the Bureau of Direction of the Paris Hospitals, when, in 1850, Tessier of Ste. Marguerite made known his conversion to Homœopathy, and it was proposed to deprive him, on that account, of his position as hospital physician. The wise Chomel opposed the proposition, saying that every physician, who is thoroughly qualified to practice, has the right to select his own mode of treatment and to judge what is best for his patients, and may not be interfered with, unless his results are notoriously bad, or he commit some act of unquestionable malpractice. "For," said he, "it is only by the exercise of this freedom that changes and improvements have ever been introduced in practice; and herein lies the only hope of further improvements. Tessier, in practicing Homœopathy, has only exercised the same freedom of selection which Bouillaud and Rayer and Louis and I have enjoyed and, as his results are as good as ours, we may not interfere with him."

In our own case, too, there would be *practical* difficulties in any course which sought to prescribe a rule of practice. For who, of us all, should compose the creed? If the stricter Homœopathists should prevail and exclude those whose practice is mixed (or, as it is offensively styled,

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"mongrel"), that might perhaps accord with my views. But how would it be if the opposite party should prevail? Or, if at alternate sessions of our Institute, the different parties should be in a majority and should make corresponding changes in the creed?

But, ignoring these considerations, wherein would our profession be the gainer? If membership were confined to the comparative minority of us who are stricter Homœopathists, we should be a select company indeed, but comparatively without influence upon the school or the profession at large. We, then, perhaps should no longer hear the gibes and sneers of our Allopathic brethren, who, being themselves without any scientific law to guide them in the selection of drugs, mock at the imperfection of our practice in comparison with our principles—and with about as much reason as the godless profligate who derides the shortcomings of a Christian's life. But I fail to see what good would accrue in the promotion of medical science.

On the other hand, by excluding those who, willing to be with us and of us, had not yet reached our standard of knowledge and practice, we should deprive ourselves of all opportunity to influence them or to show them a better way than they have yet known. For, if we consider that the vast majority of existing Homœopathic physicians were, at one time, Allopathic physicians or students, or at least under Allopathic influence, we shall perceive that our ranks must contain men of all grades of Homœopathic conviction and knowledge; from those who have but just accepted the law and have but little idea of true Homœopathic *practice*, to those who have had long *experience* in the stricter methods of Hahnemann. To doubt that physicians who are sincere enough to join us from acceptance of our therapeutic law, will accept and follow the Truth as fast as it is demonstrated to them, is to discredit all sincerity and earnestness. Indeed, if we harbor such a doubt, we do betray in *ourselves* a sad indifference to Truth and Duty; for how can we judge of others save by our own consciousness of ourselves!

In so far, then, as doctrine and practice are concerned, I

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would have the fellowship of this body free to all qualified and upright physicians who seek it. I would make its sessions occasions for a free and temperate discussion of all questions of this kind on which we differ. Entertaining very definite opinions myself, I ought to welcome the expression of antagonistic opinions and of arguments in their support; for if those who differ from me in opinion are clearly wrong, I ought to be able to show it. If truth and error fairly meet in free discussion, we should not fear for the result. Nor do I know of any effective way to COMBAT ERROR, save by PROCLAIMING TRUTH.

Let us avoid the mistake into which men have often been betrayed, of supposing that if we *silence* an opponent, we have *convinced* him. Let us not fancy that if we exclude a man of mixed practice from our fellowship, instead of teaching him a better way, we have purified our fellowship. Instead of purifying the Homœopathic practice, we should have excluded a large number of its professors from a means of improvement.

The experience of mankind should teach us. Has the method of exclusion and of persecution ever succeeded in convincing men of error and bringing them to accept a different faith? Which have done the most to extend the influence of Christianity—the pains of compulsion or the convincing demonstrations of Christian charity and loving-kindness?

What has been the experience of the medical profession? Excommunication never exterminated heresy. The edicts of the Old School, though supported by the State, have not killed Homœopathy, as witness the host of her adherents, most of whom were once Allopathic physicians or students; although but for these edicts their number would doubtless be much greater. Restrictive decrees do sadly interfere with investigation, observation, and free thought and expression; they shut out all knowledge that might be gained from the successes or even from the errors of those who differ from us. At length they convert that which was intended to be an assemblage for scientific discussion into a convocation for the establishment and application of creeds. We can see this effect in the pro-

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ceedings of the recent meeting of the American Medical Association, the whole time of which seems to have been consumed in determining whether certain physicians who had mingled with certain other physicians, should be kept out of the Association, either under *color of the law*, or under the *law of color!*

Some will say, it is very vexatious to meet fellow-members who are Homœopathists only in name, really ignorant, and giving out their crude assumptions as the science of to-day. It may be equally vexatious to some to meet the stricter Homœopathists. Probably the vexation is not in *meeting* these men, but rather in the fact that they exist and practice and talk as they do. Well, if we expel them, will they not still exist and talk and practice? If we expel them, we deprive ourselves of every chance to teach them better ways; and there is not an earnest man of them who would not gladly learn!

Let us, then, bear with these trials as it may well be others are patiently bearing with our own shortcomings. Let the Institute be an open forum, in which truth shall be so distinctly proclaimed, and so persuasively enforced, that error shall have no chance. Let the pure doctrines of Homœopathy, illustrated with all the ability of their advocates, be trusted to do their legitimate work. We need not fear for the result. If it chance that they who hold these doctrines find that there are broad fields of medical science which they have not so carefully cultivated as their neighbors; or, if some neophyte, fresh from the instructions of the old school give us, in exchange for our therapeutic knowledge, some glimpses of the progress of pathology which shall show us that one day our sciences, now at variance, may be harmonized again, I think that the great object of the Institute, "the Promotion of Medical Science," will be thereby more truly advanced than by any degrees of exclusion or resolutions of close communion!

And, reminding you again of the object of our Institute, and still pleading for that large liberty without which it may not be attained, let me add: Should WOMAN come, with her

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different equilibrium of intellect and physique, with her special and distinctive tests of drugs, to make our Materia Medica as all-sided and complete as is the human organism, to the care of which our science is devoted, let us welcome her contribution to our still imperfect store of knowledge, and give the hand of equal fellowship in the profession to a claimant who presents so unquestionable credentials!

III. As every right implies a corresponding duty, so does liberty of medical opinion and practice involve a great responsibility.

As regards the individual practitioner, the plea for freedom to practice according to his judgment, presupposes full qualifications for forming a correct judgment—qualifications acquired, in the first place, by a thorough course of theoretical and practical study during his pupilage; and maintained by unremitting and earnest labors to keep up with the progress of medical science in every department. It presupposes earnestness and faithfulness in the application of all his faculties and acquisitions to the exercise of his profession, in whatever sphere he may work. Finally, it presupposes a guileless honesty, which pledges him to only the legitimate aims of his professional labor, no desire for selfish aggrandizement standing first in his thoughts.

As regards such organizations as the Institute, the claim of perfect liberty of medical opinion and action which we have successfully urged against the Old School, and which, therefore, for consistency's sake, no less than because it is just, we should freely concede to all, involves a care that those whom we can influence shall be directed in the right way, by precept no less than by the weight of our corporate prescription and by the penalty of our corporate disapprobation. Inasmuch as these points of duty, earnestness, honesty, devotion, are moral considerations, touching which there can be neither doubt nor differences of opinion among right-thinking men, it is fitting that our Institute, which imposes no restrictions upon liberty in the uncertain things of medical opinion and practice, should establish positive standards of character, and should hold members to a strict moral accountability.

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Accordingly we find that the Code of Ethics adopted by the American Institute of Homœopathy, while it contains not a single article enjoining or forbidding anything touching the practice of medicine—which it leaves to the judgment of the physician—dwells with solemn emphasis upon the earnestness and devotion which should animate the physician in the study of his profession and the discharge of its duties. It also specifies certain acts as unworthy of the physician.

Thus, it condemns the advertisement of special processes, the public parade of unusual operations and cures, the public promising of cures in special cases or without limitation. This is because the spirit which prompts such advertisings and promises is one of self-seeking, leading to a concealment from others, and from one's self, of the advancement of science; and the act is one of positive dishonesty, no physician being justified in direct or indirect unqualified promises to cure.

The Code even disapproves of any physician obtaining or holding a patent for any medical or surgical method or apparatus. Not because the profession should not devise such things, nor because those whose ingenuity and industry have produced desirable results are not deserving of pecuniary emoluments, but chiefly, as I suppose, for the following reasons: The physician or surgeon ought to stand before his patient with a judicial, unbiased mind; familiar with all the resources of his art, and perfectly free to stretch out his hand in any direction, and appropriate and make use of any appliance or apparatus which the case may seem to him to call for. Such impartiality of mind, though the patient may rightly demand it, it is hard for the physician in any case to attain and preserve. We all know that education, early association, prejudice, habit, will give us a bias towards certain procedures and appliances, and a prejudice against others. We all have hobbies, and are in danger of riding them, to our patient's damage.

Now, if to this infirmity of our nature, we add the inducement of pecuniary gain, such as might result from the possession of a patent, there is danger that the bias will become so strong, even with the best of us, that our judgment will be

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no longer sound, nor our observations trustworthy. If you doubt this, listen to the doctor who has patented a pessary or a truss, as he describes its uses and its merits. Do you trust his statements as you would those of an expert who had no interest whatever in the apparatus? Do you not, as you listen, make a large discount because of his patent? Neither can his judgment, as to the suitableness of his apparatus for a patient, be implicitly trusted. As he listens to the patient's story, do you not see that his mind is already made up? His eye glistens, his lip quivers with impatience as he awaits a favorable opportunity to interrupt the patient with the promise of a cure, and an assurance that his patent apparatus will surely effect one.

It is because the physician ought to be preserved from these temptations, and ought to have his mind as free and impartial as the human mind can be kept, to select among all the appliances that human skill and ingenuity have discovered or devised, *the very one* which will be best for his patient, that the patenting of remedies and apparatus has been disapproved by the profession.

I will not weary you by reciting further prescriptions and prohibitions of the Code of Ethics; its requirement of the subordination of all personal preferences and desires of the physician to the good of the patient; its specifications of what is unfair conduct in and after consultations, etc. All of these instances show the responsibilities which are entailed upon the physician to whom freedom in practice is conceded; and to these responsibilities this Institute should not fail to hold its members.

There is another department, in which, if possible, a still greater responsibility rests upon us. Ever since Æsculapius ascended to the skies, leaving the sick world in charge of his disciples, medical science has been handed down from generation to generation of its votaries, each adding to its stores of knowledge. It now rests in our care; on us is the responsibility of its transmission to our successors, a brighter and more beneficent light than when we received it. Something peculiar, and very distinct from other departments of knowledge, possessing almost a language of its own, medical science

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has been in exclusive possession of physicians, and they have had sole charge of medical education. To their honor be it said, the trust has, with rare exceptions, been faithfully and generously discharged.

What, however, could be more fatal to our great object, "the promotion of medical science;" what more destructive to every purpose of our profession, than a betrayal of this trust by neglect in the education of medical students, or, what is still worse, a prostitution of the powers and privileges granted to educators, by the introduction of unqualified or unworthy men into the profession?

If, while leaving the practice of medicine free to all well-qualified, earnest, and honest practitioners, this Institute count it as one of its functions, to see that its members be well qualified to practice their profession and that they be unselfish, honest and faithful in the exercise of their individual duties, how much more is it incumbent on it to see that no unworthy men are brought into the profession or foisted upon it, by the neglect or through the dishonest connivance or procurement of those to whom has been intrusted the office of teacher! Nor could too severe a sentence be executed upon such as should have thus abused this sacred trust!

Am I reminded that neither in our laws, nor in the Code of Ethics, is there any allusion to the subject of medical education, much less any reprobation of such delinquencies on the part of medical teachers?

Let me reply, that in the law of no country, I believe, is there a prohibition against poisoning the wells of drinking water, nor a penalty for doing so. Yet, by the common consent of mankind, he who commits this dreadful crime, even though a hostile army be on the march through his neighborhood, is deservedly dealt with by a drum-head court-martial, and a short shrift. What milder punishment should he receive who poisons or diverts the springs of knowledge in a matter that concerns the life and welfare of mankind?

In the old Roman law there was no penalty for parenticide. The lawgivers would not, even by a law *against* it, sanction the idea that a man *could* raise his hand to take the life of those who gave him being. None the less relentless,

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on this account, was the punishment of the parricide! In what degree should that teacher be less detested who has committed the unanticipated crime of a deadly assault upon the science to which he owes his professional life, by deliberately placing her torch in hands unworthy to receive it!

Of this nature, then, are the responsibilities which are involved in the enjoyment of freedom of medical opinion and action.

Do we demand liberty of opinion? Then must we take care that our opinions rest on a foundation of study and acquirement which embraces the entire circuit of medical knowledge, and takes in and honestly estimates every new contribution to it, no prejudice of place or person giving a bias to our reason. Then must we act in the spirit of Hahnemann's noble admonition: "In a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it becomes a *crime!*"

Do we claim liberty of action? Then must we take care that our action, springing from well-grounded opinion, be honest, faithful, and efficient.

Let us, as individuals and as an Institute, manfully meet these responsibilities which our claims and our conceded position alike impose upon us.

In questions of moral obligation, let us pursue no hesitating course.

But touching the open questions of medical opinion and practice—while each of us earnestly proclaims the opinions he has espoused, and zealously puts them in practice—let us cultivate the catholic and noble spirit of Chillingworth:

"I will take no man's liberty of judgment from him; nor shall any man take mine from me. I will think no man the worse man. * * * I will love no man the less for differing in opinion from me; and what measure I mete to others I expect from them again."

At the close of the Address, the members and ladies were invited to the St. James Hotel, where strawberries and cream were freely provided. A very pleasant social hour was passed.—*Medical Investigator, Extra.*

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General Record of Medical Science.

CROTON-TIGLIUM—*Croton Seed.**

HISTORY.—The croton seed is spoken of by *Avicenna* and *Serapion*; it was known to them under the name DEUDE. *Cristoph d'Acosta* is the first European who described it, which was in the year 1578. The physicians of the 17th century used it very little. In modern times, on account of its valuable medicinal oil, it was brought more to the notice of physicians by *White* and Marshall (1819).

NATIVITY.—In the East Indies, the East Indian Archipelago, and Ceylon.

MODE OF PREPARATION.—From the seed, which comes to us through commercial channels, the tincture is prepared according to Rule I. (see Altschul's Real Lexicon). This tincture has a burning taste. The fatty oil (Oleum Crotonis), in case this is to be prepared for use, must be diluted according to the decimal scale, as triturations made with the milk sugar very soon become rancid.

PECULIARITIES.—The seeds give rise, from their burning, sharp taste, to a feeling of violent scraping or scratching, and inflammation in the throat. The croton seeds contain important components—a volatile oil, a fatty oil, croton acid, and an alkaloid, the crotonin, and lastly a resin, which has the same purging action as the ethereal oil.

PHYSIOLOGICAL ACTION.—On the Nervus vagus or Pneumogastric nerve (*Romberg*); upon the entire intestinal canal; upon the vascular system, which *deprimates* very quickly.

CHARACTERISTIC MEDICINAL ACTION.—Scarlatinal reddening of the skin, with miliary-like pustules, erysipelatous inflammation of the skin, particularly so after the external use of croton oil; forcing pain towards both of the auditory canals; drawing pain in the inferior maxilla; toothache, with swelling; angina tonsillaris, with suppuration; feeling of warmth in the pharynx, extending along the œsophagus; cutting pain above the navel, tense or straining pain in the inguinal region, diarrhœal stools, noticeable increase of the urine, hoarseness, gathering of phlegm in the larynx, rheumatic pains in the superior and inferior extremities.

We will now cite the experiences of the physicians of the old school with this remedy, as from the side of the homœopathists there is, up to the present time, nothing before us.

It has been found useful—

1. In *acute* and *chronic rheumatic affections.—Magendie, Andral.*
2. In lead colic, relieving and alleviating the pain.—*Tanquerell.*
3. In suppressed eruptions, particularly after scarlatina and miliaria.—*Ivret.*

F. S.

* From Dr. Altschul's Real Lexicon für Homöopathische Arzneimittellehr. Ther.

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RAJA-OLEUM.—*Ray Liver Oil. Liver Oil from the Raja-Batis and Clavata.** A remedy of the new Physiological School.

The Raja-Batis, or White Ray, is mostly used as an article of food. This fish has often a weight of 200 pounds and over. It is known as an Aphrodisiac; its liver is very palatable, giving a white oil, which is used in Scotland against Rachitis. In Greece and in Turkey the steam of the ray, which is laid on burning coals, is inhaled as a remedy for intermittent fever, and the gall is used in ophthalmic affections. The Raja-Clavata is a much smaller, and more prized species. It is caught off the coast of Bretagne, and its liver gives a much prized oil. This oil, after a long time, becomes light-yellow, smells like cod-liver oil or fresh sardines, and contains more Iodine than the cod-liver oil. For a long time the Ray's-liver oil has been used as a popular remedy for scrofula (Zweiwuchs), and arthritis or gout. *Trousseau*, in his clinic, and *Wartous* and *Bonnet* in their practice in the already cited diseases, found it highly beneficial, and even more so than the Oleum-Jecoris aselli, from the greater quantity of Iodine it contains.

It is useful, also, in cramp-like retention of a hernia and obstinate constipation; in affections of the vocal and pharyngeal nerves, after taking cold (*Romberg*); in chronic hoarseness (*Andral*) and chronic inflammation of the larynx (*Ivret*).

REMARKS.—It will be understood that the most beneficial use of the croton oil (Oleum-crotonis), and of the tincture, is mostly when applied externally, and in some cases also when used internally. It is also said that the croton only acts in dry and warm weather.

ANTIDOTES.—According to various writers, the preparations of Lead are most useful.

Dose.—2-3 dilution, externally; 15-30 dilution, inwardly. F. S.

Reviews and Bibliographical Notices.

1. ALLGEMEINE HOMOOPATHISCHE ZEITUNG, Vol. LXXX. *Leipsic.* 1870. Edited by Dr. V. MEYER.

We are pleased to find in this valued veteran journal of May 30th, a minute and correct statement of the condition and progress of Homœopathy in the State of New York. Having seen inaccurate statements on this subject in some of our own periodicals, we take pleasure in copying the announcements

* From Dr. Altschul's Real Lexicon für Homöopathische Arzneimittellch. Ther.

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sent us from the other hemisphere. The enterprise, energy and ability of the *Allgemeine Zeitung* have long been well known to us. It says:

"The State of New York, through its late Legislature, which has just adjourned, has passed a special Act granting to the newly established Hahnemannian Hospital, of New York city, a piece of land consisting of *twelve lots* (125 feet frontage by 200 feet in depth), equal to near half an acre of ground. This property lies in the healthiest part of the city, close to the beautiful and celebrated Central Park, and is bounded by some of the most public thoroughfares of the city. The value of this property is estimated at from $70,000 to $80,000. (Competent authorities have since rated it at $100,000.—Ed.) In addition to this donation, the Legislature made a grant in the State Charity Bill of $20,000, to be used in the erection of the new hospital building. In support of the present hospital, the city of New York has made a grant of $10,000. (Which sum has already been received by the Treasurer of the hospital, John Davidson, Esq., President of the Manufacturers and Builders' Bank.—Ed.)

The total appropriations for Hahnemann Hospital amount at least in value to over $125,000.

We annex the amounts embraced in the Tax Levy, and State Charities Bill.

Grants made in the New York City Tax Levy, and in the State Charities Bill, in aid of the following-named institutions:

Homœopathic.	City.	State.
New York Dispensary	$1,000	$2,000
Bond Street "	5,000	1,500
Tompkins Square Dispensary	1,000	1,000
North-Eastern Medical and Surgical Dispensary	2,500	3,000
N. Y. Medical College Dispensary	1,000	1,000
Western " "	2,500	1,500
Metropolitan " "	3,000	.....
Hahnemann Hospital	10,000	20,000
N. Y. Ophthalmic Hospital	.....	2,500
Woman's Medical College and Hospital	10,000	10,000
Total	$36,000	$44,500

Homœopathic Dispensaries in the State at Large.

Buffalo Homœopathic Dispensary	$750
Brooklyn " "	500
Morrisania " "	500
Poughkeepsie " "	800
Albany " "	700
Gates Avenue " " of Brooklyn	500
Total	$3,750

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Allopathic.	City.	State.
N. Y. Dispensary	$1,000	$6,000
Northern "	1,000	500
Eastern "	1,000	1,000
Demilt "	1,000	1,000
North-Eastern Dispensary	3,000	1,500
North-Western "	1,000	.....
Yorkville "	1,000	1,000
Harlem "	1,000	1,000
Manhattanville "	1,000	.....
Hoffmann "	2,000	.....
N. Y. Medical College for Women Dispensary	1,000	300
Central Dispensary	2,000	.....
German "	1,000	600
Western " for Women and Children	1,000	300
New York " for Diseases of the Throat and Chest.	2,000	.....
" " for Treatment of Cancer	.....	1,000
" Eye and Ear Infirmary	.....	1,000
" Infirmary Dispensary	.....	500
" Ophthalmic and Aural Institute	.....	1,000
Total	$20,000	$16,900

Other Institutions not classified in the above.

	City.	State.
Orthopædic Dispensary	$5,000	.....
Eclectic Dispensary	1,000	2,500

To the Homœopathic Asylum for the Insane, at Middletown, N. Y., $150,000, on condition that an equal sum be raised by private subscription.

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2. *Lectures, Clinical and Didactic, on the Diseases of Women.* By R. LUDLAM, M. D., Professor of Obstetrics and Diseases of Women, in Hahnemann Medical College, Chicago. PART I. Chicago: C. S. HALSEY, 66 *Lake street;* WESTERN NEWS Co., 121 *State street.* Philadelphia: F. E. BOERICKE. New York: BOERICKE & TAFEL, 145 *Grand street.* 1870. 8vo., pp. 112.

We have now in hand the first instalment of a long-expected treatise on a subject of the highest importance; and we are assured by the enterprising publisher that the entire work, which will be comprised in five or six parts, of 96 pages each (royal octavo), will be completed in the course of a few months.

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The whole extent and scope of the author's field of labor may not be intelligently estimated by the study of the portion now before us; but finding that each part constitutes an independent work, we proceed to examine that already received.

Part I. consists of five or six *Clinical Lectures* of just that character which students are perpetually seeking for. The author, instead of making out a systematic classification and nosology of all known forms of diseases of females, and then seeking, in the course of ten years, to find a case which might illustrate each of them, begins with such cases as he can first find. He gives in detail the history of the case before him, uses it as a sample of a widely extending *class* of cases, any one of which can be treated more intelligently and successfully by the practitioner who has in view all the facts and principles which it is the purpose of the lecturer to set forth. It is universally known that the young physician who has only treated a few cases, making out the diagnosis for himself, and made the best use he could of the books in selecting the proper remedies, progresses more rapidly in the acquisition of knowledge really useful than he ever did in reading elementary books, or hearing lectures on the general principles of medical practice. It is equally true that clinical lectures delivered in the presence of the patient are the most popular with students, and are of the highest utility. Still, it must be confessed that few college cliniques have ever been able to supply the number and variety of cases in the hands of competent teachers that would be needed to fill the ideal of the clinical instruction which we have all dreamed of. Instructive, suggestive, typical cases are not always forthcoming at the moment when the clinical teacher is ready to speak of them; and, still worse, the teacher never finds time, within the few hours assigned him, to diagnose and prescribe in presence of the class for the patients he *could* bring before them. Even in a school which has only eight or ten professors, four out of the eight must always feel that, in the small space of two hours per week, he can only present to the class a dry, uninteresting abridgment of the subject assigned him. Fourteen or twenty professors may be talked of, but of more than half of them each successive class will say, "his lectures are indeed dull and tedious, but fortunately we shall *not be compelled to hear many of them.*" The ordinary period allotted to a college course is entirely *too short*. Nothing less than a three years' course will hereafter do justice to students or the public.

We can not, indeed, expect to see so expensive a reform immediately carried out; and we are therefore the more willing to accept improvement in teaching when it comes in some other intelligible shape. The press must make good the deficiency of practical teaching; a teacher of the largest observation and erudition now contributes in a readable and attractive form the first series of *Lectures, Clinical and Didactic, on the Diseases of Women.*

How far the part now received, or even the whole contemplated work, may go in filling the wants of the anxious practitioner, we shall not now undertake to say. Each reader will surely find every page filled with carefully reported facts and observations, satisfactory and intelligible to the men who have seen much, and instructive as well as suggestive to all who earnestly desire to see and know more. We cannot pretend to make any analysis of this volume of

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112 pages. A glance at the headings of some of the sections awakens the desire to read each one immediately.

Beginning with *Lecture I.*, we have the following sub-headings:

Prolapsus Uteri with Dropsy, dating from the Climacteric Period.

Leucorrhœa, with Chronic Ovaritis.

Morning Sickness of Pregnancy and Retroversion.

On Weaning a Child, and the subsequent Treatment of the Mammary Glands, Galactorrhœa.

Lecture II.—Molar Pregnancy—False Conception.

Leucorrhœa—the Cause, Impaired Lacteal Secretion.

Too Frequent Menstruation in Incipient Phthisis.

Burrowing Abscess of the Mammary Gland, with a Sinus.

Abortion, with Misplaced Pains.

These are the leading cases, the history and treatment of which furnish the foundation upon which the first few pages of the superstructure are built up. Within these fifty pages a large number of interesting practical problems are raised and discussed, the main points of each being indicated by side-headings already named in the table of *Contents*, and, undoubtedly, to be hereafter referred to under appropriate words by an extensive *Index*.

The whole number of cases and practical questions to be introduced and discussed, if not settled, in the entire work must be quite large; and, if we may not expect these cases to become final "precedents" and *authoritative* guides for the general practitioner, they will be appealed to in many a consultation. They will brighten the pathway of the inquisitive student, explode much of the error and mystery which enshroud the popular quack, and which continue to confuse the minds of men who really desire to find the truth; and many a pretentious impostor who has lived on the ignorance and credulity of deluded women and their friends, will find his practice criticised more harshly, and his frauds exposed more frequently, in proportion to the progress of authors and publishers in disseminating better teachings among physicians more thoroughly and truly educated.

There are a few points of practical importance on which the teachings of the present author will not be assented to by all the critics. The young physicians, who most need his counsel, will surely give him a candid hearing; from others we shall hear in due time.

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3. *The Journal of the Gynæcological Society of Boston.* Devoted to the Advancement of the Knowledge of the Diseases of Women. Boston: James Campbell, 18 *Tremont street.* May, 1870. 8vo., pp. 64.

This number contains many valuable articles, some of which convey sharp personal attacks upon individuals who will probably defend themselves somewhere. A feature of this number is a supplement of 19 pages, in which we have the last legacy of Sir James Y. Simpson to the profession. In a "Reply

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to Dr. Jacob Bigelow's Second Letter," Dr. Simpson gives his version of the anæsthetic question. His account of the discovery of the anæsthetic powers of Chloroform is sufficiently clear; the merits of other experimenters are perhaps not fully appreciated, and the dangers of Chloroform are not recognized by the author.

The June number of this journal is dressed in mourning for Sir James Y. Simpson.

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4. *Anatomy, Descriptive and Surgical.* By HENRY GRAY, Fellow of the Royal College of Surgeons, and Lecturer on Anatomy at St. George's Hospital Medical School. The DRAWINGS, by H. V. CARTER, M.D., late Demonstrator of Anatomy at St. George's Hospital; with *Additional Drawings* in the Second and Later Editions by *Dr. Westmacott;* the Dissections jointly by the *Author* and *Dr. Carter;* with an Introduction on General Anatomy and Development, by T. HOLMES, M.A., Cantab., Surgeon at St. George's Hospital; Mem. Corresp. de La Soc. de Chir. de Paris. A new American from the Fifth and Enlarged English Edition. With Four Hundred and Sixty-two ENGRAVINGS ON WOOD. Philadelphia: HENRY C. LEA. 1870. pp. 876, imp. 8vo.

A work so well known to the whole medical profession as "GRAY'S ANATOMY, *Descriptive and Surgical*," can scarcely need any notice in its successive appearances on the boards where it has so often been seen and so heartily welcomed. The publisher has now sent it forth again in the same grand imperial octavo form, and in the same complete artistic dress in which it has so often already gladdened the eyes of students and practitioners. It can not be claimed that it is all new, for in all former editions it has most accurately represented the latest phases of this already well-known field of human knowledge; in endeavoring to improve a work which was so complete before, the publisher and editor have undertaken a difficult task; and we do them no more than justice when we say that in structure, material and arrangement, the book, as we now receive it, presents striking and important improvements, not only over its former self but over every other text-book of Anatomy with which we are acquainted.

The introductory chapter presents a lucid and beautiful exposition of Microscopic and general Anatomy, the chief processes of the development of the ovum, and of the structures characteristic of the fœtal state. This preliminary section occupies 113 pages and its many subjects are illustrated by 67 clear and beautiful drawings. Of the remaining seven hundred pages of letter-press, and four hundred illustrations, it would be useless to speak in

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detail here. There is one feature which fascinates the eyes of all inquisitive readers and is apparent on nearly every page; this consists in the bold, graphic wood engravings which give such faithful maps of the most complicated structures, each tissue, organ, region or minute portion of each texture being associated in the eye with its appropriate name. We do not expect to see the merits of the dissecting room rivalled by those of the best book on Anatomy; but the value of the demonstrations of the amphitheatre are immensely increased by the still more intelligible demonstrations which this volume furnishes. The student who has become familiar with these pages will speedily master the difficulties of dissection; the physician who has ever made a patient study of the mysteries of the human body will, in every succeeding year, return with undiminished interest to these same pages; and on each occasion he will be happier in reviving in his memory important truths which he could not afford to forget.

It will not be claimed by the most exacting reader that *any* book of *any size* can contain everything that some of us may at some time need to know. It is sufficient praise for an author of reasonable vanity if we say that he has wisely and judiciously filled the *space* which publishers and purchasers have declared to be *large enough*. If *Gray's Anatomy* be not large enough, we think that the fault, instead of being that of the author, is rather that of everybody else.

In a few points we have not found the full descriptions and illustrations we hope yet to find somewhere. As an example, we refer to page 738. The space devoted to the description of the COLON and RECTUM is entirely too small. The diseases of those portions of the prima via are generally treated very poorly by men of every school. In seeking help for such cases in consultations and in books we have generally been disappointed. In the absence of better and later authority we will make an extract from an older book, now little read:*

"The results of the examinations establish the correctness of the inferences drawn from a number of facts, but in a much more positive and precise manner; for they distinctly prove, first, that in the healthy and natural state all that part of the rectum above its pouch, is at all times, with the single exception of a few minutes previous to evacuation of the bowels, firmly contracted and perfectly empty, at the same time that the pouch itself, and also the sigmoid flexure of the colon, are always more or less open and pervious; lastly, that the sphincter ani muscles are merely subsidiary agents in retaining the fæces.

"These conditions of the sigmoid flexure and rectum in the healthy state, are directly opposite to those in which these intestines have been heretofore universally considered to be placed, and lead to views very different from those hitherto universally entertained, not only of the physiology of the intestinal canal, but also of the pathology and treatment of intestinal diseases. In order, therefore, to remove all rational doubt respecting so important a point, as well as to prepare the way for giving a correct general view of the manner in

* New Views of the Process of Defecation, and their application to the Pathology and Treatment of Diseases of the Stomach and Bowels. By James O'Bierne, M. D., Surgeon Extraordinary to the King, etc. Washington Edition, 1834.

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which the contents are moved through and expelled from the alimentary tube, I shall now show that the structure and disposition of the parts in question, the sources from which they are supplied with nervous influence, and the nature of the functions they have to perform, are such that these parts cannot be in any other than the conditions just mentioned.

"While the small intestines can be said to have little more than one muscular coat, and the cæcum and colon but a similar, with the addition of three narrow longitudinal bands, the rectum possesses an internal coat composed of strong fleshy fibres set closely together, and arranged circularly, and an external composed of still stronger and more fleshy fibres arranged longitudinally, also set closely together, and so as to completely surround and cover the internal coat; in addition to these, each of the three longitudinal bands of the sigmoid flexure sends down strong fleshy fibres to be expanded upon and intermixed with those of the proper external coat. *It is therefore both an anatomical and a physiological fact, that this intestine exceeds every other part of the intestinal canal in the number and strength of its muscular coats, and consequently in muscular power.* Again this intestine is the only portion of the intestinal canal into which we can trace branches from the regular spinal nerves going directly, and without previously interlacing with filaments of the sympathetic, into its substance; for we can not only trace, but plainly see, that the right and left sacral plexus, which consist of nerves of this description, send the hæmorrhoidal in this manner to supply the rectum. *It is also, therefore, both an anatomical and a physiological fact, that this is the only part of the intestinal canal which receives nerves directly from the motific and sensific columns of the spinal marrow; and, consequently, that a much higher order of irritability and sensibility is bestowed upon it than upon either the small intestines, the cæcum, or the colon, and that it is directly subjected to the influence, both healthy and morbid, of that all-important organ.*"

The physiological functions of the colon and rectum are supposed to be simple, and so they are; but who has taught us how to understand and correct their many pathological changes? Dr. O'Bierne, who is about the last teacher who has claimed to speak of them with the authority of an original observer, says further:

We assume, then, "that the fæcal mass has been conveyed into the sigmoid flexure, and that the repeated descent of similar masses causes this portion of the colon to become distended, and to ascend from the cavity of the pelvis into the left iliac fossa. When this occurs, the flexure, in proportion to the rapidity and degree of its distension, begins to turn upon the contracted rectum as upon a fixed point, until at length, like the stomach, it directs its greater arch forwards and upwards, and its lesser backwards and downwards. By this movement the contents are brought somewhat perpendicular to, and so as to bear directly upon the upper extremity or annulus of the contracted rectum; but as their mere weight is insufficient to force a passage downwards, and as this end cannot be accomplished either by such gentle pressure as that exerted by the alternate contraction of the diaphragm and abdominal muscles in ordinary respiration, or by the efforts of the flexure itself, in consequence of its muscular power being so very inferior to that of the rectum, they are compelled to remain stationary until such time as the increasing accumulation

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and distension produce a sense of uneasiness sufficient to call into action those great expulsive agents, the diaphragm and abdominal muscles."

It is asked, "Why are the abdominal muscles called into action when the cæcum and colon are distended?" The answer is supposed to be given by the Researches of M. Breschet (8vo. Paris, 1830), "Experiments on dogs, horses, and sea-hogs, have shown," "that while the pneumogastric nerves alone govern the motions of the stomach, and, conjointly with the sympathetic system, those also of the superior and greater portion of the small intestines, the extremity of the spinal marrow, or rather the branches which it gives off, alone govern the motions of the lower portion of the ileum and the whole of the large intestines." "It appears, then, that the motions of the large intestines, contrary to the opinion generally entertained, are not of an involuntary nature, but placed directly under the influence of the will, and subjected to that great source of voluntary action. It appears also, that these motions are intimately associated with those of the abdominal muscles, in consequence of both being governed not only by the same source, but by the same branches of nerves proceeding from that source. But as these nerves are not simple, but compound, and, besides conveying a motific principle to the muscular, convey a sensific principle to the mucous and serous coats of these intestines, and inform the sensorium of the condition of all the parts to which these principles are supplied, it is evident that the state of the membranous coats, and the influence of the will, must also be taken into account in explaining the connection between the large intestines and the muscular parietes of the abdomen. Commencing with the membranous coats, it will be found that their respective situation, organization, and functions are such as to connect one of them intimately and the other scarcely, if at all, with the action of the abdominal muscles. Thus, the serous coat, from the nature of the situation it occupies, from its comparatively low rank in the scale of organization, and from its performing merely the offices of investing and supporting the bowel, and pouring out a lubricating halitus to prevent adhesions between its surface and that of surrounding parts, is not exposed to, or known to be susceptible of, what can be strictly termed irritation; accordingly, when, from any cause, it becomes the seat of inflammatory action we never observe anything like an expulsive effort made, or any evidence of irritation. The *mucous coat*, on the contrary, holds a high rank in the scale of organization."

The bearing of these views on *structural diseases of the colon and rectum* will be shown in a future article.

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5. *Transactions of the Medical Society of the State of New York*, for the year 1869. Albany: 1869. 8vo, pp. 364. Published by the State.

This volume, containing the proceedings of the "Sixty-second Annual Session" of the New York State Medical Society, and published for the Society by the State, contains many articles and items of interest to physicians of every school. The annual address by the President, J. V. P. Quackenbush,

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is a classical and eloquent paper. Of the points in which we agree with him we need not speak here. He says, however, some curious things, of which one may be mentioned. He says (*Transactions*, 1869, page 81): "The American who discovered CHLOROFORM should receive the thanks, as he has received the acknowledgment of the world!"

If *any American* "discovered Chloroform," we would be pleased to get a report from the discoverer in his own handwriting. Americans are proverbially known as being *too modest*, and we are determined, on *all* occasions, to do them justice. We think however, that *Chloroform*, or the *Terchoride of Formyl*, was discovered by *Liebig* and *Soubeiran* in 1832, so nearly at the *same* time that we are not sure who was first. We, therefore, post the books and give the following Chronological Table of

The use of Ether and Chloroform as Anæsthetics:

1831. Chloroform discovered by Soubeiran.

1832. Chloroform discovered by Liebig.

1835. Dumas successfully investigated the chemical relations of Chloroform.

1842. Dr. Mortimer Glover experimented with it on different animals.

1844. December 11, Dr. G. Q. Colton administered Nitrous-oxide gas to Dr. Horace Wells, at Hartford, Conn,, and Dr. Riggs, a dentist, extracted Dr. Wells' upper molar tooth, giving him no pain.

1844—December.—Dr. E. E. Marcy, now of New York, suggested to Dr. Horace Wells the use of Sulphuric-ether as more available, and equally safe; and, under anæsthesia produced by Ether, he cut from the head of a patient "an encysted tumor of about the size of an English walnut." (See *North American Journal of Homœopathy*, Aug., 1865, Vol. XIV., pp. 57-64.)

1846—Spring and Summer.—Dr. Wm. T. G. Morton, a resident of Boston, experimented with Sulphuric-ether.

1846—Sept. 30.—Dr. Morton extracted a tooth, without pain, from a patient rendered insensible by Ether inhaled through a folded cloth.

Oct. 16.—Dr. Morton's first experiment with Ether at the Massachusetts General Hospital; operation without pain by Professor J. C. Warren.

1847—January.—Sulphuric-ether introduced and established as an anæsthetic in obstetrical practice in Edinburgh, before it was tried in such cases in America.

1847—March.—Flourens more definitely ascertained, by experiments, the effects of Chloroform on animals.

October 27.—Dr. Morton's application for a patent from the United States. Patent granted November 12.

1847—November 15th.—Dr. James Y. Simpson discovered and applied the remarkable properties of Chloroform as an *anæsthetic* agent in delivery, in surgical operations, and in various diseases. It soon superseded Ether, as being more effective, though it has since been found to be less safe.

1863—July.—Dr. J. Q. Colton established the "Colton Dental Association" at the Cooper Institute, New York, and within the space of 3 weeks and 2 days extracted over 3,000 teeth without pain, from patients under the influence of Nitrous-oxide gas.

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6. *The Homœopathic Treatment of Hooping-Cough.* By C. VON BOENNINGHAUSEN, M. D. Translated, with additions, by CARROLL DUNHAM, M. D. H. M. SMITH & BRO. New York. 1870. 12mo, pp. 200.

> To be, or not to be, that is the question,—
> Whether it is nobler in the body, to suffer
> The pangs and arrows of outrageous hooping-cough
> Or to take arms against a sea of troubles,
> And by opposing, end them? to cough—to bark
> No more,—and by a globule, to say we end
> The heart-ache, and the thousand natural shocks
> That cough is heir to,—'tis a consummation
> Devoutly to be wished.

To all of which we heartily agree, if it only would be possible to find the right globule in every case. We have been in possession of Boenninghausen's Treatise, since it first saw the light in German; we have passed many a weary hour wading through the eighty different remedies, and found frequently, to our sorrow, that a hooping-cough is a hooping-cough, and consoled the parents with Professor Rush's great remedy—three months versus six months.

But leave the little word "hooping" away, call the volume before us a treatise on "cough," and its value is greatly enhanced; and that our good friend, Dr. Dunham, wishes to see his work considered in that manner, we are convinced by his additions, which are real cough remedies, although having frequently nothing in common with spasmodic cough; and as such we hail this monograph with infinite delight. The repertory will be found a great aid in the selection of the remedy, and will be thus especially valuable to our junior members. Its mechanical execution is nearly unexceptionable, and, naturally enough, we now predict a great sale for any work which has the name of Carroll Dunham on its title-page.

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7. *Books Received.*

FREEMANN'S JOURNAL.
OHIO MED. REPORTER.
NEW ENGLAND MED. GAZETTE.
U. S. MED. AND SURGICAL JOURNAL.
MED. INVESTIGATOR.
AM. OBSERVER (Detroit).
WESTERN HOM. OBSERVER.
HOM. WORLD.
BULLETIN DE LA SOCIETE MEDICALE.
BIBLIOTHEQUE HOMŒOPATHIQUE.
RIVASA OMIOPATICA (Roma).
LA HOMEOPATIA (Bogota).

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TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1869. Volume VII. Albany: 1869. Published by the State of New York. 8vo., pp. 868. Illustrated.

REPORT ON THE NOMENCLATURE OF DRUGS TO AMERICAN INSTITUTE OF HOMŒOPATHY (1869).

HAHNEMANNIAN MONTHLY.

NEW ENGLAND MEDICAL GAZETTE.

MONTHLY HOMŒOPATHIC REVIEW.

PHYSICIAN'S MONITOR, 1870.

L'HAHNEMANNISME JOURNAL DE LA MEDECINE HOMŒOPATHIQUE, 1870.

Miscellaneous Items.

1. *Editorial.*

At the banquet at Paris in honor of the birthday of our immortal Hahnemann, Dr. Molin read the following letter of Dr. Cabarrus (since deceased):

"An accident, as well as my advanced age, must be my excuse for not accepting your kind invitation to preside at your banquet. The times we live in have ceased to be those of extreme opinions, and my ardent desire is to conciliate different opinions. *Union and concord among all the disciples of Hahnemann*, is the toast I offer at your festive board, for only thus can we honor that great man, and assure the triumph of his doctrine. Our adversaries forge their arms from our dissensions."

Dr. Jousset in responding to the toast "Union," remarked: "Union, the greatest boon to any school, is especially necessary to us at the critical period through which we are passing. To split into different factions would be more than a misfortune, it would be a mistake."

Drs. Maillot, Dellavallade, Gounard, Faval, Simon, and others, spoke in the same strain. "Union and concord, in order to spread all through the land the great truth of Homœopathic therapy, and for this purpose hospitals and dispensaries everywhere."

Ozanam, in a splendid speech, remarked: "Paris must have a Homœopathic Hospital, with at least 200 beds, 14 professors, and a complete laboratory, and library. The manes of the departed fathers of Homœopathy, as well as our own interests, demand such a heartfelt union, for only then may we truly say, Paris is 'La Place de la Concorde.'"

Paz Alvarez, the worthy secretary of the "Sociedad Hahnemanniana Matritense," speaks in similar language, at the session held at Madrid, on the 10th of April, 1870: "To study and to propagate his doctrine, to spread in our periodicals the ideas of the new school, to prove their intrinsic value theoretically as well as practically, to spread their beneficial actions by our

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hospitals and dispensaries, these are the duties to which every disciple of the master must devote his energies. Progress is our guiding star, elevation and perfection of our beloved science the aim before us, and by working harmoniously together, every anniversary of his birthday will witness the accomplishment of some of the desires and aspirations of the immortal Hahnemann."

Our own Carroll Dunham delivered, on the 8th of June, 1870, before the American Institute of Homœopathy, then in session at Chicago, Ill., his masterly oration on "Liberty of Medical Opinion and Action: a vital necessity and a great responsibility." We only quote for our purpose, that "we have a standard, a fundamental therapeutic law, which is, to some extent, of the nature of a *creed*, adhesion to which would seem to be essential to membership in the Institute, and without acceptance of which it would appear that no physician could entertain views in common with us, or any desire to unite with us."

On our title-page we inscribe the well-known words:

In certis unitas, in dubiis libertas, in omnibus charitas,

as the principles which will guide us in the management of the new series of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, entering with the beginning of this volume on its nineteenth year, and which may therefore be considered nearly of age.

In certis unitas. Our creed is: *similia similibus curantur*, and every article which will appear on the pages of our quarterly, must be measured by this criterion. The Materia Medica, in its broadest sense, will be our guiding star; and as we all heartily subscribe to this, our only article of faith, there can be no doubt that the therapeutical part will find favor with our readers.

In dubiis libertas. Here we have the great fields of physiology and pathology before us, where so much is still unexplored, where so much is still to be done, and where we cheerfully welcome the most different opinions; for "only by such expressions of antagonistic opinions and of arguments in their support," can doubtful questions be settled, truth established, the dubia changed into certa, and by such liberty a unity and harmony gained which would be impossible in any other manner. The truly scientific man *seeks truth*, and is always willing to confess and to abandon errors, as soon as he is convinced of them.

Surgery, hitherto so much neglected, will be the object of our special fostering care, in order that the exploded fallacy that there are no skillful surgeons in the homœopathic ranks, may be fully shown up. Many of our own physicians still labor under such a hallucination, and send their surgical cases to other schools. We have the promise of some of our most eminent surgeons that they will be regular contributors to our pages, and this number already convinces us that these promises will be kept *pro bono publico*.

In omnibus charitas. No recriminations, no personalities, was always one of the chief virtues of THIS JOURNAL. This will be strictly adhered to. "With charity to all, with malice towards none," let us unitedly go on with the good work, to increase our therapeutical means, in order that we may be able to alleviate human suffering, *cito, tuto et jucunde*; let it be our aim in our colleges and

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in our journals, that the standard of medical perfection, in all its different branches, must be reached by every physician of our school, and that the name of "Homœopathist," a by-word in years happily gone by, will then become the honored password to reach the most eminent positions in the medical community.

The Emperor Franz Joseph has directed that a copy of Kafka's Therapeutics be incorporated in his private library. A well-deserved compliment to our devoted and faithful German colleague.

Dr. Von Granvogel has had the Swedish cross of the Vasa Order conferred upon him.

A correspondent in the *Neue Zeitschrift* makes quite a valuable suggestion. He speaks of the busy practitioner as being seldom able to read the medical journals with thoroughness; he says that where he sees reports of cases cured of a certain disease, he turns to his work on Practice, and notes it on the margin, with the number, date, etc., of the journal.

The collections for the establishment of a Homœopathetic Hospital in Paris, according to the report of the treasurer, Dr. Molin, amounted to 5,110 francs.

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2. *American Institute of Homœopathy—Twenty-third Annual Session.* Chicago: June 7th and 8th, 1870.

The American Institute of Homœopathy commenced its twenty-third annual session by a preliminary meeting held on Monday evening, June 6th, at the residence of D. S. Smith, M. D., the oldest practitioner in the Northwest.

The regular session commenced on the morning of the 7th, in Crosby's Music Hall, the Institute being called to order by the President, David Thayer, M. D., of Boston. The session occupied four days, and was, perhaps, more important in its results than any that the Institute ever held. The proceedings were reported in full, and published daily by Mr. C. S. Halsey in *The Medical Investigator Extra*. The full proceedings being thus so widely disseminated by this judicious publication, we shall not undertake to publish them, nor even attempt an abstract of them in our Journal. The address of Dr. Dunham, already given in our present number, could not be left out. We must also extract from the transactions, as published in the extra *Investigator*, Dr. Beebe's account of his great operation for *hernia*, which has already been the theme of much discussion. It has done honor to Homœopathy and to American surgery.

Dr. G. D. Beebe reported the following

INTERESTING HERNIA CASE:

I now present a pathological specimen, resulting from an operation in the case of hernia. This case has already been referred to so frequently by the public press, and by the medical journals of the country, that it is due, inasmuch as there have been so many mis-statements disseminated, that I should

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say that, having removed about five feet of intestine from the opening, I closed the artificial anus, the patient went to her home in the central part of this State, and completed her term of pregnancy. She was delivered in December of a healthy female child, and has since continued in good health, nursing her child. It has been stated that the patient died thus and so, in various ways and times since the operation; but, a few days since, I heard from the patient, and she is still in the enjoyment of good health. The details of the operation I hardly need refer to further.

Dr. Lilienthal—A physician in this State told me, this week, that he did not believe that the operation was ever performed. I told him it was in the books; and now, he can see it here, or the proof of it. The Allopaths will not allow us credit for anything that we do, if it is something they have not done, and they are sometimes mean enough to say it was not done.

Dr. Helmuth—I wish Dr. Beebe would give us the details of the operation somewhat, and how the artificial anus was closed afterwards. It has gone abroad in the public prints that the patient died four days after the operation, and such assertion was also coupled with an innuendo like the following: "Whether the heart was flabby or not, we don't know"—throwing out the suggestion that Dr. Beebe's case was one of death from excessive use of *Chloroform*. Therefore, in order that those statements may be refuted, and the honor of the American Homœopathic Institute be maintained, I move that Dr. Beebe be requested to explain the operation in all its details. Carried.

Dr. Beebe—Mr. President, I was called in at this case of hernia at a very late stage of the case. Finding the patient had been vomiting for twenty-four hours, I immediately felt for tumors, and found one at the umbilicus. This tumor was quite large; not only greatly distended, but its integumental covering quite purple and discolored, and seemed almost upon the point of yielding at one point, showing a considerable amount of fluctuation. I proceeded somewhat cautiously to open the tegumental covering, and found that not only some gas, but a considerable quantity of serum, which was greatly discolored by blood and disorganized elements, escaped. As soon as this flowed out the blackened intestine presented itself at the opening. The sac was then freely incised, and the intestine contained within it was at once discovered—discovered to be quite extensive. A large double handful, so to speak, of intestines was there gathered together into a mass, and were considerably blackened. In the pathological specimen the alcohol has bleached out somewhat the blackness of the tissues, but they were perfectly black at the time the operation was made; and not only so, but at points the walls of the intestines had yielded, and fecal matter was escaping.

No question, of course, could exist as to the propriety of calling in some means to rescue the patient from so imminent a danger. I therefore sought at one extremity a healthy intestine, and, finding it, I cut off the intestine and made fast the healthy end to the wall of the incision. Then, with a pair of scissors, holding the intestine, the scissors were passed far enough back upon the mesentery to reach sound tissues, and then the mesentery was divided by the scissors throughout the whole length of the intestine until it reached the other extreme sound intestine again. As soon as that was reached it was dragged forward so as to be sure of healthy intestines at that point,

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and it was again divided there, and the extremity of the intestine was brought forward. Then I drew out through the opening in the abdomen the two extremities of intestines, and there was also in this opening the mesentery which I had cut with the scissors throughout this considerable extent, and this was freely bleeding. Ice was at hand, and with my forceps I seized the more prominent branch of the mesenteric vessel, and it was twisted until the hæmorrhage ceased, and the mesentery vessels were closed with ice. Throughout the entire length of this mesenteric margin hæmorrhage was under control by the twisting of the vessels and the application of ice.

Then I sought for the ring in the abdominal wall, in which these intestines had escaped, found it very snug and firm, and as this was an old hernia, of some seven or eight years' standing, I proceeded to enlarge the ring freely, which was done by the usual hernia knife, and then, the pressure being entirely taken off from the mesentery and these vessels which had been closed with ice, I waited a short time to see whether bleeding would recur in these vessels when torsion had been applied. No hæmorrhage did occur, and I therefore stitched the margin of these intestines to the cutaneous margin, so as to form an artificial anus. Upon examination of this intestine, it was found to be the jejunum. The matter ejected from this point was clearly chylous, no complete digestion having as yet occurred in them. From the character of the ejections at this point, I was enabled to judge of the nearness to the stomach. Being made fast within the margin of the intestine, the mesentery was returned within the abdomen at once, as soon as the bleeding was known to be arrested.

The patient passed through a slight attack of peritonitis, which yielded very readily to the use of Aconite, Arnica; and Ars.; and not only so, but the disturbance of the digestive organs, the vomiting and irritation of the digestive organs, due largely to the amount of cathartics that had been administered, of various kinds in large quantities, was soon controlled. As soon as the patient had recovered from this immediate effect of the operation, and the disturbances preceding the operation, I announced my readiness to close the artificial anus, which I did by using the clamp. It will be seen that this clamp is composed of two blades joined at a hinge, and a screw which can readily be turned and the blades separated. This clamp was passed one blade into one intestine, the other blade into the other intestine, until it was passed well into the abdominal cavity. Then with this set screw the blade within was made to approximate by a firm pressure—a pressure merely sufficient to excite inflammation or irritation—and that pressure was allowed to exist for three days.

Upon the third day it was assumed that this pressure had been sufficient to excite adhesive inflammation between the serous walls of the intestine within. I, being satisfied upon that point, turned the screw until the blades pinched the intervening walls between these two intestines. This of course destroyed all vitality of that portion of the intervening walls which was embraced in those blades. Twenty-four hours was allowed for the destruction of the life of the walls and the passing the long gun lancet into the intestines. The opening in the blades was found, and the gun lancet was freely passed from one intestine to the other.

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To make assurance doubly sure, the clamp was allowed to remain twenty-four hours, during which time the fecal matter began to pass through, and I was thereby assured that the opening was perfect from one intestine to the other. At the lapse of that time the screen was loosened and the clamp withdrawn. I now had an opening from one intestine to the other without going to the surface at all, an opening which was well within the abdomen, and of the breadth of the blade of the clamp. Within a very few hours after the opening was made the husband reported that there were most gratifying sounds of the emission of the flatus, expressing it as being the sweetest music that he had ever heard.

Being satisfied that the steps so far taken were effective, I set myself to work to close the artificial anus which now existed, merely permitting a little fluid to escape. It then became necessary to dissect around the margin of the extremities of these intestines until they should be isolated from the other tissues, embracing them by a firm ligature which was drawn very tightly about the extremities of these two intestines with a view to obliterate those extremities nicely with this ligature applied, the cutaneous margins were closed over them by quilled sutures of silver wire, and in a short time the patient was in a condition to go to her home. The procedure was at every stage very successful, or at least, met my anticipations of the measures adopted; and the ultimate result was such as to gratify myself and to rescue from what seemed to be almost an absolute certainty of death, the patient.

Dr. Talbot—I move that Dr. Beebe be requested to make a full written report, to be referred to the Committee on Publication. Carried.

We are happy to announce Dr. Hempel, of St. Petersburg, Russia, as a contributor to our pages. Our learned friend stands at the head of the policlinic in the city of the Czars, whose statutes and by-laws are now before us: and as Dr. Villers, restored to health, has at the request of his numerous friends returned to the northern capital, we soon hope to lay before our readers the latest Homœopathic news from our northern friends.

The funeral of Sir James Young Simpson was celebrated in Edinburgh May 13. A large number of professional and literary bodies, with which the deceased was connected, walked in front of the hearse, this part of the procession being closed by the Senatus Academicus in their robes. The hearse, which was open and richly plumed, was followed by the relatives of the deceased on foot, the Magistrates and Council of Edinburgh, robed, the Corporations of Bathgate (the birthplace of the deceased), Leith, and other places. The whole procession numbered upward of 1,700 persons, and 70 carriages followed. A large concourse thronged the streets, and the principal shops were shut during the funeral. The place of interment was Warriston Cemetery.

Dr. Ozanam was decorated with the Grand Cross of St. George the Great, and Dr. Frestier with the Grand Cross of St. Sylvester.—*L'Art Medicale.*

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3. *The City Hospital, Utica.*

At a late meeting of the Common Council, the proposition of the Utica City Hospital Association to take charge of the City Hospital was considered and acted upon. Dr. W. H. Watson was heard by the Council in behalf of the Homœopathic physicians of the city. He asked that this public property be not surrendered to any medical sect, but half the Hospital be placed under the charge of the Oneida County Homœopathic Medical Society.

After debate and several motions, the report of the Committee, in favor of agreeing to the proposition of the Hospital Association, was negatived by the following vote:

Yeas—Aldermen Everts, Lux, Ney, Pearson, Ross, Sayre, West and Yates —8.

Nays—Aldermen Clogher, Faass, Hill, Hollingworth, Johnson, Merriman, Platter, Quinn, Wasmer, Weaver, and the Mayor—11.

THE PROTEST.

We publish below, by request, the protest of the Homœpathic physicians of Utica against the Common Council's acceptance of the proposal.

To the Hon. Mayor and Common Council of the City of Utica:

WHEREAS, On the 8th of April, 1870, a petition was presented to your honorable body, praying that the "care, use, and occupation of the City Hospital be transferred and given to a board of trustees, composed of citizens of Utica;" the undersigned respectfully represent that the said request should not be complied with, except upon the condition that one-half of the hospital, if thus transferred to a board of trustees as requested, shall be placed in the charge of such homœopathic physicians as may from time to time be nominated for that purpose by the Homœopathic Medical Society of Oneida County.

The undersigned would make this request for the following reasons:

(1.) The majority of the signers of the petition above referred to are allopathic in sentiment, and all of the physicians whose names are appended to the said petition are members of the allopathic profession, and there is therefore great reason to fear that should their request be granted, the hospital would, medically at least, be placed under sectarian control. Such a result, as your honorable body will see upon reflection, would, in the present excited state of the public mind, and at a time when there is such a decided opposition to the conversion of public money and property to sectarian uses, be greatly to be deprecated, as leading to a never ending and bitter sectarian strife between the allopathic and homœopathic professions and their respective adherents in this city.

(2.) Only by imposing such a condition upon any board of trustees, to whom the care of the said hospital shall be given up, can the Council be certain of securing impartial justice in reference to its medical management, and of preventing a violation of the great fundamental American principle of "no taxation without representation." A large portion of the tax-payers of this city, who have already contributed by taxation to the erection of the said

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hospital building, and to whom, equally with other citizens, it now properly belongs, are adherents of homœopathy, and they are justly entitled to a voice in its management.

(3.) There are large numbers of the poor in this city who are liable to become inmates of the said hospital, and who are in the habit of employing the homœopathic practice when sick, and on this account the hospital should not be given into the control of one medical sect.

The undersigned would further represent that when a similar movement was inaugurated by certain allopathic physicians for obtaining possession of the City Hospital in December, 1868, a remonstrance was presented to your honorable body, similar in purport to the above, signed by a very large number of our most influential tax-payers, and the prayer of the petitioners was not granted. The same reasons for not acceding to the prayer of the present petitioners now exist as then, and the movement is essentially the same. Moreover, the whole number of the present petitioners is very small.

We trust, therefore, that the prayer of the petitioners for the City Hospital will not be granted, except with the provision above stated, in reference to the appointment of physicians thereto.

L. B. WELLS,
J. C. RAYMOND,
WM. H. WATSON,
C. JUDSON HILL,
M. M. GARDNER.

And about one hundred others.

4. *The University of Zurich, Switzerland,*

Matriculated last term 14 ladies, 12 in the medical faculty and 2 in the philosophical branch; 2 are of Swiss parentage; 2 from London; 1 from Edinburgh; 1 from Boston; 4 from Petersburg; 2 from Moskau; 2 from Odessa; 1 from Finland. The same requisitions are made for graduation, and Miss Nadeshda Suslowa from Russia, and Miss Morgan from London, have graduated from Zurich with full honors. The experience of the last six years has decisively proved that the presence of female students in the theoretical as well as practical courses is perfectly admissible; recitations and demonstrations, clinical cases and anatomical exercises, are given in the customary way, without noticing difference of sex, and, to the honor of Zurich be it said, that it has never yet created any disturbance. Professor Heer and Escher von der Linth, the well known lecturer on botany, hold yearly several botanical excursions, and they are always pleased to see their female students among the excursionists; if anything, says Professor Heer, it puts our students on a better behavior, and is therefore beneficial.—*Wiener Tagblatt, April* 26, 1870.

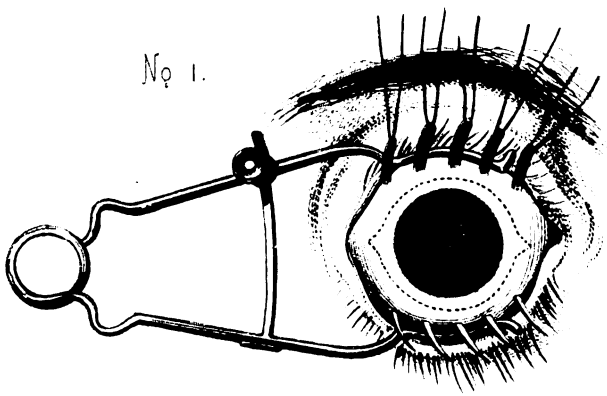
CENTRAL SOCIETY OF HOMŒOPATHIC PHYSICIANS OF GERMANY.—The 39th annual meeting of this most venerable of all Homœopathic Medical Societies will be held at Magdeburg on the 9th and 10th of August. Dr. Scheinler, President.

HAHNEMANN HOSPITAL, 307 East 55th street, New York, is now open, and ready for the reception of patients.

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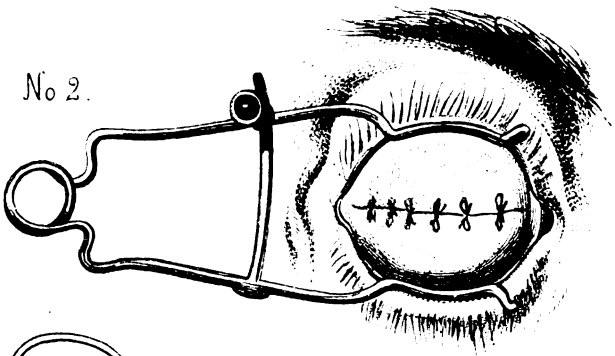
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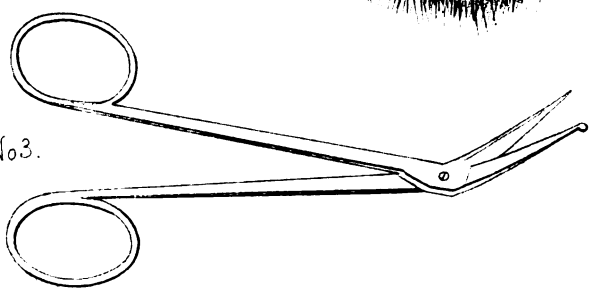


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No 2.



No 3.



F. Moras lith Phila.

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NORTH AMERICAN

JOURNAL OF HOMŒOPATHY.

New Series, Vol. I., No. II. | NOVEMBER, 1870. | Whole No. LXXIII. Vol. XIX.

Original and Translated Papers.

ARTICLE XIV.—Infantile Paralysis and Paralytic Contractions.

By Richard Volkmann, Professor at Halle.

This remarkable disease, injuring or annihilating suddenly the functional activity of an extremity, has only been observed among small children, and been called, in default of any positive experience about its real nature, infantile paralysis, essential paralysis, spinal paralysis. The latter name seems to be correct, for we may look not only to the spine as the seat of abiding disturbance, but at the first invasion of the disease the disturbance is so diffuse that the brain itself and its membranes are complicated; still, we know not what kind of a process it is, coming so suddenly and running its course in so short a time; at any rate, its frequency is fully established, for I have seen over a hundred cases. It attacks these little patients between the seventh month and the end of the second year. Some of them appear very sick for a few days, during which the paralysis sets in. Sometimes we observe outspoken symptoms of cerebral hyperæmia, or even slight meningeal manifestations. Other children show only an indescribable malaise, are feverish for a day or two, as it is hundreds of times observed at this age without any evil con-

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sequences, but at once the paralysis is observed, and, according to my experience, this is most frequently the case. Others go to sleep apparently well, and awake in the morning with the paralysis fully developed, although otherwise enjoying very good health, or the parents cannot tell exactly at what time the paralysis took place.

In most cases only one extremity is attacked: *monoplegia;* mostly one foot, and the right one more frequently; more rarely only one arm. At other times both lower extremities: *paraplegia;* or head and foot of the same side: *hemiplegia;* or sometimes three, and, in very rare cases, all four extremities.

Some authors assert that the hemiplectic form is never seen, or, if hemiplegia happens among children, it does not belong to the chapter of infantile paralysis, and deduced therefrom another proof of the spinal nature of the disease.

My experience is different. I have witnessed a whole series of hemiplegias, which acted exactly, and especially in its relation to the electric current, like the monoplectic or paraplectic form. Moreover, the affection appears at first not quite so seldom as hemiplegia; but one of the extremities, the foot, more frequently the arm, recovers quickly and fully, and only the monoplegia remains. This partial restitution is quite characteristic of infantile paralysis. But we find here the greatest irregularity, and it is impossible to premise how far the paralysis will go, or where it will localize itself. I saw a case of total paraplegia, where, after two months, all muscles acted again, although slowly, with the exception of the tibialis anticus of one side, which remained paralyzed. Even in those few cases, where in the beginning all four extremities were paralyzed, and where even the head lost its balance, a general paralysis never follows, yea, frequently only an imperfect paralysis of one extremity remains. In two such cases both lower extremities remained paralyzed, pedes valgi became developed, and both knees turned strongly backwards, whereas everything became normal again in the upper extremities, with the exception of the right upper arm; on an emaciated and shortened humerus was an unusually

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muscular forearm attached; in the other case a moderate paraplegia remains.

The motor paralysis is, therefore, in the beginning, a total, or at least a very extended one, but becoming soon and quickly limited; for after a few weeks we can decide what will remain paralyzed and what not, as this affection becomes quickly stationary, and after a lapse of six months to a year we cannot expect any more an essential change in the paralytic state.

Such a course distinguishes infantile paralysis *in toto* from all other paralytic forms, as also the irregularity in the state of the different muscles. *Vice versa*, it has also been observed that the paralysis entirely disappeared, and Kennedy published such cases under the name of *temporary paralysis*. Other authors, as Duchenne, father and son, disapprove the classing of such cases as infantile paralysis, but, as I think, wrongly, for just such cases help us to make up the totality of the disease. Why should we consider that form of paraplegia belonging to it, where one extremity fully and quickly recovers again its functions, and deny it to those lighter cases of an original monoplegia, where a perfect restitution took place?

Sensitiveness is never disturbed in infantile paralysis, for our little patients cry out quite lustily under the electric treatment. Bladder and rectum also never become affected, nor is sexual life disturbed. I know full-grown persons suffering from paraplegia caused by infantile paralysis, whose virile power left nothing to be desired. On mental development it also remains without any influence.

The therapeutics of infantile paralysis is just as good as hopeless, as far as internal treatment is concerned. I have never seen any success whatever, when this state already lasted six to twelve months. Electricity failed also to show any benefit, no matter if the induced or constant current was used; and though in recent cases some muscles regained their power under electric treatment, still, I believe that a spontaneous cure would also have taken place. Whatever shows no reaction under the electric current a few weeks after the

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beginning of the disease, will commonly remain paralyzed for its whole life. The difference from cerebral paralysis, where the irritability remains for so long a time, is so great, that it is taken for one of the chief arguments for the spinal seat of the disease.

The whole therapeutic treatment must therefore be surgical. Important secondary lesions are quickly produced in infantile paralysis, more rapidly than in any other case, where conducting power from the central organs to the motor apparatus becomes interrupted, and the first thing observed is a *diminution of the general nutrition of the extremity*, strikingly marked already in a few weeks or months. We observe also very soon, that the bones do not grow apace with the other side. The paralyzed arm or foot becomes after a little while shorter than the other one. Happily, this shortening does not amount in the grown person to more than $\frac{1}{2}$ to $\frac{3}{4}$ inch, although exceptionally more considerable shortening takes place. You may see cases where, *e. g.*, only a few muscles remain paralyzed, and only a slight deformity sets in, so that the children limp only in a slight degree, and are able to remain on their legs the whole day, and still the extremity remains considerably behind in its growth. Cases also happen where the paralysis in all muscles passes away, and still a trophic lesion remains for the whole life. The large extent of this trophic lesion claims also your attention. Even where the paralysis remains ever so limited and circumscript, yet the atrophy extends not only over the whole extremity, but shows vestiges of it also on the pelvis, the shoulder, even on the head.

Other alterations soon take place, threatening to diminish still more the usefulness of the extremity, already imperfectly acting. The articular surfaces change their form and respective positions, and the joints take on faulty positions; in short, the so-called *paralytic contractions* are formed, appearing especially on the foot under the different forms of club-foot. And though the paralysis soon becomes stationary, and even the atrophy reaches its maximum in not too long a

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time, these contractions steadily increase till the growth of the skeleton is finished.

By far the greatest majority of club-feet and of deformities of the lower extremities, developing themselves after birth, are of paralytic nature, and caused by infantile paralysis.

The usual form is the *pes equinus*, combined with a slight position of *varus*. Not so after a flat foot, *valgus*, is formed, and still more rarely a *pes calcaneus*, or the complicated deformity, the *calcaneo-valgus*. On the knee and hip we see some lesions in the mechanism of their respective joints, but in the most severe cases it does not develop any contractions. Somewhat differently the upper extremities act. The joints of the fingers and of the hand are nearly always found in a permanent flexion; the joint of the elbow remains free; but the shoulder loses in difficult cases after a while the power of passive motion, which appears unnecessary in the paralyzed arm, and is therefore not performed, namely, the full elevation of the arm. Pectoralis, latissimus, etc., appear more or less contracted.

Naturally, therefore, the foot is in the most unfavorable position. The deformities which develop themselves in them are far more severe and disturbing. A paralyzed arm is little used, or not at all, according to the degree of paralysis. A paralyzed foot must be used, for nearly all children attacked by essential paralysis of one or both lower extremities, are still able to move about without crutches.

We find the *antagonistic theory* laid down by most authors, assuming that the paralysis is always a partial, or at least an unsymmetrical one. (Delpech.) The muscles, partially paralyzed or not at all, draw the limb to their side; the shortening caused hereby is in the beginning only functional, but after a while the muscles lose their power to extend themselves again—a state called retraction, in contradistinction to contraction.

Such a theory would be simple enough; but we may ask, what are the stimuli by which the more or less paralyzed muscles are brought to uninterrupted action, progressing even to nutritive torpidity, as well as to continued contraction?

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They thought to find such a stimulus in the so-called *tonus*, premising that muscles are continually in a kind of light action. The incitation continually emanates from the spinal marrow, even to those muscles which are apparently in a state of rest, inciting all to contraction. But the action of antagonistic muscles annul one another, wherefrom that position of the parts results which they hold when resting.

It is well known that a similar arrangement exists in the vascular system. For the voluntary muscles the existence of this tonus is more than doubtful, but for us it is of very little moment, if this tonus exist as a very weak power in these muscles or not; but the question for us remains, if in a paralysis of antagonistic muscles the tonus of those not paralyzed will be able to surmount the weight of a limb or of a part of a limb? We deny it *in toto*, and that it is not so, we prove among others by the simple fact of the pendular motion of the arm in the shoulder and elbow joint during walking. The least alteration in the line of gravity produces motions in the joint. The slightly flexed position of the elbow joint in the hanging down arm depends not on such causes as that the muscles draw from all sides uninterruptedly on the joint, or, as it was formerly thought, because the flexors preponderate, but it depends on the elastic tension of all parts which form and surround the joint. It remains the same even in death.

Werner remarked already twenty years ago, that a muscle possesses the power to contract actively, but it cannot expand itself again actively. If, therefore, the extensors of an extremity are paralyzed, but not the flexors, such an extremity will become flexed as soon as the patient uses his muscles, and remain in that position, till it should fall back in the stretched position either by its own weight, or is returned to it by the hand or some other manner. At any rate, such a limb will remain frequently and for a long time in a bent position, and a lasting deformity will develop itself. Thus also can we explain the quickly appearing obliquity of the face in facial paralysis. The contraction of the facial muscles on the sound side does not exactly appear at the very moment when

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the paralysis sets in, but only as soon as the patient speaks or uses his facial muscles. The muscles which then contract remain shortened, because the antagonists fail to expand them again, and the trifling weight of the cheek suffices not for it.

But even Werner's explanation of the antagonistic theory is not of such great moment for the development of paralytic contractions, especially on the foot, where the contractions, according to Hueter, fail to develop themselves according to the antagonistic scheme. My own researches give me the following data:

1. The most severe form of club-foot may develop itself even after the most complete paralysis of all the muscles of the lower part of the thigh, as also complete contraction of the hand and fingers after total paralysis of the muscles of the forearm.

2. In incomplete but very extended palsies, we find frequently on the arm, as well as on the foot, those very muscles palsied which lie at the concavity of the incurvation (and thus shorter), whereas, according to the antagonistic theory, the opposite should take place.

3. When only one group of muscles is exclusively paralyzed, the deviation may take place in the direction of the paralyzed side.

Hueter has given us a series of most splendidly written articles on the mechanism of the joints and their morbid affections. He shows that the bulk of the body is not divided on the foot in proportion to the motory axis of the joints, and that the foot, left to its own gravity, not only sinks down to its point, or, in other words, stretches itself (flexio plantaris), but the foot makes at the same time another motion, by which its inner edge comes to stand higher than the external one (supinatio), and the big toe turns inwardly (adduction).

This position which the foot takes, if left to itself and freed from all muscular action, is exactly the same which is usually observed, although in a higher degree, in paralytic deformities of the foot. And that deformities may arise by the

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mere influence of gravity you may frequently witness, where a complicated fracture of the leg is not treated by firm bandaging, which also gives a good support to the foot, but where it is only put in a fracture box. Here an equinus position frequently takes place, and when the sole was not sufficiently supported, with an admixture of varus, and only by degrees a restitution to the normal state will be possible. After such cases have been cured, we see also sometimes the same excavation in the planta, which we see in a higher degree in the paralytic club-foot, and which are here usually put on account of the contraction of the plantar fascia, but which in fact only arises because the point of the foot (toes and metatarsal bones) gradually settles by its own weight, and only secondarily the muscles and soft parts become shortened.

Deformities on the lower extremities are also frequently witnessed after dangerous internal diseases, when the patients had to keep their beds for months. Such a case I saw in a lady, who passed through a severe typhus and a second relapse, and who was forced to lie motionless in bed for months afterwards. When finally the first attempt was made to get up, club-feet had formed on both feet. A paralysis of any muscle could not be made out, but the feet stood so firmly in their false position, that it took a whole year of orthopedic treatment till the patient could walk again.

We allow, therefore, an essential part in the origin of the usual form of paralytic club-foot to mere mechanical relations still in a number of cases we see other and even the opposite forms of club-foot appear, and then how do the contractions originate in the other joints?

To answer all such questions, I studied carefully the walk of such children, for which I had frequently opportunity in all the different stages of the disease. To my own astonishment, the *knee-joint* required my most careful attention. For a long time already I felt puzzled why there never is a regular contraction in the knee, even when the paralysis extends to the thigh, but that, on the contrary, the joint is too mobile, and always in the same direction; upper and lower leg form an obtuse angle, often in front (genu recurvatum). Such

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deformity reaches mostly only a moderate degree, but with a high degree of paralysis the joint may become flabby and knock-kneed. The same process takes place in the hip joint, and we always find an abnormal relaxation of the capsule. Motions can be made on the paralyzed side, which are perfectly impossible on the sound side. My astonishment increased when I found out that the genu recurvatum is always accompanied by a weakness or imperfect paralysis of the quadriceps femoris, yea, that this will even happen in a perfect paralysis of this group of muscles. The flexors may retain at the same time nearly their full power. We have therefore here one of those cases where the deviation follows strictly the side of the paralyzed muscles. I have seen several cases where patients, in consequence of infantile paralysis, retained a total paralysis of all the muscles which move the knee joint; others again, where the extensors were fully paralyzed, but the flexors retained their full function; others again, who showed only more or less weakness in the extensors; but the mechanism of their walk was always the same. They brought forward the paralyzed foot, which in the most severe cases was only possible by a kind of swinging motion, and allowed the weight of their body to rest thus on the knee, that it was brought and retained in extreme extension. The weight of the body presses in front together the articular surfaces of the femur and tibia, and posteriorly the ligamentous apparatus prevents the gaping of the articular cleft. Ligaments and bones carry the whole weight of the body. By and by the physiological checking apparatus suffers, especially as in consequence of general atrophy the nutrition of its single parts becomes encroached upon, or, in other words, the material is not good from which the mechanical apparatus is made. The ligaments of the bend of the knee yield, the abnormally freighted bones remain too low in front, the knee is stretched over and forms a genu recurvatum, which really facilitates the walking in bad cases, if it does not reach too high a degree.

The same relations we see repeated in the hip joint, for here we can easily witness the relaxation of the whole liga-

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mentous apparatus, leading also to a too great extension by a gradual stretching of the anterior wall of the capsule. Although we find interwoven in it the strongest ligament of the human body, the ligamentum Bertini, still it yields gradually when the whole weight of the body acts constantly on it, which is always the case when, instead of supporting the pelvis, they allow it to fall as far backwards as the ligament will permit. We see then the symphysis ossium pubis strongly pushed forward, and the curvature of the sacral spinal column increased anteriorly; especially small children take on a similar position, as in congenital luxation of the hip joint.

We wish also to mention here another class of deformities, always found in juvenile persons where the osseous growth is not yet finished, namely, the habitual scoliosis, the common flat-foot and the genu valgum. They also only arise where labor is put on the bones and ligaments which ought to be performed by the muscles, no matter if they are absolutely too weak or only in relation to the labor put on them. It does not suffice to say that the difference between these forms which we may daily witness and paralytic contractions is only a gradual one, for in both cases the same mechanical conditions are present, as even in infantile paralysis we find frequently in those parts which become eventually deformed no essential paralysis, but only a great debility and a miserable state of nutrition.

By taking now a retrospective view, we find that we learned three mechanical moments acting in the breaking out of paralytic deformities: the weight of the part attacked, the abnormal load which it is obliged to carry when in use, and finally the eventual impossibility to remove a position which was produced by a motion of not paralyzed muscles. By a just combination of these three factors we may explain nearly every case.

The deformity most frequently found on the foot is the *pes equinovarus*. The paralyzed foot, left to its own gravity, takes this position for itself. The stepping, and the load which the foot has to carry by the weight of the body, acts against this position. The younger the children are when

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they become paralyzed, the more time will pass away before they can learn to walk, and the more will the foot become fixed in its abnormal position. We must also consider what Dieffenbach and Hueter have shown, that new born infants and children who have not walked yet, show such deviating relations in form and position of the joints of the feet, that Dieffenbach made the paradoxical exclamation: "All children are born club-footed, and only by learning to walk the foot gets the form of that of a grown person." If now the child is afraid, on account of the paralysis, to use the foot, if it fails to let the weight of the body rest alternately on it, the foot will retain then that form, which, as soon as fixed, is the club-foot. Should also the whole leg remain backwards in its growth, a pes equinus will develop itself. Even when the muscles on the front side of the leg remain free from the paralysis, the child will drop the point of the foot in order to reach the ground with it.

But if the child is already older, when the paralysis happens, if it has walked already and tries to walk again, a paralytic flat-foot will follow, and it is quite indifferent if the tibiales or peronæi-group is especially paralyzed. Especially in cases of severe paraplegia, I always saw double-sided pedes valgi developed, when the walking was performed without crutches. In these cases the patient steps with the full sole, and the weight of the body, which changes the foot of the new-born, in that of a grown person does not find any resistance in the paralyzed muscles. On the contrary, just as in the hip and the knee, the patient turns freely the foot outwardly, till the physiological resistance is reached, and the parts get a firm foothold. The abnormally freighted ligaments will soon yield, and the bones on the pressed side fail in their growth. A pes valgus is formed; only, whereas the paralytic club-foot becomes rapidly fixed, the paralytic flat-foot remains movable for a long time, even so that the foot dangles, as it were.

I have of late studied five cases of pes calcaneus. In all, the muscles of the calf were totally or partially paralyzed. Still, we cannot explain it on the antagonistic theory. With-

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out mentioning (that we do not even know) which muscular power is able to bend thus forwards the heel, we can still less affirm that the muscles draw the calcaneus forward, contrary to all efforts of gravity, and this in such a manner that the osseous formations become totally changed; and furthermore, we can convince ourselves that the calcaneus recovers its normal position as soon as the weight of the anterior part of the foot can act freely.

The mechanical history of the pes calcaneus is exactly the same as that of the genu recurvatum. Make the patient walk! As long as the foot is suspended in the air, the deformity is trifling, but as soon as he puts down the foot on the ground, he touches it, the more he advances, with that part of the heel which does not belong to the walking surface, but lies a little above it towards the insertion of the tendo Achillis. At the moment at which he uses the lame foot as a support, and swings on it the body forward, the calcaneus, not kept in its place by the palsied muscles of the calf, turns forward as much as the extended ligaments and the altered osseous forms allow; the large excavation of planta is caused partly by the sinking down of the point of the foot when at rest, partly because the insertion of the muscles of the sole of the foot, and of the plantar fascia, are continually brought closer together by the pushing forward of the calcaneus.

The pes calcaneus is not frequent; from reasons already given, the pes equino-varus, where the heel does not at first touch the ground, is oftener seen, or the child makes very small steps, whereby it puts the full planta down, and a flat-foot develops itself. Far more simple are the relations in paralyzed upper extremities.

Although we have here the same rule, that the most intensively paralyzed muscles are situated on the periphery, and that palsy and atrophy generally disappear toward the trunk, still the greater changes are found on the hand and shoulder joint, whereas the intermediate elbow joint remains nearly free. The palsied arm hangs down, extended in the elbow joint, oscillating to and fro when walking; and the patient, when sitting down, mostly allows it to rest in a

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flexed position in his lap. Still, there is always some lesion in the elbow joint. The faculty of supinating the forearm is diminished or entirely lost, because the patient does not make a supination, when the lameness is of such a degree that he cannot use the hand. The back of the hand is always turned forward and outward on the inactively hanging down arm, corresponding to a moderately pronated position.

Such a patient has also very little cause to use the shoulder joint. The upper arm lies more or less closely on the thorax, and elevation is rarely performed. The M. pectoralis major, latissimus, etc., fail thus to get their full length, or, in other words, they show a more or less high degree of contraction. A paralysis of the deltoid muscle, which elevates the arm, cannot be proved, and when present will aid the contraction in the shoulder joint, but not from antagonistic reasons.

But when those muscles are greatly weakened or paralyzed, which go from the scapula, thorax and clavicula to the arm and support it, the whole weight of the arm is borne by the capsular ligament in the shoulder joint; this yields, as in all other cases, and the head of the humerus sinks down, sometimes in such a degree, that we may put in deeply our fingers between it and the acromion. Such a state is frequently known as atonic luxation, luxation from relaxation.

The hand shows the greatest alterations. The fingers are flexed, drawn in the vola. The joint of the hand is also brought in a slightly flexed position, and extension becomes more or less difficult, for the muscles, whose sinews pass over the joints of the hands and fingers, are too short. Examining closer the muscles in such cases, we frequently find that the flexors appear less palsied than the extensors, or even that the latter are exclusively palsied; in other cases both groups are palsied. But cases also happen where the extensors are less paralyzed than the flexors, or even remain entirely free, and still the same contraction towards the flexor side takes place. There is no question that the contraction of the fingers in paralysis of the

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forearm is only caused by the position which the fingers take on if left to themselves. The fingers are not so heavy that they would fall in a passively extended position when the arm hangs down. They remain slightly flexed even in the oscillating motion, which shoulder and elbow joint perform in walking. This is their natural position, depending on the elastic tension of the sinews and muscles, the position of the articular surfaces, and remains therefore thus in the cadaver. Hence the contraction develops itself, when the hand is not used, the fingers not stretched, and thus the flexors not sufficiently passively expanded, or not at all.

GENTLEMEN!—Treatment by internal remedies, or by electricity, has so far failed to be of any benefit, and it is hardly possible it ever will be otherwise. The more necessary it is that the physician should, from the first moment, direct his whole attention to the secondary lesions, which develop themselves on the paralyzed extremity, in order to give it at least a partial usefulness.

The paralyzed child must be taught to walk as soon as possible, and then it must step on the whole sole.

The atrophy of the limb does certainly not depend exclusively on the deficient use of it, but it will be essentially increased by it; and as the atrophy goes always further than the paralysis, keeping back in their development, and weakening a larger number of muscles than the paralyzed ones, we still may hope for improvement by methodical exercises. Even stimulating baths, etc., may be recommended, especially as the parents usually think a great deal of such outward applications. Considerable shortening of the bones of the lower extremities arise then only where the limb is not used as a support, and especially where crutches are used. It is nearly always possible, even in the worst cases of palsy of both legs, to make the children walk without crutches, support being given by splints and articulated supporting apparatus. The use of crutches must be prevented in children in this disease as well as in deformities remaining after articular

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inflammations. In the worst cases we use only a little bench with four legs of the size of the lower extremities, which the child may push forward with his hands.

The walk of the little patient has to be carefully studied, and by plain orthopedic apparatus, the origin of a varus or valgus prevented. It suffices fully for the prevention of the pes equinus, and of the increasing excavation of the planta, to tie the foot at night with a flannel bandage to a small well-wadded board, and to draw the foot with adhesive strips up to the leg. For the prevention of the pes calcaneus we use india-rubber as compensation for the paralyzed muscles of the calf, fixed on the sole of the foot corresponding to the insertion of the tendo Achillis, and below the knee on a wadded band of sheet-iron. Others prefer two small leather straps, with buckles and holes, in order that the distance could be lengthened or shortened at pleasure.

Old and difficult deformities may still be improved by forcible correction under anæsthesia, by bandaging with gypsum, etc., but *tenotomy must be avoided*, as thus the already weakened muscles become still more injured in their functions, and in reality there is no need of it, as even the paralytic pes equinus, or equino-varus, gives less resistance to forcible reduction than a congenital neglected club-foot.

S. L.

ARTICLE XV.—Lilium-tigrinum.—A Summary of a few Provings upon Women.

By Carroll Dunham, M. D., N. Y.

My studies have, for years past, shown me the weakness of the Homœopathic Materia Medica in respect of the physiological effects of drugs upon the peculiar organism of women. This is due to the fact that but few of the provers to whose observations we owe our Materia Medica were *women*. I have not been able to imagine any method by

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which this deficiency in the Materia Medica could be supplied, except by the voluntary acts of women, who should undertake to prove drugs. And it has seemed to me improbable that this work could be performed with the requisite accuracy and intelligence unless the women who should undertake it were educated in the medical sciences. Finally, it appeared to me that women, who had become by education and acquirements members of the medical profession, would not be likely to take a hearty and efficient part with us in the great work of perfecting the vital element of our science, —the Materia Medica—unless they were recognized and received by us as fellow-workers on an equal footing in every respect, for a similar reason to that which led Mr. Dickens to decline the Queen's invitation to give a reading at Windsor Castle, saying, "I will not appear as an *artist* where I should not be received as a *man*;" and, conversely, I thought that if so received, they would respond cordially and generously to an invitation to engage in the work for the promotion of medical science, and in a department in which they alone *could* work, and the completeness of which would be for ever a monument of their ability and devotion.

When, therefore, at the session of the Institute in 1869 a resolution was pending which declared the eligibility of properly qualified women to membership, I determined to invite women who had joined the medical profession to engage in the labor of proving drugs, feeling confident that the results of their work would demonstrate how valuable and indispensable it is to the completion and perfection of our Materia Medica. The results even thus far have justified this confidence. More than thirty women, most of them members of the profession, responded cordially to my invitation, and entered upon the work of drug proving. One-third of the number have already reported results of a satisfactory nature, and of which I here present a summary.

The drug selected for proving was the Lilium-tigrinum—the tiger lily—which was introduced into the Materia Medica by Dr. W. E. Payne, of Bath, Me., who had communicated to us just enough to show that it had a powerful specific

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action upon the female organism. The symptoms were known, however, only to members of the Institute. I thought that by engaging a number of provers in different parts of the country, in a simultaneous proving of this drug, utterly unknown to most, if not all, of them, I should receive reports which, if they should corroborate each other, would be very conclusive as to the action of the drug.

Inasmuch as this drug belongs by right of discovery to Dr. W. E. Payne, I have turned over to him the verbatim reports received from my provers, that he might incorporate them with his own, and prepare the whole for publication in the *Transactions of the Institute*.

The first proving, and which I shall give in greatest detail, was made under my own observation and direction, by a lady of 30 years, unmarried, a practising physician, and who had always enjoyed good health, although quite susceptible to the action of drugs.

No. 1. She began her proving Oct. 1, 1869, by taking 3 drops of the 3° centesimal dilution of *Lil.-tig.*, thrice daily. She reports as follows :

"I first noticed that I was more active; things went easily. There was no other effect for four days, unless it was increased sexual instinct; then a sweetish nausea, with fulness of the abdomen, particularly after eating—even after eating small quantities. But food does not increase the nausea; no desire to vomit.

On the 6th day moral symptoms were developed. I do not want to be pleased; don't care to talk; desire to sleep. Slept well all night, with unpleasant dreams. Omitted medicine two days, during which the nausea and full feeling subsided. At intervals the skin of the abdomen felt stiff and stretched. On the 7th day took 5 drops of the 3° and in a few hours the nausea was much increased, with the same bloated sensation in the abdomen, particularly across the hips and in the region of the uterus; darting pains in different parts of the head; some tearing pain in the lower part of the abdomen from the region of the ovary down both sides. She ate as much as usual, but felt no appetite for it; was restless,

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with a desire to do something, but no ambition. A sensation of pressure in the vagina and a pain at the top of the sacrum extending to the hips.

8th Day.—Worse on going to bed; can't go to sleep; wild feeling in the head as though I should go crazy and no one would take care of me; thoughts of suicide; how much Opium would put me to sleep forever, and who would find my body, and who would care; nausea constant.

10th Day.—Pain in the right iliac region, better during motion; the head grows wild after she has been quiet for a short time. At 2 P. M. of the 10th day (Oct. 10), took 5 drops of the 3°. Increased depressing weight over the pubes; worse in the evening. The knees ache. No more medicine was taken by this prover.

Eight days afterwards (Oct. 20th), she came to me to state her symptoms, her mind being in such a state that she could not herself record them. The following symptoms had come on on the 20th (ten days after last dose), and steadily increased: A sensation in the pelvis as though everything was coming into the world through the vagina. Last night it was very distressing, and not relieved by change of position. The dragging downwards towards the pelvis is felt as high as the stomach and even the shoulders; not relieved by lying down, though worse when standing; a disposition to place the hand upon the hypogastrium and press upwards in order to relieve the dragging sensation. Likewise an aching and pressure across the lumbo-sacral region, and some pressure upon the rectum. Likewise pressure and a crazy feeling upon the vertex, so that she cannot write her symptoms. To-day (22d), when walking, a sensation as if everything were pressing down in the pelvis and into the vagina, so that she inhales forcibly in order to draw up the thorax and clear the pelvis.

She wants somebody to talk to her and entertain her. Feels quite nervous; wants to cry from a feeling of irritation and of something wrong in the abdomen and pelvis. Feels hurried and yet incapable, as if she had a great deal to do and cannot do it; much thirst; drinks often, and much at a time.

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Bowels generally regular. Now she has alternately a solid and a loose stool, several during the day, and a constant feeling as though she must have a stool; this feeling resulting from a sensation as if something were pressing against the anterior wall of the rectum at the anus and about 1 to 3 inches above it.

She is conscious of feeling nervous and irritable, and yet says she feels jolly. Grumbling pain in right side of head and teeth.

Yesterday, when walking, pain in both ovaries, worse in the *left*, extending down the anterior and inner aspect of the left thigh, as if it would be impossible to take another step; as soon as she extended the limb she must immediately flex it again and then, because of a restless discomfort, must again extend it. At length she went to sleep on the back with knees and thighs flexed.

She cannot tell which pelvic pain is the worse, that in the back or that in the pubic region. The whole contents of the pelvis seem to drag downwards and forwards and quite from the epigastric region.

She cannot record her symptoms. Don't want to complain and yet don't avoid people. Feels bloated, but is not so. Somewhat tender on pressure in the region of the ovaries, especially the *right*.

Oct. 23.—Aching in the pelvis between promontory of sacrum and the pubes. It feels to her as if the aching were not *in* the uterus but *around* it. She feels constantly the two spots corresponding to the ovaries, and which ache and feel like little coals of fire. In the pelvis, a feeling like a a dragging out, as if the whole contents were pushing down into a funnel, the outlet of which coincided with the vagina.

Oct. 25.—For the last 36 hours constant desire for stool from pressure on the rectum; a stool every ½ hour, lumpy, diarrhœic, with flatus; constant tenesmus, and burning in the urethra. These symptoms continued, along with those before described, for several days. The pain in the right ovary increased, until on the 16th she described it as if a knife were inserted into the ovary and ripped down the groin and the

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anterior part of the thigh; the pain extended over the lumbo-sacral region, and she must cry herself to sleep. Somewhat relieved by pressure on the ovarian region.

Diarrhœa and pressure on bladder continue without relief until the 27th. She remarks that her symptoms are all worse when she gives up active resistance to them and control over herself, as for example, when she sits down to rest or tries to go to sleep.

Oct. 28.—Menses occurred at the regular day and normal, but only while she keeps moving. The flow ceases when she becomes quiet. She feels much hurried and driven, but knows not why; walks *fast* and constantly, but aimlessly; is much confused in mind.

Oct. 29.—She noticed some *heart* symptoms, not very definite. On the 30th, after walking, a sudden fluttering sensation in the heart. This, like all other symptoms, is less felt if she can *busy* herself *much*. A hurried feeling about the heart with faintness and fluttering as though she could make no exertion but must sit still. The seat of pain is the apex of the heart. Twice she had a sharp pain there. Feels hurried as though she must breathe quickly, yet does not.

The prover feels that her whole system has been profoundly affected by the drug. "She is not the person she once was;" feels hurried but incapable; no heart nor strength for business; discouraged and despondent.

Nov. 1.—A dry, single cough; heart symptoms very troublesome; short of breath, especially on going up stairs.

Appetite very much increased, especially for *meat*, and the more so the more pronounced the symptoms were. The mental symptoms are striking; she is averse to being *alone*, which formerly she liked (but does not *dread* it). Her sexual instincts, formerly dormant, are now quite strong; wits and intuitions dull and languid.

Nov. 11.—The prover reports: She had been quite well since the 4th, and supposed the action of the drug exhausted. But on the 7th the bearing down sensation in the pelvis returned; everything seemed to be pressing out of the vagina. This continued on the 8th like light labor pains. Leucorrhœa

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also occurred (a thin acrid discharge leaving a brown stain). She had never before had it. All these symptoms worse afternoon and evening till midnight. On the ninth leucorrhœa had ceased, but in the afternoon it returned worse than ever, and she could not sleep for the pelvic distress.

Nov. 11.—She feels depression; has pressure on bladder and rectum; is inert, yet restless and peevish; leucorrhœa continues. With these symptoms comes the desire again for meat. Burning pain across the hypogastrium from groin to groin. In short, the symptoms first experienced repeat themselves. She had not taken any more of the *Lil.-tig.* In addition she notices a peculiar mental condition; a desire for *fine* things of every kind. She is dissatisfied with what she has, and envious of others.

Nov. 12.—While attending a lecture much irritation in the womb, and a singular state of mind—desire to strike the lecturer, and in the evening a disposition to swear at everybody and everything, and to think and speak of obscene things; as these feelings came the uterine pains passed away. To-day the leucorrhœa ceased.

Nov. 13.—She has been languid, dull, and forgetful since the last report. Menses recurred (14th) after an interval of only two weeks; a slight, dark, thick, and offensive discharge.

Dec. 1.—It is eight weeks since she took Lilium-tig. Yesterday, great hunger and she ate largely, yet felt as if she should starve. Felt the old hurry and incapacity; the old pains in head and teeth relieved by motion and occupation, followed by the diarrhœa and the pressure on the bladder.

Dec. 4.—She is now passing this, the third series of symptoms produced by the Lilium-tig.; the passionate excitement, the aching and burning pain in the ovaries (in the right), which organs are distinctly defined to her sensation; then despondency with aggravation at night and diarrhœa in the morning; then pressing down in the pelvis and burning all around the pubes and genitals, worse from 3 to 5 P. M., and passing away from 8 P. M., accompanied by pressure on the bladder.

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The symptoms on this occasion were so severe and distressing—physical no less than mental—that I could not allow the prover to continue to endure them, and gave Platina^{200} repeatedly, under which she gained speedy relief.

No. 2.—To compare with the above, I will give an abstract of a proving made under the supervision of Dr. W. E. Payne, at about the same time, the provers having no communication.

Mrs. P., aged 55, has ceased to menstruate.

Jan. 26, 1870, took a drop of the ^{30} centesimal. In the evening, after griping pain, had free, fecal stool, followed by acrid feeling in anus and rectum, a very rare thing for this prover. During the night, a feeling in all the extremities as if the blood were pushed outward; restlessness; heat and pain in forehead and brow.

Next day a free stool, followed by acrid sensation at the anus. Frequent desire to urinate during the day, with scanty discharge and followed by an acrid sensation in the urethra. These symptoms recurred daily with marked aggravation about 5 P. M. till February 2. Diarrhœic stool every morning, followed by acrid irritation at anus, continuing about an hour. Same symptoms with urine.

Feb. 2.—Repeated medicine. Increase of the above symptoms; burning in palms and soles all night, with constant desire to find a cool place for them; some cutting pain in the left mammary gland, with aching, beginning below the nipple, deep in the breast, as though between the gland and the ribs and extending around that side to the spine, seeming to pass under the lower end of scapula, coming on after retiring and worse when lying on the affected side.

These symptoms continued and recurred daily; she repeated the medicine, which was followed by a severe blinding headache in the anterior part of the head, the peculiarity of which was a sensation as if all the blood were pressing outward through every aperture. The medicine was repeated every third or fourth day. About the 9th and 10th, in the left side of the abdomen (ovarian region) soreness to pressure; darting pains at times in this region, extending to the groin and pubes in front; frequent desire to urinate.

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On the 12th, the head being clearer and better, great heaviness and pressure in the region of the womb, with stinging and darting pain in the ovarian region.

14th.—The ovarian pains become more decided and extend down the left thigh.

This series of symptoms continued until the 21st, when, the ovarian pain continuing, there was also a bearing down in the uterine region, with a desire to sustain the parts by pressing upwards with the hand against the vulva; symptoms which continued and are described on the 25th as a "pressing and bearing down sensation" in the whole of the sexual organs, with a feeling as if the internal parts were being pulled outwards and downwards from the *mammary and umbilical region through the vagina;* irresistible desire to press the hands against the vulva to prevent the internal organs from escaping.

These symptoms continued to recur for a full month after the last dose of Lilium, and the morning diarrhœa for more than six weeks.

No. 3.—This prover took Lilium$_3$, in one dose a quarter ounce. No symptoms were observed for two weeks. Then, of which the most striking were those last in order, pain in the lumbar region as though the back would break; bearing down pain in the pelvis, especially when walking; pressure and weight low down in the vagina.

She reports, also, a headache, as if the head were too full of blood—as if the blood would issue from nose and ears.

No. 4.—This prover, who had suffered from astigmatism, and was hypermetropic, experienced from Lil.^{3}, heart symptoms, pain through the heart to the back, and a feeling as if the heart were squeezed in a vice. She cannot walk straight, by going into a warm room, the symptoms having occurred while walking in cold air.

Also, her eyesight became very dim. She took no more medicine, and in about a month her eyesight was restored. She then found that the astigmatism no longer existed.

No. 5.—This prover describes the same headache as the previous prover—pressure from within outwards; the same

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nervous prostration, and a morning diarrhœa with much tenesmus. She states the symptoms persisted for a month after the last dose.

No. 6.—This prover reports nervous tremulousness and inability to apply the mind; aggravation in the afternoon, and a headache similar to the preceding. Also, menses diminished in quantity, but occurring too soon. Likewise, severe pains in the uterus; could not bear the weight of clothing on the pelvis; profuse acrid leucorrhœa. While the pain in the pelvis was so severe a vaginal examination disclosed the fact that the uterus was anteverted; a state of things that had never before existed. During the pains hysterical paroxysms.

Nos. 7 and 8.—The same series of symptoms as above.

From this resumé we may gather some of the chief characteristics of Lilium. When taken in moderate doses the effects are not immediate. Days elapse before unmistakable symptoms of the drug action appear. But the effects are very persistent, as the record of every prover shows. They tend, moreover, to recur at longer or shorter intervals, and in groups which preserve a definite order. Thus, prover No. 1, whose record I have given at greater length, reports a third recurrence of a group of symptoms nearly two months after the dose of Lilium. In male provers the same recurrence of symptoms in definite groups has been observed, with an interval of comparative freedom from symptoms. The simultaneous observation of these peculiarities in provers residing far from each other, and not known to each other, precludes any doubt of its genuineness.

Of the symptoms observed by women, as well as men, the effects on the mind are noteworthy, and are of two varieties. First, as noticed by Dr. Payne, anxiety and apprehension that an incurable disease exists or is impending, and this produces despondency. Second, as exhibited most decidedly in prover No. 1, and clearly, though less pronounced, in several others, a consciousness of an unnatural state of mind and feeling, which at last develops into an exalted condition in which the prover is disposed to find fault with persons

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and things, to exaggerate her own importance and excellence, and look down upon others; conjoined with this is an exaltation of the sexual instinct. In several provers this state of things has resulted in hysterical paroxysms. In prover No. 1 it assumed such marked proportions that I was constrained to put an end to it by administering Platina, the indications for which are evident from the mental symptoms. Intellectual activity is impaired in both men and women. Both have complained of the feeling of hurry and restlessness, which is so well described by prover No. 1.

Menstruation is accelerated, in some cases recurring in two weeks. The flow is very scanty.

An acrid, thin, brownish leucorrhœa was, to several provers, a troublesome symptom.

But the most striking symptoms, and those most widely observed, relate to the pelvic organs. They did not generally present themselves until a number of days after the proving was begun. They consist of a dragging or pulling or forcing down sensation in the pelvis, as though the entire contents of the pelvis were pulled down through the vagina, or would issue from the vulva. This sensation is not confined to the back or hips—nor again to the hypogastric region—but is described as pervading the entire pelvis. And the two provers in whom this symptom was most marked describe the dragging as coming even from the *thorax*, the mammary region, and the shoulders. So marked is the sensation of downward and outward pressure that the provers place the hand on the hypogast. or the vulva, as though to prevent protrusion. In three provers, physical inspection revealed the existence of anteversio uteri, a trouble which none of them had ever before experienced.

In this train of symptoms belong also the tenesmus of bladder and rectum, and the diarrhœa and frequent micturition.

There is agreement of the provers respecting pains, burning or cutting, and tenderness in the region of the ovaries, especially of the right ovary.

The symptoms generally are worse in the afternoon and

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before midnight, except the diarrhœa, which seems to be a morning diarrhœa.

If now, with the light which these provings afford us, we seek to place Lil.-tig. in its appropriate niche in our Materia Medica, and to estimate its value by comparison with other drugs, we observe, *first:* The uniform occurrence, in so many provers, of pelvic symptoms, as well as the demonstration, by physical examination, of a uterine displacement, establish its *a priori* claim to rank among the remedies for prolapsus and displacement of the uterus, for catarrh of vagina and uterus, and for inflammation of the ovary. And if we run a parallel with the symptoms of other remedies we find marked peculiarities which characterize Lilium. In the morning diarrhœa, coming suddenly and with tenesmus, it resembles Podophyllum, and Podophyllum has, likewise, a general bearing down in the pelvis—confined, however, to the lumbo-sacral region, while the mental and moral symptoms produced by Podophyllum bear no resemblance to those of Lilium. Moreover, in so far as my own observation goes, *Pod.* both produces and removes these pelvic symptoms only when they occur in connection with certain symptoms of the digestive tract, such as Lilium has no relation with.

Sepia produces, certainly, a bearing down sensation upon the lumbar region, together with dragging and even sharp pains from the region of the ovaries extending downwards to the pudenda, but besides that, sepia presents us no symptoms of diarrhœa and irritation of rectum and anus, and no such leucorrhœa as Lilium; the *conditions* are very different. The Lilium pains are aggravated in the afternoon and before midnight. They grow worse during repose and when one's mind is passive; worse, therefore, on lying down and trying to compose one's self to sleep. Whereas, on the other hand, the Sepia pains are worse from 9 A. M. to noon, and are relieved by repose; being aggravated by motion and occupation. The state of mind produced by the two drugs is very different. Almost the same differences exist between Lilium and Pulsatilla.

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Belladonna resembles Lil. in the bearing down sensation, both in the back and in the pubic region, and in the fact that there is not immediate relief from repose. But, on the other hand, Lilium gives no evidence of that general affection of the organism, especially of the circulation, which accompanies every well pronounced group of Bell. symptoms. On the contrary, under Lil. when the patient suffered most, nutrition and appetite were not impaired. They were even improved.

It is probable that further provings of Helonias dioica will show a strong analogy between it and Lil. as regards their action on the female organism. We know enough already to recognize a difference in the mental symptoms. *Lil.* dulls the intellect, produces a sensation of *hurry* with *inability*, and a distress based on a clearly defined apprehension of having some fatal or serious malady. Helonias produces profound melancholy, deep undefined depression, with sensation of soreness and weight in the womb, a "consciousness of a womb."

Platina seems to me to present the strongest features of resemblance to Lilium, both in the pelvic symptoms and in at least one phase of mental symptoms, and the result of my trials with prover No. 1, shows its power to antidote Lilium. But Platina does not present any of the symptoms of the intestinal tract which are so prominent under Lil., nor are its effects on the function of menstruation similar.

It will be observed that I have said nothing of the action of Lil. upon the heart. This is because my provers were not very markedly affected in that way (except one of them), but chiefly because my purpose was to show the action of the drug on the organs and functions peculiar to women, and to demonstrate how valuable additions may in a short time be made to Materia Medica in its weakest part, by the labors of professionally educated women heartily engaged in this work which none but such as they *can* perform.

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ARTICLE XVI.—Diseases of the Optic Nerve, from Cerebral Affection.

By Dr. Moritz Benedict, Vienna.

Benedict's Electrotherapy, page 249.

Neuroretinitis and atrophy of the optic nerve are frequently associated with diseases of the cerebellum, of the pons varoli, of the thalami optici, the corpora geniculata, the quadragemina, with diseases of the medial cerebral lobes, and with affections which attack directly the optic nerve, and its blood-vessels, at the basis of the brain. Visual disturbances in affections of the anterior lobes are mostly caused by pressure on the optic nerve.

Amblyopia and amaurosis in cerebral affections are usually not caused by primary atrophy, and early ophthalmoscopy shows, in such cases, that neuroretinitis, *i. e.*, hyperæmia and swelling, with or without hæmorrhage, preceded the atrophy. Every patient suffering from cerebral affections ought therefore to be examined at an early period with the ophthalmoscope, *because neuroretinitis of a high grade may run its course without any visual disturbance*, or it may be so trifling that the patients pay no attention to it.

Atrophy of the optic nerve is primary only when a tumor presses and acts destructively on the optic nerve without producing any mechanical disturbances of circulation.

The relation of the optic nerve in cerebral affections offers some peculiarities in comparison with other cerebral nerves. It is thus extremely remarkable in symptomatic amblyopia and amaurosis, *that it affects both sides alike*, when, according to their anatomical relations, we might only expect a hemiopia.

A second peculiar phenomenon is, that *amblyopia and amaurosis set in in affections which have nothing to do with the fibres of the optic nerve*, as in affections of the cerebellum and pons varoli; a third remarkable peculiarity is, that the

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functional disturbance is always associated with trophic disturbances (swelling or atrophy), which is never the case in affections of the central ganglia, or of the hemispheres.

Let us now carefully examine how cerebral processes, whether they encroach on the track of the optic fibres or not, whether they be one-sided or on both sides, produce trophic processes in the optic nerves. We see, for example, in the development of cerebral tumors, that at certain periods, corresponding to those of a more rapid growth, wide-spread manifestations appear, as headaches, localized at different places, and reaching such a height, that the patient loses consciousness; vertigo, the most different paretic and paralytic states, surring of the ears, and finally amblyopia and amaurosis. In other cases the manifestations are less stormy, but the more lasting. Such manifestations may pass off for some length of time, and the patient appear apparently in good health.

What then is the anatomical process which these phenomena produce in distinct parts of the brain? Certainly not a direct irritation of the tumor or its surroundings, as a whole series of these symptoms is perfectly independent of the seat of the affection, and the ophthalmoscope rather teaches us that these symptoms are caused by hyperæmia, with swelling.

On the other side, we often see, especially in atheroma of the cerebral arteries, such vascular storms set in, leading to sudden unconsciousness, hemiplegia, paraplegia, etc., and necroscopy shows then, that no lasting pathological process was the cause of the attack, but that a hyperæmia with swelling suffices to produce sometimes hæmorrhages. It is hardly necessary to mention that alterations in the circulation cannot remain local when such cerebral foci suffer from acute disease; and we see always, therefore, vasomotor disturbances in intracranial cerebral affections, attacking either the whole or large or distinct parts of the brain, and in certain cases *neuroretinitis* appears as a symptom of this vasomotor disturbance. Such a wide-spread vasomotor dis-

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turbance we cannot view as a diffuse irritation of the single blood vessels; in intercranial diseases of cerebral sympathetic nerve foci we have to do rather with accompanying and preceding neuroses of sympathetic fibres, with a local fever, as it were. *The sympathetic neuroretinitis is therefore in most cases based on a morbid innervation of the sympathetic nerve, which is again a symptom of manifold cerebral processes.*

We understand now perfectly why we find the sympathicus pathologically sensitive in most cerebral processes which become chronic, or how in tumors of the pons varoli an affection of the cortical substance may set in, leading to dementia; or how the most different cerebral affections, with the most manifold localizations, may produce pains among the sensible cerebral nerves; how paralysis may suddenly attack the organs of respiration and circulation, and even how hydrocephalus may originate in cases where a progressive continuity of the process to the walls of the cerebral cavities is out of the question.

All such processes are based on sympathetic vasomotoric disturbances, possessing the tendency to become chronic, and to produce secondary trophic disturbances, especially in particular localities, as in the ependyma of the cerebral cavities and in the optic nerve. Such a disposition is especially strong for the papilla, as the blood-vessels of the retina have to pierce the stiff capsula of the sclerotica. As soon as a strong, active hyperæmia with swelling sets in, the reflux of the blood is checked, stasis sets in, with dilatation of the blood-vessels and increase of connecting tissue, leading to atrophy of the blood-vessels and of the nervous tissue.

The enigma is then solved, how the galvanization of the sympathetic nerve can act so beneficially in cerebral affection by removing the neurosis of the sympathetic nerve, which so often accompanies the pathological processes in the brain, and a symptomatic neuroretinitis may thus also be cured; but we are hardly ever able to remove an atrophy, whether it be primary, as in tabes, or secondary, as after a preceding swelling.

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Amaurosis from neuroretinitis, leading to atrophy of the optic nerve, is, according to recent writers on cerebral diseases, fearfully on the increase, and the old school, with Virchow at the head, acknowledge that antiphlogistics, counter-irritants, and, *vice versa*, tonics and stimulants, are of no avail. Iodide of Mercury, Bromide of Potash, *et hoc genus omne*, have been tried in large and accumulative doses, and found wanting. Can Homœopathy do better? We know not; but still we hope that in the primary stage of hyperæmia and swelling a cure is still possible—nay, we are sure such cases can be cured if taken hold of in time. We hail, therefore, with pleasure such sterling works as "Angell's Diseases of the Eye,"* a work not intended for the ophthalmologist, but for the every-day practitioner, who may learn from it the necessity of early examinations of the eyes in diseases far distant from that noble organ, and the ophthalmoscope will explain now many a hidden symptom and lead us on to a better and more scientific selection of the remedy.

In a late number of *Gregg's Quarterly*, Dr. Lippe recommends in tabes dorsalis: Nux-vom., Sulphur, Phosphor., Nux-mosch., Aluminum and Æsculus-hip., remedies which have been used beneficially in amblyopia and amaurosis. Angell recommends in neuroretinitis: Merc., Ars., Aur., Zinc, Phosph., Kali-hydroiod.; we would like to add Calc., Silic., Caust., Laches., Lachnanthes, Gelseminum.

TOTALITY OF SYMPTOMS.—A remedy suitable to this species of amaurosis must possess, therefore, all the cerebral symptoms preceding or following the neuroretinitis, or, with Benedict, its action on the sympathetic nerve must be clearly outspoken to cover such a case.

GELSEMINUM covers perhaps best the first stage of the disease, *i. e.*, the neuralgic state of the sympatheticus and the hyperæmia of the optic nerve. Many provers complain soon after taking the drug of distracting pains in occipital region, aggravated by movement and bending the head downward;

* For sale by Boericke & Tafel, Hom. Pharmaceutists and Publishers, 145 Grand street, New York.

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rheumatic pains in extremities; with others, loss of vision is one of the first symptoms experienced, with violent dizziness. It produces passive hyperæmia of the spinal cord, which may increase to actual engorgement or extravasation (hæmorrhage). Among its symptoms we find excruciating headache, accompanied by nausea; headache extending from occiput to forehead, dull, stupefying, and pressive; dimness of sight and vertigo; tightness of the brain from hyperæmia. (Searle used it with benefit in cerebro-spinal meningitis.) Hale (p. 422, "New Remedies") says: "It undoubtedly causes a weakened and debilitated state of the great sympathetic nerve, and thence arise the pain, heat, congestion, etc., of the head; excessive pain in the orbit of the eyes (but as the sight is at this stage not yet affected, patients complain only of the excruciating headache); *dilatation of the pupils* (a symptom which ought to put us on our guard to have the eyes ophthalmoscopically examined); diplopia; amaurosis; the sense of sight is tardy in following the movement, things appearing for several seconds to be blurred, but no sensation of gauze or film; neuralgic pains (myalgia) arising from spinal or cerebro-spinal irritation in upper and lower extremities; paralysis, with loss of motion, but not of sensation.

LACHNANTHES-TINCTORIA, used by the natives to produce a shining eye and a big face. *Dilatation of the pupil*, dulness and obscuration of sight, belong to the primary symptoms of this great, too much neglected remedy; the hyperæmia in the brain shows itself by the sensation, as if the vertex was enlarged and driven upwards; the head feels enlarged, and as if split open with a wedge from *the outside to within;* she has to whine with the headache; the head burns like fire; the headache is mostly in the forehead and temples, or across the occiput after previous pain in the forehead; tearing pains in the upper and lower extremities.

MERCURIUS, the sheet-anchor of the old school in these diseases. Prof. Knapp prefers the Protoiodide of Mercury, but it should not be pushed to salivation. MacKenzie remarks, that "Mercury has long and justly maintained a high character as a remedy in amaurosis. It is probable that it

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aids in the cure chiefly as an absorbefacient, promoting in particular the removal of effusions within the cranium, and sometimes even of morbid formations. It will remove amaurosis depending upon the inflammation, either acute or chronic, of the retina or optic nerve." Travers and Lawrence agree fully to these encomiums. Albuminuria and uræmia have been caused and cured by the corrosive mercury; and it is well known that incipient amaurosis caused by Bright's disease finds an antidote in the Sublimate. Intercranial periostitis may be caused by the long continued use of Mercury, and thus pressure on some parts of the brain, with most excruciating headaches, and paralysis in consequence of the pressure. No wonder, then, that we find in the pathogenesis of the mercurials, dull and stupid feeling in the head, with vertigo and obscuration of the sight; headache, as if the brain would be pressed asunder; continuous violently tearing pain from the occiput to the sinciput, where the pressure is felt; dilatation of the pupil, black motes before the eyes, mistiness, dim-sightedness. The mercurial rheumatism is too well known to need more than a mere mention.

IODINE AND KALI-HYDROIOD. have very little in common with neuroretinitis, although Angell mentions it in that disease. We do not consider scrofulosis as a frequent cause of this complaint, and in the atrophic or tabetic state we have remedies which hold out more hope than the Iodides could accomplish, although we find among its symptoms: headache so violent as to make him crazy, *violent aching at the base of the occiput*, pain in the forehead as from subcutaneous ulceration; but the obscuration of sight is too evanescent to give much of an indication.

GLONOINE can only be indicated at the *very onset of the disease*, before organic derangements have been produced by the continuance of the morbid state. We have no remedy in the whole Materia Medica, which produces such turbulent active hyperæmia and congestion of the organs which lie above the diaphragm. There is a feeling of fulness and heaviness, as if from a weight in the head, extending as far as

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the eyes and ears; the pains are from below upwards, and from within outwards; excessive in severity, and the pressive pain in the occiput may cause failure of the senses; somewhat relieved by having a band tightly tied about the head; there is nausea and retching, with pressing, gnawing, and a sensation of emptiness and soreness in the stomach; but though severe the onslaught, it is evanescent, without leaving any serious sequel.

Belladonna, on the contrary, is far more penetrating in its effects; for it attacks the whole ganglionic system, and exerts its action upon the whole vasomotory nervous system. As concomitants of the congestion we see delirium, hallucinations and coma, hæmorrhages, extravasations; paralysis or convulsions are sequelæ of the hyperæmia of the deadly nightshade. Through the sympathetic it produces dilatation of the pupil, with brilliant, staring eyes; photophobia and secondarily obscuration of sight, and amaurosis; depending upon an exertion of the anæsthetic influence of the drug upon the retina, which obtains also in the ophthalmic branch of the fifth nerve. It is most interesting to notice that the phantasms and visual hallucinations which result from the irritation exerted by Belladonna upon the tubercula quadragemina—the intracranial centres of vision—are present when, by the anæsthetic influence of the drug upon the retina, all real objects are visible. (*Hughes' Pharmacodynamics*, p. 144.)

Considering the above remedies mostly indicated in the congestive state, we come now to a stage in which, as in similar diseases, fatty degeneration takes place, leading eventually to atrophy, and thus to total incurable amaurosis. Here our aim must be to restrain the retrograde process, and, if possible, to bring back the suffering organs to their usual state before total disorganization takes place.

Lachesis.—Teste remarks that Lachesis embodies most of the symptoms of Belladonna, but they are characterized by a tendency to persistency, which makes it to be in chronic diseases what Belladonna is in the acute form thereof. In its pathogenesis we find almost every variety of headache, violent beating and throbbing in the head, extending from

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occiput to eyes, with vomiting; vertigo with paleness, tendency to faint, and numbness; burning pressure from within outward on the top of the head; many of the pains are deep-seated; tearing in the joints with contraction or stiffness of the affected joints; hemiplegia, particularly paralysis of one arm, the right or left, or the whole left side. Among its eye symptoms we find only faintness and dimness of the eyes, attending some other complaints; in fact the eye symptoms of Lachesis are very meagre, but diseases of the medulla oblongata and of other parts of the cerebro-spinal axis belong so much to the curative power of this powerful drug, that amblyopia from cerebral disturbances will frequently find its simile in Lachesis.

PHOSPHORUS.—Its power to prostrate the nervous system, and to cause *fatty degeneration* throughout the body, is well known to every observer. Progressive paralysis, caused perhaps by softening (fatty degeneration?) of the brain and cord, has been produced by Phosphorus, according to Gallavardin and others. Through its action on the ganglionic nervous system it increases the supply of nervous tissue and regulates abnormal alterations. Among its brain symptoms we find frequent and chronic dizziness; an oppressive pain deep in the brain, with stupefaction, and sensation as if he would fall forward; oppressive headache, increasing to a pain, as if the brain were dashed to pieces on the surface; he sees everything through a gauze with some loss of consciousness; blackness before the eyes; amaurosis; deprivation of sight, with great dilatation of the pupils and darting pains in the eyeballs.

NUX-VOMICA.—It is most useful when the headache proceeds from an *affection of the ganglionic system*, especially if the patient is studious and sedentary in his habits (a great cause of headaches in children is our perverted mode of education, which crams the mind without developing the body); headaches caused by masturbation, with luminous appearances before the eyes, reaching from the external angle of the eye towards the pupil; excessive sensitiveness of the senses; epilepsy, catalepsy, paralysis, from central softening of the

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spinal marrow; passive sanguineous apoplexy, followed by softening of the cortical substance of the brain, but especially of the cerebellum and spinal cord. During the congestive state the excessive sensitiveness renders the patient unable to bear the pains without moaning and lamenting; headache with nausea and vomiting, as if the brain were pushed forward; distensive sensation in the head with pressure through the forehead and eyes. Nux-v. and its alkaloid Strychnine have been used with great success by Middlemore, Tyrrell, (see Peters' "Internal Diseases of the Eyes," p. 83), and others, in amaurosis caused by an enfeebled condition of the retina.

Silicea.—Recommended by Black in headaches from *nervous exhaustion and want of vitality*, epilepsy, paralysis, vertigo, falling forward after stooping, riding, or looking high up; rising from the neck into the head with nausea; violent headache with loss of sense; she moaned and cried for help; oppressive pain in the forehead from a little mental exertion; pressure, tension, and pushing in the head, as if crowded together or pressed asunder, the pain *relieved by tying something firmly round the head;* obscuration of sight after the headache; twitching of the eyelids; things look blurred, paroxysms of sudden blindness; amaurosis.

Zincum.—Another remedy for *cerebral exhaustion and mental and physical depression*, very frequently indicated in hydrocephaloid with impending paralysis of the brain; sudden feeling of weakness in the extremities, with canine hunger; fainting sort of weakness when standing; excessive weariness in the morning; pressure with tearing in the occiput, sticking in the right eye, tearing and sticking in the ears and teeth; stupefying headache, relieved by lying down; frequent pains in both sides of the head, as if between screws, in the evening; painful tumult, like the dashing of waves, and feeling of heat at a spot on the right side of the occiput, extending beyond the vertex, in the evening; constant weariness of the eyes; vanishing of sight with absence of ideas.

Arsenicum.— *A mixture af depression with irritation*, the paralysis accompanied with cramps, and the anæsthesia with

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neuralgia (Hughes). We have here also the stupefying, oppressive headaches, but generally in the forehead over the root of the nose; sensation as if the brain were moved, as if it shook like water and dashed against the skull, when walking or moving the head; snapping in the head, as of electric sparks above the ear, when walking; but all the symptoms point to other regions in the brain than that from which the optic nerve originates, and we doubt therefore its applicability in the disease we treat of. We might mention also Arnica, Calcarea, and China, among others which might help us to restore to our patients their sight, but we prefer to return to Benedict and give extracts from his work. He says: "As bright as the results of electrotherapy are in some cases of neuroretinitis, we find them unavailing as soon as atrophy has set in, preceded by swelling, or primary as in tabes, where I have never observed a primary swelling, even when I was enabled to follow its course from the normal function up to the perfect atrophy and amaurosis. In one case, where the result was partially favorable, no local treatment whatever was attempted, but the whole treatment consisted only in ascending galvanization of the spine. In other cases my treatment consisted in applying the copper-pole to the forehead and moving the zinc-pole over the temple and the inner angle of the eye, with such intensity, if possible, that subjective symptoms set in.

"The mechanism of the action on the optic nerve through galvanic irritation of the external and internal skin, supplied by the trigeminus, is of the reflex order; in proof of which we find that the appearance of the subjective sensation of light does not absolutely depend on the strength of the current, but on the sensitiveness of the sensible nerves; so that on one side we perceive, even under light electric currents, subjective sensation of light in those branches of the trigeminus which are more sensitive in their normal state, as, *e. g.*, the lingual, as in others not so sensitive; and, on the other side, pathological states may change the sensitiveness according as the branch of the trigeminus is hyperæsthetic or anæsthetic."

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Very interesting are also the experiments of Turk, according to which pressure on the cervical vertebræ and spinous processes produces a momentary aggravating or ameliorating influence on the visual power in amblyopia and even in amaurosis, caused without any doubt by reflex action. The reflectory arch is still anatomically unknown, but we consider it possible that the whole transaction may be based on reflex irritation of vasomotory nerves.

S. L.

ARTICLE XVII.—A Remarkable Case of Luxation.

By Charles Cropper, M. D., Lebanon, Ohio.

On Monday, the 11th of April, 1870, Mr. C. C., an old gentleman in the seventy-first year of his age, jumped from a spring wagon, alighting upon the shoulders of another gentleman, in whose company he had been riding and who had got out of the wagon just before him. He was thus thrown violently on the road, which, at this place, had been lately mended with large stones. In the fall his left shoulder was dislocated, the metacarpal bone of the right thumb also dislocated, and the orbital process of the superior maxillary bone of the left side was fractured at the attachment of the levator labii superioris muscle, causing the upper lip at the corresponding side to slightly droop. Mr. C. is a very muscular man and has led a life of great activity; consequently, at the time of this accident, he was in good condition, and on making the necessary efforts to reduce the luxation, his muscles presented very strong resistance. The bone of the hand was secured without difficulty, and, after vigorous effort by means of extension, counter-extension and rotation, the dislocation of the shoulder-joint was reduced and the arm bandaged. In this I was assisted by Dr. T., a competent surgeon of the Physico-Medical School. No chloroform was used. During the night the head of the humerus slipped out, necessitating a repetition of the operation on the following

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night. The arm was now firmly secured. It became evident in the process of the reduction, that a fracture existed at the glenoid cavity, and from the fact that the head of the humerus frequently slipped forward after being restored to its proper place, and also that, in passing over the rim of the cavity, a grating sound, like bone passing over a saw or rough fragment of bone, was heard, I diagnosed fracture of the anterior portion of the rim of the glenoid cavity. In regard to this fracture, after stating that no such lesion had ever been demonstrated, Dr. Gross, in his *System of Surgery*, Vol I., p. 903, says: "Is it not likely that some of the bad forms of luxation of the shoulder-joint in which the reduction is maintained with great difficulty, and which are so liable to terminate in anchylosis and ruin of the articulation, are cases of this description? This subject is worthy of greater attention than it has hitherto received."

The patient was very impatient of restraint, and, notwithstanding my injunctions, went out on the second day after the reduction of the dislocation, and continued to walk or ride every day, visiting my office, distant more than a half mile, several times. On Saturday morning, April 30, nearly three weeks after the accident, I was sent for in haste to see Mr. C., and found him laboring under a very severe attack of vomiting. He had first ejected his breakfast, the solid, indigestible matter of which it consisted being probably the exciting cause of the attack. After throwing this off, he vomited, with great effort, large quantities of green bile, occasioning great prostration. During one of the severest spells, he unconsciously threw his feet out of bed, raised his body to the sitting posture, and, in so doing, threw the weight of his body on his left elbow, again causing luxation of the shoulder-joint. Ipecac. and Tartar-emetic restrained the vomiting, but he soon passed into a very peculiar condition, and his case since has developed features anomalous to me and to all physicians who have seen the patient. The pulse soon became scarcely perceptible, exceedingly irregular, and the action of the heart could not be ascertained by palpitation, or by the ear, either directly applied to the chest or

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through the stethoscope. The skin was cold and moist, the extremities cold to the touch; but his feet felt comfortable to himself, and he insisted on keeping them uncovered.

He remained in this almost pulseless condition Saturday and Sunday, taking his medicine, water, and a very little nourishment in fluid form, without difficulty. His mind was, and has been throughout, entirely clear. On Monday spasms of the muscles of the face and superior extremities set in and occurred frequently, contorting the face, rolling back and fixing the eyeballs and occasioning the expulsion of the air from the mouth with a vibratory puff. Consciousness was momentarily interrupted in these attacks, but he was always able to take up the thread of his remark immediately after they had subsided. These paroxysms now became exceedingly frequent, averaging about one a minute—one night being as often as three every two minutes. They thus continued with slight variations as to frequency for about five days—yielding finally to Zinc.-met. 1st dec. trit., one grain in one-third of a glass of water—a teaspoonful every half hour. I omitted to mention that on Saturday evening during the great depression of the pulse, I applied the Battery, but without effect. During all the time of the continuance of the paroxysms, the pulse varied from 15 to 23 per minute and frequently intermitted six or more seconds. Mr. C. has had, for more than fifty years, occasional attacks of palpitation of the heart, but these have never occasioned any protracted or severe illness. To control or rather to stimulate the action of the heart I gave Digitalis 30, first at intervals of one, and afterwards of two hours, under the action of which the pulse became regular and moderately full and was raised in frequency to 25 per minute at the highest, being subject to slight variations during the twenty-four hours. His case, of course, was considered critical from the first depression of the heart's action, and the patient himself, thinking his vital powers exhausted, gave up all hope of ultimate recovery, and for many days, notwithstanding a decided improvement in all other respects save in that of his pulse had been effected, steadily maintained that he could never recover, and often expressed

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an earnest desire to pass away from the scenes of life. On Friday I was desirous of again reducing the dislocation if possible, being apprehensive that some pressure of the head of the humerus on the brachial plexus might have had some influence in exciting the paroxysms before described. After consultation with the members of the family I sent a telegram to Dr. S. R. Beckwith, of Cincinnati, requesting his assistance, and he came up in the evening. As it was utterly impracticable to replace the bone without producing anæsthesia, it was resolved to try the effect of Sulphuric Ether, under the moderate use of which, the patient being but partly under its influence, the pulse fell to 18, and we then deemed it prudent to wait until morning, Dr. B. remaining with the patient for the night. Mr. C. passed a more comfortable night, and at six o'clock the next morning I was again called. On consultation, the pulse remaining as it had been for several days past, we concluded it would be unsafe to operate then, and Dr. B. returned to the city. Sunday the patient was better in every respect, appetite good, strength improved, complexion and expression natural, bowels and kidneys in normal action, and I indulged the hope of an ultimate recovery. On Monday he expressed a wish that his old physician, Dr. A., of the Eclectic School, a high-toned gentleman and accomplished physician, should be called in; to which, of course, I readily assented. I ought here to say that it was at the instance of Dr. A. that I was called in the first place, he resigning the case, as one within the domain of surgery, into my hands. It was now my desire to withdraw entirely from the case, as it will be readily seen that my position was a very peculiar one. At the earnest request of Dr. A., however, I consented to treat the case conjointly with him. After consultation, we decided to continue the Digitalis; but the Dr. wished, of course, to give much larger doses. We finally agreed upon 8 drops of the Tincture, in water, every four hours. The patient had for several days been taking moderately of Catawba wine, which Dr. A. advised also in increased quantity—used the battery over the heart, which produced some pain in that organ. Tuesday the pulse remained at

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about 28, sinking somewhat at times, and rising, after taking stimulants, to 31 and 32 for a short time. General condition the same. The water passed freely, as before, and the bowels were kept open by enemata of water.

Wednesday.—Pulse and general condition the same, with the addition of the battery applied three times during the day.

Thursday Morning.—Pulse 20 and intermitting; complains of a burning sensation in the left arm near the shoulder; desponding, yet clear in mind, and does not wish to take medicine or stimulants; wine, which had been grateful, is now distasteful; appearance of face indicates depression of vital powers; has a *wave-like* feeling passing over the body from below upwards; continued the Digitalis, reducing the dose to 5 drops every 4 hours; discontinued the battery.

Thursday Evening.—Has been feeble and depressed all day; has taken no nourishment or medicine; the spasms of the face have returned, but in lighter form than before. At 5 o'clock began to feel better, and at 7 o'clock was quite cheerful; pulse 25; skin in good condition; gave Dig. 3 drops every 4 hours through the night; allowed a little wine occasionally if he felt like taking it; thinking his depressed condition, with the nausea experienced, might have been due to three crackers taken dry during the preceding night, advised no nourishment through the night but a little gruel.

Friday Evening.—At 7 P. M. we found the patient calm and feeble; tongue coated a light brown; no appetite; pulse 26 and soft, but regular. There had been during the afternoon some twitching in the muscles of the face, but no spasms such as he had the preceding day; had taken some wine but it did not have a pleasant taste; complained of heat and sense of compression in the heart; gave 3 drops of Dig., and after a half hour again observed the pulse, which had fallen to 24; gave one powder in which 2 drops of Nux-vom. had been rubbed, to be taken at 9½ o'clock, and Dig. 200 in dilution, ten drops every 4 hours.

Saturday Morning.—Passed a comfortable night, and took some breakfast in the morning, but still feels weak; pulse

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26; respiration 13. Thermometer in the mouth indicated 100°. Continued Dig. 200, and allowed pure spirits in small quantities through the day.

Saturday, 7 P. M.—Slept the greater part of the day; appetite improved; tongue clean and taste more natural; pulse 27.

Sunday Evening.—The patient was more animated this morning than for many days before; called for his breakfast and ate it with good relish. Pulse 26, and full; had remained at the same rate throughout the day. Continued Dig. 200, 15 drops of dilution every 4 hours.

Monday Morning.—Pulse 24½; general condition unchanged.

Monday Evening.—Pulse 29; had a good operation of the bowels; tongue less coated; Dr. A. wished to try the effect of Lobelia, and the Tincture was given in 3-drop doses every 4 hours.

Tuesday Morning.—General condition improved; inquired the name of the medicine he was taking, saying it "tasted like tobacco;" did not tell him the name of the remedy, but reduced the dose to 1½ drops at same intervals.

Tuesday Evening.—Has not felt so well to-day; took but little nourishment; the medicine still tastes like tobacco, occasioning such a nausea that he refused to take it after 12 o'clock; pulse 26; gave Dig., 3 drops every 4 hours.

Wednesday Morning.—Pulse 22; does not feel nor appear any better than yesterday.

Wednesday Evening.—Feels stronger to-night; tongue cleaner; pulse 26; noticed an occasional beat at the wrist not corresponding with the pulsation at the abdominal aorta; the pulsations are generally synchronous; gave Dig., 8 drops every 4 hours.

Thursday Morning.—Patient more cheerful; passed a comfortable night and relished breakfast; pulse 26.

Thursday Evening.—Pulse ranged at different times this evening from 29 to 32; has not felt so well this afternoon; tongue looks much better; took more nourishment than usual to-day; same treatment.

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Thursday Morning.—Pulse 40; continued the same treatment.

Friday Evening.—Pulse reached at noon to-day 44; at 3 P. M. it was 47; this evening I timed the pulsations while he was taking his supper; they had fallen to 20, with occasional long intermissions; after tea the pulse was 23; feels very weak to-night, and the pulse has made much less volume than last evening; Dig., 4 drops every 4 hours.

Saturday Morning.—Had a bad night; this morning the pulse is 23; tongue somewhat coated; no appetite; Dig. as before; 1 drop Nux v. before eating.

Saturday Evening.—Pulse irregular; will beat three times in quick succession and then a long interval will ensue; the frequency ranges from 29 to 33, the average being about 30; the patient has lost considerable flesh in the last week.

Sunday Morning.—Passed a comfortable night; pulse 50 to 53.

Sunday Evening.—Feels better to-night; pulse 51; has reached 57 during the day.

Monday Morning.—Had a comfortable night; pulse this morning 51, and regular; general condition good.

ARTICLE XVIII.—1. Aggravation according to Time.

By H. N. Martin, M.D.

In the Morning.—Acon., Agar., Aloes, Ambr., Amm.-mur., Anac., Ang., Ant.-crud., Ant.-tart., Apis, Arn., Aur., Calc., Carbo.-veg., Chel., Coff., Con., Creos., Croc., Dros., Euphr., Guaj., Hep., Ignat., Iris-vers., Kali-bichr, Kali-carb., Kali-hyd., Kobaltum, Natr.-carb., Natr.-mur., Nitr., Nitr-ac., Nux-vom., Petr., Phosp., Phos.-ac., Ran-bulb., Rheum, Rhodod., Rhus-tox, Sabina, Scilla., Sepia, Staph., Stram., Tar., Veratr., Verb.

Acon.—Faintness, with shortness of breath, when rising in the morning from bed, with nausea, vomiting, yawning, and a drawing sensation in the umbilicus.

Agar.—Increase of fever, with rapid pulse.

Aloes.—Epistaxis in the morning when awakening.

Ambra-grs.—Expectoration only in the morning, yellow or grayish, tough, salty, or sour.

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AMM.-MUR.—Giddiness, with fulness and heaviness in the head, and dry cough, with burning and tickling in the larynx.

ANAC.—Heavy sleep till 9 A. M. morning, nausea of pregnant women, relieved by eating, but returning two hours thereafter.

ANT.-CRUD.—Perspiration in the morning when awakening.

ANT.-TART.—Violent toothache early in the morning.

APIS.—Offensive diarrhœa, worse in the morning.

ARN.—Intermittent fever, with chill; drawing pains in the bones; bitter taste; frequent eructations, with putrid taste as from rotten eggs.

AUR.—Paralytic drawing sensation in the limbs when awaking, and perspiration on and around the genitals.

CALC.—Expectoration worse in the morning; sour bitter taste in the mouth; chilliness.

CARBO.-VEG.—Spasmodic hollow cough, with bad-smelling brown or bloody pus only in the morning.

CHEL.—Great debility in the morning, with perspiration before awaking, and dimness of sight.

COFF.—Headache, with tightness of the brain; bitter taste in the mouth and nausea.

CON.—Frequent and empty eructations.

CREOS.—Low-spirited and weeping, with dulness, heaviness, and pulsation in the vertex and forehead; bleeding of the nose, and bad smell before the nose on awaking; ulcerative pains in the indurated os uteri in the morning; perspiration only in the morning.

CROC.—Lassitude and debility, with great distension of the stomach and feeling of emptiness.

DROS.—In whooping-cough the paroxysms are worse towards morning. In bronchial phthisis cough and expectoration, worse early in the morning, of greenish yellow bitter mucus, with gagging, which he is often obliged to swallow again; bruised pain in the back; perspiration mostly in face, or coldness of left side of the face while the right side is hot.

EUPHR.—Frequent waking, as if frightened, between 3 and

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6 A. M., after which stupor, from which he awakens complaining.

GUAJA.—Sensation of enlargement and protrusion of the eyes, with wide open staring, vacant look, and violent vomiting of watery mucus.

HEP.—Pains in the head and abdomen are worse in the morning, and are often accompanied by vomiting; coughing and expectoration are worse in the morning.

IGNAT.—Headache, as if sore and bruised; pain in the os sacrum.

IRIS-VERS.—Gums and tongue feel as if covered with a greasy substance; pain in stomach, with vomiting of a bilious *sweetish* mucus. (Morning sickness of pregnancy.)

KALI-BICHR.—Wakens at 2 A. M., with heat, sweat, palpitation, dyspnœa, and a desire to urinate.

KALI-CARB.—Dyspnœa and cough worse from 3 to 4 A. M.

KALI-HYD.—Headache, with heaviness, at 5 A. M.

KOBALTUM.—Colic, with rumbling in the abdomen before stool; tenesmus at 5 A. M.

NATR.-CARB.—Headache, with pulsation in the vertex every morning.

NATR.-MUR.—Hysterical debility; unrefreshed in the morning; morning cough, with expectoration of yellow blood-streaked mucus; accumulation of mucus in the larynx; morning headache and vomiting, which goes off at about 10 A. M.

NITR.—Cough is worse every morning at 3 A. M., with stupefying headache, cutting in the chest, and bloody expectoration.

NITR.-AC.—Headache in the morning, with vertigo; epistaxis, with black clotted blood; white, dry tongue, and great thirst.

NUX-VOM.—Nearly all the symptoms are worse in the morning; the patient awakes at 3 A. M., then falls into an uneasy slumber, from which he awakes at a late hour feeling tired and unrefreshed; he feels as if he had been on a "drunken spree" the night before.

PETR.—Sensitiveness of the scalp, very sore to touch, with

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numbness; great dryness of throat and mouth, with thirst for Beer (*Bitter ?*).

PHOSP.—Great weakness and vertigo in the morning; can hardly stand long enough to dress; various symptoms of headache are worse in the morning; painless, debilitating diarrhœa.

PHOS.-AC.—Morning sweat; spasmodic cough, caused by sensation of tickling in the pit of stomach and throat, with expectoration only in the morning; aching pains (growing pains) worse in the morning.

RAN.-BULB.—Scanty perspiration only in the morning on awaking.

RHEUM.—Great weakness and heaviness of the whole body when awaking, with headache, and bad odor from the mouth.

RHODOD.—Pains appear to be in the bones and periosteum, and especially in the cranium; they are all worse early in the morning.

RHUS-TOX.—Cough worse in morning; headache, with putrid breath in the morning; the walls of the abdomen feel lame when stretching out after awaking in the morning. *(Rheumatic diathesis.)*

SABINA.—Headache early in the morning.

SCILLA.—Influenza worse in the morning, with headache, vertigo, nausea, violent coryza, with soreness in the nostrils; loose morning cough, which is more distressing than the dry evening cough; complaints are almost exclusively worse in the morning.

SEPIA.—Sneezing before getting out of bed in the morning; always wakens at 3 A. M.; cough, with expectoration only in the morning, of yellow, greenish-gray pus, and great thirst in the morning; morning sickness of pregnancy.

STAPH.—Headache, as if torn to pieces, in the morning; jerking and tearing around ulcers; toothache; nausea; pain in the back, as if broken or sprained; stiffness of the shoulder joints early in the morning.

STRAM.—Painless, barking, spasmodic cough, in fine shrieking tone, returning every morning, and without expectoration. *(In asthma.)*

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TART.—Heat in the face and hands, without thirst.

VERATR.—During menses, morning headaches, nausea, ringing in the ears, and pain in limbs.

VERB.—Awakens every morning at 4 A. M.; tongue coated yellow.

ARTICLE XIX.—Case of Transverse Fracture of the Olecranon Process of left arm, attended with "Traumatic Neurilemmitis" of the Ulnar Nerve.

BY C. H. VON TAGEN, M. D., HARRISBURG, PA.

Mrs. E. H., a widow lady, of a nervo-sanguineous temperament, fell violently to the ground and received the force of the fall upon inner side of left elbow joint. *The patient became almost instantly insensible, her face presenting a blue livid appearance, breathed very labored and heavy, in fact snored, with some frothing at the mouth; eyes stood wide open and pupils very much dilated.* She remained in this condition for at least fifteen minutes. I was summoned to and reached the case just about the time consciousness returned. To quote the patient's own words: "almost immediately on striking the ground, and for an instant only, she experienced a sudden and indescribable tingling all over her body, and then became insensible."

I take great pleasure in presenting this case, in form of a report, not so much on account of its being one of fractured olecranon, but chiefly because of the peculiar condition which the patient presented immediately on sustaining the injury, and in which she remained for a period of fifteen minutes. The patient was accompanied by her sister and a brother, both very intelligent persons, and they each were very forcibly impressed with her peculiar condition after the reception of the injury, which they very clearly and accurately described, and will be found italicized in the first paragraph of this report. The question was put to me by both brother and sister, "Could it have been an attack of fits (epilepsy)

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or apoplexy?" So much stress was put upon the interrogation, and it was repeated so often, that, to convince the family that it was not a so-called attack of "fits," nor yet of apoplexy proper, I went into a close investigation.

I thought much over the matter, and as soon as the excitement consequent upon the accident had subsided, and the patient's limb was properly splinted and dressed, and she carried home, I proceeded to glean a succinct statement from the patient herself. Putting her (the patient's) account together with what the brother and sister told me, I drew my conclusions thus: The patient on falling struck, as before remarked, with her whole weight on the left elbow, at the same time a projecting stone came in contact with the space over the ulnar nerve, or crazy bone, as it is commonly termed by the unprofessional, just where it lies imbedded in the groove or depression of the humerus, between the inner margin of the trochlea and corresponding condyle. The shock sustained by the nerve at this point was also so great to the brain and nerve centres, that the train of symptoms enumerated before followed, and these were so marked and simulated apoplexy so strongly, that a casual observer might have been deceived into thinking and pronouncing the case one of that kind.

It was a case of Traumatic Apoplexy, if such a term will be allowed, and resulted from severe nerve shock.

Precisely this condition of affairs, excepting the fracture, happened the writer when a student of medicine some fifteen years ago.

I was unfortunate enough to receive a very severe blow on the ulnar nerve of left arm, while sparring and boxing with a classmate, which knocked me senseless to the floor. I knew nothing more than that I experienced a sudden and very marked peculiar tingling feeling all over my body, but particularly in the injured limb, which crept rapidly upwards to my brain, and then it appeared as though a tremendous explosion took place, and I fell quickly and completely into a state of insensibility.

My companion applied the nearest restoratives at hand—

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cold water and Spirits of Ammonia. When I awoke to consciousness he was leaning over me and appeared much agitated, fearing he had injured me seriously.

He then related to me the condition I presented during the eight or ten minutes which he stated was the time I lay insensible, and precisely the same result followed the blow which I received and that which the patient whose case I have here related presented, excepting, as before stated, that I did not sustain a fracture.

Knowing full well the constitution of my patient and her antecedents, I unhesitatingly pronounced the case one resulting from very severe "nerve shock." Thus I appeased and satisfied the anxiety of the different members of the family, each and all of whom seemed imbued with the idea that Mrs. H. had been laboring under an attack of "fits" or apoplexy.

Before closing this account, I beg leave to call attention to a slight, yet to my mind very important suggestion, or rather plan, which I adopt in fractures of the olecranon: The splint which I use upon the *dorsum* of the arm I perforate with an aperture about $\frac{5}{8}$ to $\frac{3}{4}$ of an inch in diameter, being careful to pare away the margin of the opening on inner surface, so that it will present a smooth and somewhat inclined surface, all around the circumference of the opening. This aperture is made to correspond to the olecranon process, and after being properly prepared—that is padded with cotton batting and enveloped in a roller bandage—first extend and supinate the limb and envelop it from finger tips to shoulder joint, with a roller bandage; after which, place the splint so that the opening will embrace within its circumference both the fractured ends of the bone; then, by moderate and firm compression and another roller bandage, the fragments will be brought in complete juxtaposition, and thus held until firm union takes place, which, unless in persons of advanced age, will be accomplished in three to four weeks, usually. At the expiration of this time, *and after a careful examination, not until, to ascertain the character of the union*, flexion and extension may be commenced to a moderate degree. This should be persevered in, at first, three to four times

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weekly, for two weeks; after which, if all goes well, *daily*. The surgeon in attendance on the case should practise the manipulation for the first two weeks himself, after which the patient's friends may be introduced with the case.

I need hardly add that in this form of fracture the arm should be extended and supinated to its full extent. The limb should be carefully bandaged from the ends of the fingers to the shoulder previous to the application of the splints.

In some cases it may be necessary to use splints on the superior, as also on the posterior surface. This is a wise precaution to use at first, particularly if binder's boards be used, for the material is apt to yield and bend under the heat and moisture of the limb. When the material used is wood, one splint will suffice, and this should be placed on the dorsal surface, perforated and prepared in the manner above described.

There is always more or less danger of traumatic arthritis following an injury of this kind, and at the first threatening symptom I at once remove the dressings and apply *freely*, with a good-sized camel's hair pencil, the Compd. Tinct. of Iodine.

Never since adopting this plan, now some ten or twelve years, have I had a single case of developed arthritis to combat.

In the case here related, on the third day after the injury I found the patient threatened with unmistakable symptoms of arthritis, together with considerable tumefaction of the joint. A single application of the Iodine put it completely to flight in twenty-four hours.

This patient, as well as all others of a similar character which have fallen into my hands for the past ten or twelve years, have made good and satisfactory recoveries.

The patient, in addition to her other sufferings, was much afflicted with an intense pain along the outer border and lower half of the radial side of the arm, as also along the outer and dorsal border of the hand to the tip of the small finger; which finger is, and has been since the accident, par-

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alyzed. The localities referred to correspond to the track of the external cutaneous nerve and the terminal end of the ulnar nerve.

These regions remained more or less swollen all throughout the treatment, and were exquisitely tender and sensitive to contact. When touched, however lightly, instantly the pain was referred up to the seat of fracture, and from thence up the arm to the shoulder and side of the neck, corresponding to same side.

This complication, which may be designated as neurilemmitis, gradually, but slowly, subsided under the use, first, of Arnica 1st dilution, and subsequently Gelseminum 1st. Of the two remedies, I am inclined to the belief that Gels. did the most good, for with its use all the other and general nerve symptoms vanished steadily.

The patient has made a good recovery, and with as useful a limb as ever, although somewhat weakened by the injury, which time and a due amount of exercise will overcome. The little finger, which was paralyzed, has also recovered its usefulness.

ARTICLE XX.—Conferences on Datura Stramonium.

By Dr. Th. Ruckert, of Hebrnhut. A. H. Z., July 4, 1870.

The German Institute of Homœopathy requested physicians in all parts of the world to send articles on Stramonium or on Thuja, to Dr. Hirschel, President *p. t.* of the Institute. Ruckert gives the following as his first instalment from clinical experience:

Stramonium shows in its primary action no peculiar pains whatever, except very disagreeable sensations, which the provers did not feel warranted to designate as pains. Real pains originate only in its secondary action.—*Hahn. M. M.*, p. 3, 287. (German edition.)

Severe vertigo, especially at night, when lying on his side. —23.

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He staggers as if he were dizzy; his gait is unstable and it is impossible for him to walk in a straight line; he has to be led.—H. 4, 115. Comp. 3, 10, 11, 40, 48, 77, 89, 114, 121.

Memory confused.—H. 1, 49.

5. Loss of memory.—H. 4, 516.

Paroxysms of loss of memory, during which he recognizes neither persons nor objects; questions remained unanswered. —A. H. Z., 62, 111.

Dolefulness, weeping, thoughts of death.—H. 4, 49.

Crying mood, with inclination to give offence and to feel offended.—H. 1, 434.

Fear of black dogs and wild animals.—H. 4, 49.

10. Is stubborn and obstinate towards his own people, but anxious and full of fear towards strangers.—H. 4, 516.

The physiognomy expresses stupidity and perturbation; insensibility to mental impressions, with fixed weeping eyes and enlarged pupils, hardly responding to irritations.—H. 4, 516.

Stramonium showed excellent effects in twenty cases suffering from delirium tremens.—H. 1, 147.

Delirium tremens. Hallucinations which, especially at night, put the patient in the wildest restlessness, so that he is chased about like crazy. He heard continually on the right side of the occiput a loud voice, scolding, vituperating and accusing him of ungodliness.—§ 66.

The dulness of the sensorium shows itself, especially when talking, by confounding the words.—H. 1, 147.

15. In Stramonium the hallucinations remain always of a *dark* color, whereas in the full development of a disease indicating or produced by Belladonna, *fiery and shining* hallucinations are more constant. But what I consider of the utmost importance, and hitherto not enough valued, is, that in the manifestations of Belladonna the patient is in a pleasant humor; or, when he feels downcast, he shows nothing of that terror or fright so peculiar to Stramonium.—H. 1, 46.

I have several times observed the appearance of mania puerperalis in the course of peritonitis, or even phlebitis

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puerperalis. The manifestations of the fully expressed vegetative morbid process were arrested during the continuance of the mania, and Stramonium cured all such cases. § 11.

In an epidemic of children under seven years the sleep was more natural, not soporous; but they twitched frequently with their extremities, moaned and moved about in a restless manner, showed when waking up a peculiar absent-mindedness, looked straight forward to one point, with staring eyes and despairing mien; retired either slowly, with fear depicted in their faces, or ran away, with loud fearful cries; clasped and clung to objects lying close by; with high fever, redness of the face, moist skin. Stramonium helped quickly and perfectly.

In cases where, during or after vesicular erysipelas, the most severe and dangerous cerebral affections set in, corresponding to Stramonium, it produced a quick and lasting cure. He suffered from delirium by day and by night, without rest and without sleep. He either sang or whistled, or entertained himself in different languages with departing people, or he jumped wildly from the bed to run away, or to attend to some business. An hour after taking Stramonium he fell asleep, and awoke perfectly conscious after a long sleep.—H. 4, 789.

20. Peculiar mental states and convulsive diseases are produced by Stramonium, and, from experience, I can vouch that it will cure all such cases which show similar symptoms. —H. M. M., p. 3, 288.

Fright is the prevailing symptom in Stramonium. The remarkable quickness in all motions, the haste and hurry in the behavior of the Stramonium patient is well known, but also the physical sufferings show themselves by great agility. —H. 1, 46.

Downcast and full of anguish, she believes herself unworthy of eternal bliss, because she is unable to perform her regular labors.—H. 1, 48.

When asked, she replies, but at all other times she remains

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silent and brooding, and becomes frightened at every noise. —H. 1, 48.

She wants more lights in the room during the evening, and begs with intense supplications not to be left alone; she passes her nights in tears and in prayers.—H. 1, 48.

25. He becomes restless in the evening in bed; converses with spirits, who surround his bed; grasps a cane and fights with it, in order to expel the devil, who wants to attack him. Thus he passes the whole night, but during the day he is rational.—H. 1, 47.

He speaks the greatest nonsense, nobody can understand what he means.—H. 1, 48.

She sits up in bed and talks incessantly with great haste for a quarter of an hour, and wants to come away; then she sits quietly down for three or four hours, as if she had lost all consciousness, and supports her head with her hands as if it were full of pains.—H. 1, 47.

Believes to be in his grave; shrives, prays, asks to be killed; accuses his wife of infidelity; scolds, strikes at every body who wishes to restrain him; thinks they are dogs, and barks at them to make himself understood.—H. 1, 49.

Calls loud for help as he is dying; lies then in a soporous state, with loud snoring and open mouth.—H. 4, 789.

30. Paroxysms of true mania from several minutes to several hours; during which he threatens to knock every body down, to break the furniture, to throw himself out of the window. Then follows quiet sleep and rational behavior. —A. H. Z. 61, 111.

Talks incessantly foolish things which nobody can understand; sits down, rises up, kneels, or takes other queer positions; tears his clothing and breaks the chairs with remarkable celerity; gives no answer, and evades carefully the looks of other persons.—H. 1, 48.

Furious action to run away, could not be restrained by five or six persons, and breaks furniture, behind which he suspects persons to be hidden.—H. 1, 148.

During the fever she cannot speak nor reply to any question; shows with the hand where the pain is seated, and

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when writing down has to think what letters to use.—H. 4, 788.

Loss of speech in cholera; really total dumbness for several days; cured by Stramonium.—H. 1, 963.

35. Tries in vain to speak a word; his facial muscles become distorted, and an attack of suffocation sets in, lasting several minutes.—A. H. Z., 68, 103.

Spasmodic laughing at night; spasmodic weeping in day time, and perfect aphony.—§ 18.

Perfect aphony.—H. 4, 594.

Severe congestion of the head, and pulsating of the carotids.—A. H. Z., 61, 201.

Head and forehead are hot to the touch. H. 1, 48.

40. The head is drawn backwards towards the neck.—H. 4, 515.

Pupils dilated.—H. 1, 48.

Pupils dilated to the utmost, and perfectly insensible to the light of the sun which falls upon them.—H. 4, 789.

Sensation as if the eye were forced out of its cavity with twitching of the lids.—§ 193.

Fixed and sinister look from time to time.—A. H. Z., 62, 110.

45. Stares fixedly from his eyes, which are surrounded by a dull bluish border.—A. H. Z., 68, 103.

Shining bright eyes, with staring, firm look, and dilated pupils.—H. 1, 147.

Her eyes are anxiously fixed sideways, on one point, where she imagines to see a terrible hostile figure, from which she wants to withdraw herself.—H. 4, 515.

In the morning hours he cannot distinguish objects, although he sees them; he knocks against them as if he were in the dark.—H. 4, 56.

Visual illusions, so that patients, when looking at an object, believe to see cats, dogs, rats, and all sorts of insects in continual motion.—H. 1, 147.

50. But if their attention was fixed on objects only 20 or 30 paces distant, though they could not distinguish them

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exactly, still the moving figures were lost when they looked again at a distance.—H. 1, 147.

Caught cold when the eruption was out; at once he cannot see nor hear; everything looks black before his eyes; he calls for persons who stand close by, and cannot believe in their presence, although they speak to him with a loud voice; grasps with his hands and kicks with his feet.—H. 4, 789.

Stramonium is indicated in strabismus, when it is increased by emotions, fright, fear, etc.—A. H. Z., 70, 160.

Face red; fiery eyes.—H. 1, 47.

Frequent redness of the face, with staring eyes. H. 1, 49.

55. The facial muscles constantly at play during the delirium.—H. 1, 49.

Stammering and stuttering before he can bring forth a few words.—H. 1, 49.

Wishing to reply, he stammers, with distortion of the facial muscles.—H. 4, 516.

Sudden pain in the upper teeth, then in the lower ones; teeth feel pressed together.—§ 193.

Since three days, at 9 A. M., severe tearing pain over the whole right side of the face, with cold extremities, and very warm face.—§ 194. Comp. 97.

60. Painful twitching over the face and chest, with spasmodic laughing.—§ 23.

Prosopalgia in the evening after lying down, most severely on the left cheek, close to the ear, seizing the temporal and zygomatical region with the sensation as if the bones were sawed through, radiating to the os petrosum, with the sensation at a small place, as if there were a hole in the bone, which feels at the touch as if the brain was touched.—§ 193. Comp. 58, 81, 115.

Prosopalgia begun over the left eye, with severe stitches in the ear; passed over the left cheek to the left ala nasi; stitching, tearing at different times for three or four days.—H. 1, 434.

Pains begin in carious bicuspid of the right lower maxilla; spread hence over all the branches of the facial nerve on that side of the head; tearing.—H. 1, 434.

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Pain spreads over all the branches of the facial nerve from the foramen stylomastoideum to the ala nasi; tearing, and of such severity as to produce oscillation of the facial muscles, with distortion.—H. 1, 435.

65. The left side of the face is for moments distorted with painless convulsions; the contractions of the zygomatic muscles draw the cheeks and mouth from below upwards, and from the face backwards to the temples.—A. H. Z., 62, 110.

Thirst great; abdomen moderately inflated.—H. 1, 47.

Tries to spit, without expectorating anything; the fauces seem to be perfectly dry.—H. 4, 788.

Stramonium in inflammation of the posterior wall of the pharynx, sometimes with spasmodic contractions.—A. H. Z., 68, 102. Aegidi says he has frequently seen its beneficial effects, especially when a tetanic spasm of the muscles of the glottis is added to the angina, as is frequently the case after copious venesections, with impending danger of a local motory paralysis.—Comp. 35, 45, 79, 91, 101, 122.

Vomiting in the morning.—A. H. Z., 68, 156.

70. Pain in the stomach and cœcum.—H. 1, 434.

Urine passes sometimes unconsciously.—H. 1, 47.

Excitation of the sexual sphere.—A. H. Z., 69, 139.

The sexual nisus is increased.—H. 1, 47.

The child plays constantly with his sexual organs.—§ 18.

75. Very little consciousness; has his hands constantly on his genitals.—H. 4, 594.

As soon as the boy gets a hand free he grasps his genitals, and wants to tear them off; peculiar lascivious smell of the patient.—A. H. Z., 61, 201.

Frequent hawking, as from constriction of the throat.—H. 4, 516.

Laryngeal spasm for an hour in cholera; at midnight, patient nearly suffocated, and seemed to pray for help, with folded hands and despairing look. Stramonium cured quickly.—H. 1, 963.

Respiration oppressed in a high degree, the breathing stertorous, as in croup.—A. H. Z., 68, 103.

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80. Spasms in the chest, with the prosopalgia preventing breathing.—H. 1, 434.

Tearing burning pains from the neck to the left axilla.—§ 193.

Always cold feet.—H. 1, 49.

Stramonium quiets, in appropriate doses, some spasmodic muscular motions, and reproduces secretions, when stopped, where painlessness prevailed.—H. M. M., p. 3, 287.

It is indicated in chorea, where crawling in the extremities preceded for some length of time, connected with melancholy. The spasmodic motions are severe, the extremities are attacked crosswise, the left arm and right foot, then quickly the head, or only the muscles of the lower maxilla, the lips, or the chin; they make rotating motions with the arms and heads, as in spinning or weaving.—H. 4, 514.

85. Stramonium suits in chorea persons of weakly constitution, with increased action of the higher nervous system, easy mobility of the muscles, subject to the will, with simultaneous depression of the abdominal nervous system, lassitude, and retention of stool and urine.

Chorea is preceded for some length of time by great irritability and sensitiveness, inclination to weep with laughing and sprightly humor; trembling in one or more extremities; the movements of the extremities are performed with ease and with force; walking degenerates into hurried running; crawling in the extremities.—A. H. Z., 69, 136.

Stramonium is the great remedy when the chorea is caused by cerebral disease, characteristic of which is, with other symptoms, especially the continued severe involuntary motion of the tongue, with impossibility to utter a word.—W. 2, 57.

Great bodily restlessness.—H. 1, 49.

Great mobility of all extremities, still he is not able to rise. The muscles of voluntary motion fail to follow the influence of the will. With great labor he carries, after a while, the glass to his lips.—H. 4, 516.

90. Great restlessness; throws himself about; throws his head against the wall; looks like an idiot at those who ad-

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dress or watch him, for a moment, and continues to fight against his nurses.—A. H. Z., 61, 201.

Extreme muscular restlessness; an abnormal involuntary mobility of the upper extremities. With stiffened fingers he moves continually and irregularly the arms over his neck and head, inflicting sometimes pretty heavy blows; then alternately tetanic stiffness of the muscles, especially of the neck.—A. H. Z., 68, 103.

Yellow-covered literature as well as great mental emotions frequently cause chorea.—A. H. Z., 69, 139.

The muscular restlessness and the twitchings are easily renewed and aggravated by a sudden touch of the body.—A. H. Z., 69, 139.

The muscular restlessness is increased by sitting up and relieved by lying on the back.—A. H. Z., 69, 139.

Chorybantismus quickly cured by Stram.—A. H. Z., 62, 100; Comp. 6, 30, 69, 105, 110, 111.

Infantile ecclampsia, with trismus, complete stiffness of the whole body, or spasmodic extension of the extremities alternating with electric convulsions, deep snoring sleep and frequent copious micturition; great heat of the body, great thirst and red face.—H. 4, 593.

The convulsive motions appear crosswise.—A. H. Z., 69, 139.

Spasmodic twitchings and shocks through the whole body, with throwing up of the arms, and cross wrinkles on the forehead.—§ 194.

Loud laughing, jumps about like an acrobat; it seems as if he rests only on the point of his toes.—H. 1, 49.

100. He strikes his cheek and the back of his head with full force.—A. H. Z., 61, 201.

Moves his arms, though the fingers are extended and stiff.—A. H. Z., 68, 103.

Paroxysm every half hour for six, seven or fourteen days; child lies kneeling in bed, but at the least touch jumps up screaming and with wild look; does not recognize anybody, tries to fly away, sees frightful figures, cuts grimaces, howls,

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moans, laughs, and makes the most extraordinary motions; imitates devotional exercises.—H., 4, 515, 594.

Severe spasms, opisthotonos, emprosthotonos, alternating with somnambulismus.—H., 4, 515; Comp. P., 593.

Trembling of all extremities, joined to other ailments.—H., 1, 147.

105. He can only slowly advance, as the legs can only be raised in a stiff manner and the feet remain in full extension; patient falls easily, and tip of the foot, pointed inwardly, only touches the ground.—A. H. Z., 62, 110.

The extremities retain any position given to them, only the eyelids reopen, after they were closed; the head remains wherever it is put, and when the foot is flexed forward or backward on the joint, it remains so or returns only slowly to its former position.—H., 4, 610.

Cataleptic attacks once or twice daily, beginning with vertigo, heaviness of the head, and frontal stitches.—H., 4, 610.

Stramonium is never indicated in perfect paralysis or inveterate diarrhœas, or where severe pains are the chief characteristic of the disease.—H. M. M., p. 3, 288.

A girl suffered from one-sided vesicular erysipelas and meningitis, where convulsive manifestations alternated already with paralytic ones. Stramonium brought quickly about a change.—H., 1, 29.

Extremities attacked sometimes by total or only by mementary paralysis.—A. H. Z., 62, 111.

The half-paralyzed flexors of the fingers can only contract with little force.—A. H. Z., 62, 110.

Lies perfectly quiet, eyes half open, staring and tired looking, upper eyelids move spasmodically trembling, mouth open, does not reply to any question.—H., 4, 610.

Restless, anxious sleep, with wonderful images.—H., 4, 49.

Restless sleep; moves the arms in different directions, snores, ejaculates inarticulate sounds.—H., 4, 516.

115. No pains during the day, but renewed in the evening when lying down.—§ 193.

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Stramonium helped in several epidemics with symptoms similar to those found in its pathogenesis.—H. M. M., p. 3, 288.

In an epidemic of measles with strongly erethic fever, where the children suffered even before the eruption of the measles from a high-red bloated face, great heat of the body, with copious perspiration, frightful delirium, with visions of wild animals or of rats and mice, or where spasmodic affection of the throat with difficult deglutition was present, Stramonium was preferable to Aconite.—H., 4, 101.

Stramonium is preferable to Belladonna in nervous fevers, when furibund deliria and an incessant restlessness drive the patient continually from his bed; when he tries to escape, or becomes furious and tries to maltreat the persons around him.—H., 4, 788.

In typhoid fevers for similar symptoms like Hyoscyamus, where we find with the involuntary muscular motions, characterized by extraordinary celerity, also a peculiar morbidly altered state of the mind, risus sardonicus, spasmodic distortion of the facial muscles, oblique view of all objects. Patients lie either unconsciously with staring eyes, dilated immovable pupils, or they talk continually and dream with open eyes, trying to grasp everything with their hands.—H., 4, 787.

120. Heat of the face alternating with coldness of the body. —H., 1, 49.

Stiffness and coldness of the extremities with unusual redness and bloatedness of the face.—H., 4, 516.

Pulse small, weak, hardly to be felt, the heart on the contrary tumultuous, the carotids full, pulsating.—A. H. Z., 68, 113.

Pulse weak and hurried.—H., 1, 48.

The dose is mentioned 61 times; tincture, 6 times; 1st and 2d, 6 times; 3d, 26 times; 6–9th, 10 times; 12–15th, 8 times; 30th, 5 times.

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ARTICLE XXI.—Notes.

By John C. Minor, M. D.

Scalp Wounds.—In scalp wounds, if sutures are used, silver wire should take the preference over silk. If the wire is not at hand, it is better, in most cases, to omit the sutures altogether, and trust to adhesive straps. Some surgeons make it a rule never to use sutures of any kind in the scalp on account of the increased danger of erysipelatous inflammation.

Sometimes in contusions of the scalp, a considerable extravasation of blood occurs under the skin, forming a bloody tumor. Such tumors, I think, should never be opened. Apply a solution of Muriate of Ammonia, and wait. The same application will be found an admirable lotion for a "black eye."

As a first application to contusions, very warm water is better than cold.

Surgical Dressings.—Every surgeon has some peculiar preference in the dressings applied to wounds after surgical operations. Lister claims results with Carbolic Acid that are not generally attained by others who have tried the same treatment. Helmuth uses Calendula after surgical operations, with excellent results. Nelaton used brandy and Camphor, diluted to suit the requirements of the case. Whiskey has lately been used for the purpose in Ireland, with great effect. It is very probable that alcohol is really the effective agent in many of these dressings, whether in the form of Tincture of Calendula, brandy, or whiskey. Applied to a recent wound, alcohol coagulates the soluble albumen on its surface, contracts the tissues, and closes the open mouths of the capillary vessels and lymphatics, and hence places it in a good condition for primary adhesion. An alcoholic dressing, covered with oiled silk or gutta-percha to prevent evaporation, and kept constantly wet, acts as an antiseptic quite as effectual as Carbolic Acid. One word

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with reference to the whole list of applications used in surgery: I believe they generally do more harm than good. It is impossible to improve on nature, and the natural process of repairing tissues requires no assistance when it is going on in a healthy manner. As a general rule, wounds will heal better and quicker without any interference. My experience has led me to expect the best results in those wounds which are least meddled with, and I think the wisest course to pursue is never to make an application to a wound until it is needed. The water dressing in the army hospitals drowned more soldiers than it saved.

DISSECTION WOUNDS.—The ordinary treatment of dissection wounds, with knife and caustic, has always seemed to me to be of doubtful utility. The application of a cautery, either actual or potential, must of necessity irritate or inflame the part, besides concentrating the attention and imagination of the patient upon his wound. Mr. Lawrence, an English surgeon, after quoting a fatal case in which the heroic treatment had been used, remarks that "there is room for doubt in this case, whether the fatal result was owing to the original puncture—if, indeed, there had been such a puncture, which does not seem quite clear—or to the very energetic escharotic treatment resorted to under the influence of apprehension and alarm." This summer, while making a post-mortem examination of a case of peritonitis, with ulceration and perforation of the intestine, I happened to wound my finger. Washing my hands at once in a weak solution of Carbolic Acid, I continued and finished the examination, my wound being bathed with the purulent fluids for about half an hour. After another thorough washing, I returned home, and in about six hours afterwards my finger began to throb and swell. The swelling was inconsiderable, but was very soon associated with a feeling of stiffness in the axilla. These symptoms continued, with greater or less severity, for about two weeks, and then disappeared, with the formation of a few drops of pus just underneath the skin at the point where the original wound was received. My treatment consisted of a few powders of Rhus-tox. and Apis.

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IMMEDIATE RESTORATION IN DEFORMITIES FROM FRACTURE.—Dr. J. Mason Warren (*Surgical Observations, with Cases*, p. 332) reports a case of fracture of the arm with deformity, in which the position was restored by force six months afterwards. Cases of the kind are rare, and as they present features of unusual importance, I will give the outlines of a similar case under my care.

Mr. T., 22 years old, came under my care June 15th, 1870, for a fracture in the upper third of the left femur. He had previously broken the same bone twice in the same place, and on each occasion there had been great difficulty in preventing deformity. When the second fracture occurred the deformity was so considerable that Dr. Carnochan refractured the limb four weeks after the original injury, and a good result was obtained. On the occasion of the third and last accident he came under my care, and was treated with Dr. Buck's apparatus, thigh splints, with extension and counter-extension in the straight position. The case seemed to be promising an excellent result until the fifth week, when, during my temporary absence from the city, the patient got out of bed and sat up in a chair. As a result of this imprudence deformity ensued, the point of union presenting forwards and outwards, by the combined action of the psoas, iliacus and gluteal muscles. I expected to refracture the bone in order to overcome this malposition, but by using force I was able to bend the callus and remedy the deformity at once. My method of doing this consisted in fastening a long straight splint firmly to the pelvis on the outer side of the limb, and then, having administered chloroform, using this splint as an immense lever to force the bone back to its proper position. This operation remedied the deformity outwards, but left of course the deformity forwards, or upwards, untouched. There was so much pain following the operation that I hesitated about employing the same means for the remaining deformity, and was in doubt whether refracture would not be advisable. I accordingly called Dr. Liebold in consultation, and in accordance with his suggestions treated the remaining trouble by position and gradual pressure,

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placing the limb on an inclined plane and gradually increasing the pressure over the fragments, until a proper position was acquired. This treatment has been followed by most gratifying success. If a similar case were to occur to me again I should not hesitate to use forcible restoration in every direction in which the deformity presents, overcoming all the trouble at once, and putting the limb in a plaster splint. I succeeded in this case of forcible restoration six weeks after the fracture had occurred. These cases are of unusual practical importance, and merit more attention than I can give in these notes.

THE CURE OF HYDROCELE.—When a cure of hydrocele is attempted by means of the ordinary method of drawing off the fluid by means of a trocar and injecting a solution of Iodine into the sac, the chances of success will be greatly enhanced by immediately strapping the scrotum after the injection, so as to bring the walls of the tunica vaginalis together. A much simpler and more effective method is, instead of using the trocar, to open the scrotum with a bistoury, making a free incision, and then, seizing the cut edge of the tunica vaginalis with forceps, excise a small piece of it. Adhesive inflammation will be sure to follow.

ARTICLE XXII.—A Case of Puerperal Peritonitis.

BY CHARLES H. HAESELER, M. D., POTTSVILLE, PA.

Mrs. W——, aged 29 years, was confined, on March 16th last, of her fourth child. She is to all appearance a woman of an excellent constitution; though trouble of some sort has attended all her accouchements.

After the first, she was unable to nurse her child, on account of the apparently total absence of the lacteal secretion; and the child died of inanition on the fifteenth day of its existence. Similar trouble ensued with her second child; and it too became greatly afflicted and reduced, recovering

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only, at length, with a paralytic defect which disables it from walking, although nearly five years of age. At her third confinement flooding supervened, from which she made a narrow escape of dying. And now, lately, after her fourth labor, which was comparatively easy, and she appeared to be doing well until the third day—when she was taken by a severe chill, attributable to no cause that could be discovered—vomiting and diarrhœa set in; her abdomen became rapidly tympanitic; and all the conditions of puerperal fever presented themselves in quick succession. The lochial and lacteal secretions ceased; colliquative sweats were constant and profuse; diarrhœa and vomiting from day to day more copious and exhausting; the pulse ranged from 160 to 180 per minute, and then so frequent, weak, and tremulous that it was impossible to count it; she lost all interest in her child, though her mental faculties appeared otherwise entirely unaffected. She had hardly any sleep at all, and appeared to lie upon her bed in a state of total listlessness. Gradually the tympanitic distention became enormous, until her abdomen was much larger than before the birth of her child; and the sensibility to pressure upon it so exquisite that she could only with difficulty be induced to keep the bed covers over her, whilst her knees were kept constantly drawn up, as she reclined on her back, never deviating from that position. Although she did not realize her dangerous situation, nor appear to be afflicted by distressing emotions, yet by degrees her countenance assumed a more and more care-worn expression, until at length it looked haggard in the extreme. Altogether her case appeared exceedingly unpromising. She continued in a critical condition for about two weeks, though her complete recovery has but just recently been established; the date of this writing being the 6th of August. To come now to the point of interest in this case, I will say that it was remarkable from beginning to end for the decided effect exercised upon it by two remedies, namely *Gelseminum* and *Arsenicum*. The former, which was given in the third attenuation, maintained a controlling influence over the fever and nervous excitability; whilst the latter, in

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lieu of cold, clammy sweats, and depressing diarrhœa and vomiting, which all pointed so significantly to its use, did indeed exert all the power that could have been expected of it.

The menstrual flow did not return until two months after the patient was about on her feet again; the abdomen all the time remaining hard and tumefied; so that I apprehended difficulty of a permanent character, and feared even the possibility of an ovarian tumor having resulted from the violent and extensive inflammation which had transpired.

But I still continued on with the Arsenicum, of the 200th potency; and at length the patient menstruated freely for ten successive days; the tumefaction subsided; and I had the gratifying result before me of a now thoroughly recovered patient from this terrible disease. Had I been called to this lady only at the end of her sickness, to prescribe for the supervening hardness and swelling of the abdomen, without knowing anything of the previous treatment, it is doubtful whether I would have prescribed Arsenicum; for it would not then have seemed as the remedy most prominently indicated. But as it was, I had seen how unmistakably it had dissipated the symptoms in the earlier state of the disease—symptoms which clearly *did* indicate its use, and I was loth to arrest the influence which had done so much for my patient, until, at least, the expiration of a long period of time should have satisfied me that this influence was all expended. It is true that other remedies were given at various times, as China, Ipecac., Tart.-em., Bellad., Rhus-tox., Baptisia, etc., but with no apparent benefit. And at one time the features of the case presented apparently a strong indication for Mercurius, which was accordingly given, to be quickly abandoned again, however; for the patient grew so rapidly and seriously worse, that I had fears she was going to die; but upon resuming the Arsenicum, which from the start was administered in no other than the 200th potency, she immediately rallied again for the better. From that time I continued the remedy steadily on, a dose thrice daily, inter-

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spersed (while she was yet sick) with frequent doses of Sacch.-lactis, until the end.

As to the Gelseminum, so decided was its action that the patient's husband mistook the remedy for Morphia or some other potent anodyne. It subdued the fever, allayed pain, and appeared positively to induce sleep. Whether Gelseminum would have cured my patient without the co-operation of the Arsen., it is impossible to say; but I do not believe that it would; for the symptoms pointing to the employment of Arsenicum were so obvious, that I have no doubt but that the two remedies presented in their combined influence the true specific. Take it all in all, a worse case of sickness, followed by a more thorough recovery, and presenting all the time, too, satisfactory evidences of response to medication, I never experienced.

RECURRENCE OF SCARLATINA.—The fact that scarlatina can recur, not only once but several times after a first attack, was strikingly illustrated under my observation some time ago, when I was called to attend a child who was afflicted with this disease—though only five years old—for the *third* time. I found it with a raging fever; its throat in a fearful condition of inflammation and tumefaction; and the rash, unmistakably that of scarlatina, covering its body from head to foot. On the two previous occasions I had also attended it—about a year having intervened each time between the attacks—and the disease was as distinct in every respect as it could possibly be; so that there was no room to leave a doubt as to the diagnosis. Every attack occurred in or near the early part of summer, and continued, on the two previous occasions, about twenty days, before entire recovery was established. At this last recurrence of the disease, the mother, who had been greatly agitated by its first and second visitation upon her child, felt comparatively confident that he would recover; "for," said she, "he must be getting pretty well used to it." As the sickness took place just previous to the Convention of the American Institute of Homœopathy at Chicago, which I was very anxious to attend, the case was left in other hands, and although the child was ap-

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parently convalescent at the time of my last visit, yet I found upon my return from the Convention that he had died. The parents had not, as I had advised them to do, sent for another homœopathic physician, but for a person who professes to cure diseases by the laying on of hands. To this, however, he had added the internal administration of physics, together with various other nostrums, every day; and I sincerely believe that the child would not have died but for the injudicious treatment thus imposed upon it. So that no deduction from this fatal result need necessarily be taken, that attacks of scarlatina, subsequent to a first one, are more grave, or less likely to recover than it was at the first.

SILICEA AND CARBO-VEGETABILIS.—Homœopathists are not unfrequently ridiculed by ye "regular" writers on account of their making use, in infinitesimal doses, of such so-called inert substances as Silicea and Charcoal. What will these wiseacres say to the fact, that when flowers are placed with their stems in water, wherein is contained a quantity of pulverized charcoal, they will continue to bloom much longer than if placed in simply pure water? Or, that if charcoal be added to the simple water in which flowers have already been kept until they begin to droop, they will at once exhibit a decidedly revived condition, and freshen up again for a considerable period of time? Does not this show a wonderful power derived from substances supposed to be inert? And how much of the charcoal is it that thus suffices to give new life and beauty and fragrance to a dying bouquet? As to the *Silicea*, none of the great scientists who, if they do not denounce us for charlatans, at least pity and ridicule us for our faith, will deny that fire may be struck out of flint. Will they tell us *how many* sparks of fire may be elicited from a given piece of flint; or what change the flint undergoes through the loss of this latent fire, after it has discharged a repeatedly loaded musket an hundred times? Is it less a flint then than it was before? Can the application of any chemical or other test exhibit to our senses a difference in its physical condition? If not, who will take upon himself to say that a homœopathic dose of triturated Silicea

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is not the flash of fire itself which may destroy some element of disease, provided there is that antagonism between the two which exists to our obvious senses between the solid silex and the solid steel?

MOTHER TINCTURES.—To prepare these I have always preferred the following method: Of the remedy to be prepared mix a portion, in a crude state, *first with water*, and let stand from 24 to 48 hours; then add the quantity of alcohol which would constitute *dilute alcohol* of the whole bulk of liquid used. Now mix another portion of the same crude medicine *first with alcohol*, and let it also stand from 24 to 48 hours, then add the necessary water. After thus standing and digesting a day or two longer, the separate preparations should be combined and again allowed to macerate for awhile before filtering. By this process those properties of the drug for which *alcohol* alone is a solvent, those for which *water* alone is a solvent, and those for which *dilute alcohol* is the best solvent, are sure to be obtained; and, in the further attenuation and development of the remedy, whatever the real healing principle thereof may be, it will not have been lost by possibly an imperfect solution at the start.

ARTICLE XXIII.—New York Homœopathic Dispensary—Department of Skin Diseases.

BY PHILIP E. ARCULARIUS, M. D., OF NEW YORK.

PSORIASIS PALMARIS—CASE I.—Margaret H., Ireland, age 32, single, laundress.

Sept. 9.—Patient states that four years ago she contracted syphilis, and that since then she has suffered with an eruption, subject at times to remissions. The general health is good; the postcervical glands, however, are found enlarged and indurated, while upon the seat of the eruption is noticed the peculiar copper-colored areola. The disease affects the soles of the feet, as well as the palms of the hands, and originates

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in a small rounded squamous elevation, from which are developed, in a series of eccentric raised red circles, an abundance of large scales. The parts affected itch and are sore; and deep fissures are troublesome, particularly at the flexures of fingers. The condition embodies that rare variety of psoriasis palmaris described and termed by Rayer "centrifuga." No special symptoms are noted, except a slight amount of leucorrhœa. Prescribed Sepia ^{30}, repeating the dose each night and morning.

Sept. 14.—Already the hands present an improved appearance; continue Sepia ^{30}, a powder only at night.

Sept. 21.—A marked change apparent; the scales have about disappeared; the fissures are healing, and the parts are not so red. Continue Sepia ^{30}, a dose at night.

Sept. 28.—Patient states that though she has washed in the laundry during the past week she has not been troubled after work with the customary stiffness of the fingers, and that at times the appearance of the hands is quite natural. On examination the parts still wear an erythematous blush, while the fissures are diminishing in size. Sepia ^{30} at night, as usual.

Oct. 5.—Continued improvement; patient now experiences no inconvenience whatever while washing; there is no stiffness nor soreness; at the same time the hands are not so red, nor the fissures as numerous nor as deep. The feet, likewise, partake of the cure, for, while formerly lame, the patient now walks with ease. Sepia ^{30}, as usual.

Oct. 12.—The parts now present quite a normal condition, and though a slight trace of the eruption still remains, the patient considers herself cured. Continue Sepia ^{30}, but patient has not returned. Simple glycerine was used as a local application.

Psoriasis Palmaris—Case II.—Ellen B., Ireland, age 40, married, laundress.

Sept. 2.—Patient is in good health, but states that the eruption has existed for over six months. Upon the palms of the hands, particularly the left, are found the characteristic

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scales and fissures; the eruption itches. Administered Sulphur ^{30}, a dose each night and morning.

Sept. 7.—Patient improving. Continue Sulphur ^{30}, a powder only at night.

Sept. 30.—The hands are sore from work at the wash-tub, and though hitherto gradual improvement has been apparent, still now there seems no progress towards recovery. In view of the foregoing case, which was now rapidly improving, concluded to try Sepia ^{30}, repeating the dose each night.

Oct. 27.—Patient shows a more decided change than at any previous date. The fissures are less, and the scales are more numerous, the hands feeling smoother; besides, work in the laundry has caused no aggravation; continue Sepia ^{30} at night, as usual.

Oct. 28.—Patient very much improved; has washed and performed her usual duties for past three weeks, and the hands are not at all sore, while, with the exception of a slight fissure here and there, the general condition is excellent. Sacch.-lact.

Nov. 4.—The hands are now about well; there is no soreness, and the fissures have all healed. Nothing but an insignificant patch of roughness remains upon the left hand; patient is about leaving town, and is dismissed with a few powders of Sepia ^{30} to use if the disease should recur.

Dec. 21.—Patient returns and exhibits the hands perfectly smooth, clean, and free from all disease; she is discharged cured. Simple glycerine was used as a local application.

Extract from a Clinical Note in Jahr's Manual, by Dr. Neidhard, of Philadelphia: "Sepia is a most efficacious remedy in diseases of the skin, with the following symptoms: Small red pimples, producing a roughness and cracking of the skin, and from which a watery humor sometimes oozes; at other times they are dry; they principally affect the inside of the joints of the arms and legs, particularly the knee and elbow joints, but are also, chiefly in children, to be seen on the face."

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ARTICLE XXIV.—Diarrhœa.

By William Wright, M. D., of Brooklyn.

Mrs. S——, the subject of this paper, was born of healthy parentage, in Wilmington, Del., in the year 1846. At the early age of twenty she was married to C. S., her present husband, and soon after took up her residence in the city of Brooklyn, N. Y. Previous to her marriage, she had always enjoyed what was regarded by her friends as a very fair degree of health. In person, she was tall; rather spare in flesh; complexion pale; with a remarkably fine head of beautiful and luxuriant dark auburn hair; quiet and retiring in her demeanor; rarely, if ever, sick, and yet never enjoying anything like true vigorous and robust health. Her menstrual periods were pretty "regular," though scanty, and ofttimes attended with more or less "bearing down pains," described as "dead and heavy," but unaccompanied with either nausea or vomiting. In fact, these periods were rarely so severe as to disqualify her for the performance of her ordinary domestic duties; so that it might well be said that the main feature of her physical inertia during her maiden life seemed to have arisen more from the absence of a proper supply of that natural stimulus of vigorous health, *pure arterial blood*, than from any other cause. Her marriage was speedily followed with pregnancy, and this with those concomitant disturbances which so often ruin health, and render the life of many females one of wretchedness and misery. Her morning sickness, which at first was not very severe, gradually grew worse, and ofttimes resulted in severe vomiting spells. Soon she became very much harassed and distressed by an almost continued "heart-burn," all of which greatly tended to weaken her system, and break down what little of real heroism she had ever possessed.

Some two months previous to her confinement, she had an attack of diarrhœa, attended with severe griping pains in the umbilical region, some flatulency, with very frequent and copious watery discharges from the bowels. For the cure of

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these symptoms she took, by the advice of friends, some "cholera medicine," without deriving, however, the least benefit therefrom. Becoming alarmed at her situation, Dr. P——, an Allopathic physician of considerable celebrity, of this city, was called in, and prescribed "a bottle of medicine," which "speedily arrested both pain and diarrhœa." What that medicine was I know not; but in about one week thereafter the diarrhœa returned with increased violence, attended, this time, with marked dysenteric symptoms. The remains of the doctor's "diarrhœa medicine" was now administered, but "gave no relief whatever." The doctor was then recalled, who ordered repeated doses of "Morphine and Camphor," which had the effect to arrest the urgent symptoms quite promptly, and to promise, in the estimation of both doctor and patient, a permanent cure.

Thus matters passed on, with occasional relapses, until within about three weeks of her expected confinement, when she was suddenly taken with "severe griping pains in the abdominal region," which her physician, after a very hasty examination, pronounced "labor pains." Labor did *not*, however, immediately follow, and the doctor was soon compelled to admit that he had made "a mistake in his diagnosis." "Camphor and Morphine"—the favorite remedy—was again administered, but, in this instance, relieving the pain only by its narcotic properties, but did nothing towards arresting the profuse diarrhœa which had early set in, and, perhaps, first awakened the doctor to a sense of his mistaken diagnosis.

Various other remedies were now tried, with little or no better effect, the doctor consoling himself at last with the idea—and trying to make his patient think so too—that "all trouble would be removed *as soon as labor should come on.*"

At the "set time" labor came, and Mrs. S—— was delivered, with no more than ordinary suffering, of a fine, well-formed, and healthy child. But the promised cure of the diarrhœa did not come. On the contrary, it now became greatly aggravated. Discharges more frequent, thin, and watery, attended with a sickening, sinking sensation, which

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rapidly exhausted her strength, and soon entirely blasted all her fond hopes and expectations for the future.

"Starch and lard injections" were now added to the "Camphor and Morphine" treatment, and administered after each evacuation. These injections were almost invariably thrown out immediately after being administered; but, nevertheless, were followed up with a zeal and a perseverance worthy of a clearer perception, and a higher appreciation of the true law of cure.

Signally failing, however, in arresting the disease in this manner, "suppositories" of Morphine, etc., were then substituted for the injections, which, at first, seemed to promise some relief, by slightly lessening the frequency of the discharges, but "soon seemed to lose all their restraining power, and the diarrhœa came on as bad as ever."

The discharges were now more frequent and exhausting. "Thirty or more evacuations in a single night," although they were somewhat less frequent during daylight. The patient's strength by this time, as well might be supposed, was completely exhausted. Even the bed-pan could not now be borne, and sheets and other clothes had to be resorted to as a substitute. To add to her other afflictions, some two or three weeks preceding her accouchement, her mouth became so sore and troublesome as seriously to incommode her in any attempt to masticate her necessary food, and, instead of leaving her on confinement, rapidly grew worse.

Two weeks after this event, nausea and frequent vomiting returned with redoubled vigor; the mouth and gums became ulcerated, and bled freely. The little food taken "sat heavy on the stomach." A severe burning sensation was experienced in the præcordia, greatly harassing her, and from which she could get no relief. Her spine, in the sacral region, became sore, and soon after ulcerated. Small boils made their appearance in and around the axilla, of so painful a character as almost to preclude the motion of either arm.

The character of the stools was generally thin and watery; and when most frequent "resembled senna-water, with the leaves intermixed." At other times they assumed

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various shades—sometimes "leadish," then again "creamy," and then perhaps a greenish cast; but in this latter state were sure to be attended with severe griping pains.

The odor was generally quite offensive—at times extremely so; sometimes sour and sickening, and at others resembling the exhalations from dead and putrid animal matter.

Simultaneous with the development of this more aggravated form of the diarrhœa, very profuse night sweats set in, often completely saturating not only the night clothes, but absolutely wetting deep both pillow and bed.

To relieve this condition of things, Dr. P—— had resorted mainly to the use of his interminable "Morphine" internally —with Chloroform externally; and so far did he saturate her system with this combination, that, on their removal, the patient manifested, a day or two after, strong symptoms of incipient *mania a potu.*

To secure the full absorption of the Chloroform, after applying it the abdomen was closely covered with oil-skin. Whether Calomel was administered in any stage of the disease the attendants could not inform me; but from the ulcerated, bleeding state of the gums and mouth, together with other characteristic symptoms of the poison of that drug, I am inclined to think that it was.

All the remedies used, thus far—if *remedies* they may be called—having signally failed, her physician, having attended her for more than *three months* continuously, now abandoned her case as "utterly hopeless;" and when reproached, some four or five days afterwards, for having left her thus unceremoniously, he remarked—"Why, is she alive yet? I supposed that she had been dead and buried long ago."

In all probability it was to this very *feeling* remark that I was indebted for my first call to take charge of what little there was left of the patient.

A brief statement of her condition at this time is not deemed inappropriate. 1*st.* *Extreme* emaciation; pulse small and weak—perhaps 90; respiration natural; evacuations thin and watery, averaging from 20 to 30 per *night*, and perhaps half that number per *day;* odor exceedingly disagreeable, a

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sort of musty, sour-sickening smell, much easier remembered than described; pain in the stomach and bowels intense; nausea and vomiting quite frequent. 2*d*. Great restlessness and jactitation, accompanied with a constant sense of sinking in the præcordia; thirst considerable; and, in place of any appetite, a perfect loathing of all food! Any attempt to swallow either food or drink was sure to be followed by increased pain, nausea, and vomiting, and frequently with a new evacuation of the bowels; profuse sweats, whenever falling asleep by night or by day; tongue reddish in the centre, edges and tip covered with small white blisters, or ulcers, on a reddish base; gums also sore and bleeding; urine normal; surface of body cool; mind clear, but desponding.

The indications to my mind were clear, but whether there was yet ground for hope in the case seemed doubtful. As a preliminary, the oil-silk and Chloroform were sent where they would never return! The numerous bottles of drugs and tinctures and "suppositories," which covered the mantel, and "stand," and filled the room with their stifling odors—*ad nauseam*—were ordered out of the room, and the field cleared for action.

A few drops of Ars.-alb., Verat.-alb., and Phos.-acid, 3°, were diffused in three separate tumblers half filled with water, and a teaspoonful of each, in the order named, directed to be given at intervals of one hour.* Under the use of these remedies I had the pleasure, in less than 24

* I am well aware that the wisdom and propriety of this prescription will not only be seriously questioned by some, but unqualifiedly condemned by others. And yet, while I am willing to admit that I should *now* hardly repeat the same prescription in a similar case, I must nevertheless maintain that the same *results*, instead of furnishing a very strong argument in favor of the theory that "medicine should never be given in alternation," most conclusively disprove the idea that, "when so given, they neutralize the curative powers of each other."

Perhaps Ars.-alb, or Verat.-alb., *alone*, would have been better practice—or, at least, have better accorded with the theoretical notions of some; yet I question whether any single remedy would have given any more satisfactory results. Still, I would not object even to a more brilliant cure with a single remedy once administered, but should hardly dare risk it as at present advised.—W.

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hours, of seeing my patient entirely relieved of that intense abdominal pain which the free use of Morphine and Chloroform had so long failed to cure. The evacuations from the bowels greatly lessened; the nausea and vomiting considerably relieved; and the general appearance and entire *morale* of the patient decidedly improved.

These remedies were continued for another 24 hours, when the nausea and vomiting ceased entirely; the thirst greatly lessened; the appetite showed indications of returning; both food and drinks could now be taken in small quantities, without producing either nausea or pain; the sweating lessened; and new hope and animation lighted up the countenances of both patient and friends.

In a little more than two months, with an occasional effort at a relapse of some one or other of these various abnormal symptoms, my patient had so far recovered her health and strength as to be able to ride to Jersey City in a carriage, and from there, in the cars, to Wilmington, Del., on a visit to her paternal home.

P. S.—I have since learned that my patient bore the ride remarkably well; and that she is steadily improving—with a fair prospect of a perfect restoration to health!

Is Homœopathy a science, or will our Allopathic friends still say, "Humbug?"

ARTICLE XXV.—Strangulated Femoral Hernia, Formation of Artificial Anus.

By Malcolm Macfarlan, M. D., of Philadelphia.

Operation—Cure.—On Saturday, January 30th, 1869, I was called in consultation, by Dr. W. B. Davis, to see Mrs. A. B. Kensill, at No. 1,112 Hanover street, who was suffering intensely from what was supposed to be strangulated femoral hernia. The patient, aged 37, a married woman, mother of

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children. On examination I found a hard, incompressible tumor in the right groin, as large as a goose egg. Patient had a livid appearance; was covered with cold perspiration; lay in a semi-comatose condition, and vomited every few moments a quantity of yellow stercoraceous fluid, of exceedingly offensive odor. From the history of the case, it seems she first noticed a slight prominence in the groin some three years since, but motives of delicacy restrained her from saying anything about it until last Wednesday, February 27th, when she thought it suddenly enlarged after a violent fit of coughing, since which her sufferings have been steadily increasing. Dr. Davis on being called in rightly pronounced it to be strangulated femoral hernia. As the attempt made to reduce it by taxis, under etherization, failed, assisted by Dr. Davis and Messrs. Rice and Kennedy, an operation was performed in the following manner: After the parts were shaved, an incision, to divide the skin five inches long, was made nearly on a line of the groin, and passing over the long diameter of the tumor. The other coverings were then raised separately and carefully divided on the director. On reaching the sac, the parts presented a darkened appearance, which was somewhat altered when the sac was opened, by evacuation of a small quantity of bloody serum. The intestine was almost black, and had been so long strangulated that it was doubtful if circulation could be restored and mortification prevented. The stricture was relieved in the usual way, by incising slightly the falciform process of fascia lata and Gimbernat's ligament. As cases not unlike this had got well when the blackened intestine was replaced, the heat and moisture in the abdomen favoring the return of the circulation in the gut, I determined to give the chances to the patient by replacing it, applying sutures to the wound, and carefully watch in case of perforation. After the operation she was comparatively easy, and complained of no pain whatever. During the day she passed a quantity of hardened fæces that had been lodged in the rectum.

Her diet consisted mainly of oyster broth and liquid

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farinaceous food. No stimulants were given. China, in water.

Sunday, Jan. 31.—Passed a quiet night. Applied water dressing to the groin, which was very much inflamed. Continued China. No movement of the bowels.

Monday, Feb. 1. Arsenic in water. For the first time since she was taken sick, natural warmth has returned to her feet and hands. Placed her body in bed on an inclined plane, as it seemed to give her more warmth. Passed quantity of liquid fæces.

Tuesday, Feb. 2.—Passed a quiet day. Gave no medicine. Healthy pus noticeable in the wound. No movement of the bowels.

Wednesday, Feb. 3.—Complained in afternoon of sharp pain at the seat of separation; feels faint, and symptoms of collapse. Arsenicum in water.

Thursday, Feb. 4.—Satisfied that the intestine had been perforated, from her suddenly sinking condition, and slight appearance in the wound of yellow, offensive discharge from bowels (fæces), I removed the stitches in the wound to expose the parts, and found a portion of the intestine (about three inches) mortified, with a vertical fissure in the centre, through which the fæces had passed. The parts were then cleansed and the intestine doubled on either side of the fissure, drawn a sufficient distance through the enlarged crural ring, and retained there. Inflammation was violent for several days, during which there was a constant discharge of yellow liquid fæces and pus; the dressing consisted of loose charpie. China was given in water, and she became comparatively easy. In three days the inflammation had decreased so much that I was enabled to apply a pad and bandage to retain the fæces in the artificial anus. It was removed for a short time each day in order to allow of an evacuation of the bowels. The opening in each extremity of the bowel was kept sufficiently dilated, and care was taken to have the coats of intestine in contact with each other unite for about one and a half inches. To accomplish this was the

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work of two weeks, during all of which time she had passed all her fæces through the artificial anus and nothing whatever by the rectum. On the 17th of August I divided with a scalpel, the intestinal septum, and applied a compress over the artificial anus. That afternoon I was delighted to learn that the fæces had come away by the anus, and that, often with the help of water injections, they continued to be passed frequently. There is now, February 22, hardly enough fæces on the pad to discolor it.

Feb. 24.—She has no fæcal discharge from artificial anus; granulations have closed it. There is very little pus. She has had to-day a natural, unaided movement of the bowels. In a short time the woman became entirely well, and had no bad symptoms whatever. When I visited her in April she was attending to the ordinary duties of her household. I cannot say too much of the care Dr. W. B. Davis gave to this case; to his prompt attention and constant watching a great part of the success is due.

RUPTURE OF PERINÆUM.—OPERATION.—CURE.—Mrs. Kate S. H., aged 28, always very healthy, was taken with labor pains on the afternoon of Feb. 19, 1869, and forcibly delivered of a dead child at noon of the 21st. The child weighed twelve pounds, and had an unusually large head (hydrocephalus?), which was very much mutilated. On examination, there was found to be a complete division of the recto-vaginal septum, the laceration implicating about one inch of the rectum. Her injuries compelled her to remain in bed for a fortnight, after which, on attempting to walk a short distance, prolapsus of the uterus and vagina supervened, accompanied by profuse corrosive discharge.

Her physician, an Allopath, replaced the parts, and cauterized the laceration with Nitrate of Silver, using the cautery every other day, confining her to bed and keeping her limbs together.

Receiving no benefit from this treatment, she sent for Dr. Read, who promptly put the case in my hands. Assisted by Dr. Read and Messrs. Rice, Kennedy and Brown, the patient

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was etherized and operation performed Thursday, March 11th, in the following manner, the position being the same as for lithotomy :

After cleansing the parts, a few of the prominent points left by the laceration were removed with the scissors, and the whole of the torn surfaces were scarified thoroughly by innumerable light touches of the scalpel. A fine silver wire, armed with a straight needle, was entered four lines from the margin of laceration, at its upper part, pushed through the rectum, and, drawing through sufficient wire to allow it to turn on itself, it was returned through a corresponding part of the opposite edge, and without being twisted up.

Four other deep sutures were introduced, traversing the entire depth, in the same manner. They were then secured by torsion, in the vagina, so as to completely adapt their surfaces. In order to strengthen the edges, and prevent ingress of vaginal discharge, two superficial silk sutures were applied in vagina, and four in perinæum. The sphincter ani offering no apparent resistance, it was not divided. Charpie was then placed in vagina and on the perinæum, and an English flexible catheter retained in the bladder to prevent the contact of urine. The whole was then kept in position by a suitable bandage. On recovering from ether, she received, in all, a grain and a half of Opium, in divided doses, to prevent the action of her bowels.

March 12.—Considerable oozing of blood took place in evening, which was promptly arrested by Ferrum, internally. She is otherwise comparatively easy.

March 15.—Complains of no pain. Removed the dressings; found considerable swelling. She feels weak, and has no appetite, for which China was given. After that, she rapidly improved. I changed the dressings every other day. On the ninth day after the operation her bowels moved. On the tenth day I removed all the ligatures. On the fourteenth day she got out of bed and said she felt like a new woman. The operation, however, slightly lessened the calibre of the vagina, but is a success.

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ARTICLE XXVI.—On Traumatic Shock.

By Prof. H. Fischer, of Breslau.

Savory designates traumatic shock as the paralyzing influence of a sudden severe nervous lesion on the action of the heart. Let us examine now the case before us:

A team of horses ran away and drove the pole of the wagon against this strong young man. Without any essential lesion of internal organs—close examination at least fails to show any —symptoms of severe general malaise set in. He lies quiet and takes no notice; the face is shrivelled and elongated; the frontal skin drawn in wrinkles; the nostrils dilated. The tired lustreless eyes are sunken in, half covered with the eyelids, and surrounded by broad dark rings. The skin and the visible mucous membranes are of marble paleness; slightly blue on hands and lips. Large drops of perspiration have hung on his forehead and eyebrows. The temperature is lowered by several degrees over the whole body; the sensibility is also greatly reduced, only during very painful sensory impressions he angrily frowns and lazily tries to avert them. He does not move spontaneously any extremity; passively raised, they sink down again as if dead. The sphincters are closed, and the urine drawn by the catheter shows neither sugar nor albumen. The pulse can hardly be felt, irregular and unequal, very frequent; the arteries narrow and of very little tension. Consciousness clear, but he only answers slowly after repeated questioning. The voice is harsh, weak; the words well articulated. After repeated questioning he complains of coldness, sensation of fainting, a crawling and numb feeling of all extremities; when closing the eyes he feels dizzy and nauseous. The organs of sense show normal activity; respiration irregular; abnormally deep, sighing, long inspirations alternating with superficial frequent ones. The aspect, the coolness, the hoarseness remind one of cholera, only the characteristic evacuations are wanting.

Such a case we call a torpid shock, which must be distin-

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guished from the erethic shock, called by Travers prostration with excitement. The face of such patients is also disfigured, but it expresses most terrible suffering. They throw themselves wildly about, moan and scream, and complain of excruciating anguish, taking their breath away, of oppressive thoughts of death, and a sensation of total goneness. Kind words are not listened to; they complain, and moan, and cry as if they were crazy. Consciousness of such restless and sleepless patients is also undisturbed, but it seems suppressed by the terrible sufferings. On that account they answer no questions, moan and sigh, and murmur unintelligible words, without noticing those around them. The visible mucous membranes are pale, but the face slightly reddened, the forehead hot, the eyes deeply sunken, with a peculiar lustre and contracted pupils. The skin of the extremities is mostly cool and without sensation, but not in such a degree as in the torpid variety; sometimes no coolness at all may be observed. Vomiting of mucous matter and tormenting vomiturition are constant and obstinate symptoms of this form; also burning thirst, with hasty swallowing. All movements are made hastily and with trembling. Sometimes the extremities fly about as in shaking chills, without the patient being able to suppress such manifestations. A wounded officer begged me repeatedly not to consider him a coward on that account. The muscles, especially of the face, show spasmodic action and fibrillary twitching. Breathing is frequent, superficial; the pulse small, and cannot be counted.

Both forms of shock appear isolated, still they are somewhat dependent one on the other: for you witness, when patients recover from the torpid form they sink more or less severely in the erethic form, and, *vice versa*, we see in aggravated cases the torpid form develop itself out of the erethic. Thus the erethic shock may be an independent affection, or the second stage of the torpid form. Modifications are manifold, but all of them can be reduced to these two forms. The manifestations of the shock itself are only transient; the erethic form lasts minutes, or a few hours; the torpid one extends frequently over a few days. Both may produce the death of

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the patient, with all the symptoms of perfect nervous prostration. We may take it as a rule, the stronger the injured person, the smaller the loss of blood, the more appropriate and ready succor is at hand, the quicker the symptoms of the shock will pass off.

Different authors affirm that the shock, even after the symptoms have passed off, still exercises an unmistakable evil influence on the course of the injury. Jordan observed, that the temperature of the wound fever is lower in proportion to the shock. The difference of temperature between the usual wound fever and that following a shock amounts to between 6° and 8° Fahr., and the change between morning and evening temperature is less regular; also there is less correspondence between the temperature and the frequency of the pulse and respiration. Pirogoff considers rapid loss of strength, shaking chills, flabby and indolent appearance of the wound, suddenly appearing mephitic mortification of the injured extremities, as the usual consequences of a severe shock. But my own experience leads me to consider them more as sequels of early septiæmic and pyæmic processes.

Let us now consider how the manifestations of a shock can be distinguished from a fainting spell or from a cerebral concussion. I acknowledge that it will be sometimes very difficult at the first moment. Still there are some diagnostic points of great value. Concussion of the brain, so nearly related to shock, and perhaps only differing from it in degree, differs from shock by the obfuscation of the sensorium, and by the slow, indolent, regular, full pulse which always accompanies it. The patient, attacked by traumatic stupor, is benumbed by his injury, says Pirogoff. More difficult is it to set a limit between shock and swoon. Whereas fainting fits are occasioned by mental or bodily over-exertions, by overpowering emotional impressions, excessive loss of blood, excruciating pains, morbid affections of the muscles of the heart, etc., the shock is caused only by the concussion of a part, independent of the effects of pain or of the loss of blood. The swoon is also accompanied by momentary loss of blood, but is a far more acute state, a more evanescent appearance than the shock.

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As there is not found a single characteristic pathological alteration in any of the important organs at autopsies of persons dying from shock except some traces of the preceding lesion, the question justly arises: What, then, is the shock, how does it arise, and how does it produce death? A shock takes place when, by a severe concussion of a part of the body or of the whole body, a paralyzing influence is exerted on the heart's action. How does this happen? To understand such a procedure, let us study a series of solid and splendid facts, found in the latest physiological works. Goltz has proved by experiments, that a diastolic stoppage of the heart may be produced in frogs by repeated tapping on the abdominal walls. When then the heart begins again to pulsate after such experiments, an essential and conspicuous deviation from the normal relations takes place. It remains small and pale, receives during the diastole hardly any blood, and can therefore only expel very little during the systole. Thus the circulation stops in spite of the heart's motion, and recovers itself only gradually, sometimes only after half an hour. Goltz explains this want of the heart's action by an ephemeral paralysis of the vascular tonus, caused by the mechanical concussion of the bowels. As the bowels were mostly found strongly hyperæmic, Goltz thought in the beginning, that the blood-vessels of the organs directly attacked are only losing their tonus, and that this suffices to paralyze the heart's action, and thus the circulation; but further experiments have shown that the paralysis of the vascular tonus is a general one. Experiments prove also, that concussions of the whole body produce the same manifestations. Considering the vascular tonus the arteries were mostly thought of, but Goltz shows that the veins also possess tonus and are attacked by the paralysis. These experiments explain in a clear manner all the symptoms of shock.

If we denote a shock as a reflex paralysis of the vascular nerves, caused by a traumatic concussion, we have still to answer the question, where does the whole mass of the blood remain? The patients are of a marble paleness and the heart contains no blood, even when the patients lost little or

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no blood during the accident. But Bezold and Bever found, that after the division of the splanchnici a large quantity of blood flows in the paralyzed and dilated abdominal blood-vessels, especially in the veins, withdrawing itself thus from the general circulation. In opposition to this enormous abdominal plethora, all other organs of the body, especially the carotids, show only a little fulness, so that the pulse can hardly be felt. Compared with the splanchnicus all other vascular nerves of the body exert only very little influence on the pressure of the blood. We define therefore *the shock as a reflex paralysis of the vascular nerves, especially of the splanchnicus, produced by traumatic concussion.* The large trunks of the venæ cœliacæ, meseraicæ super. et infer., of the venæ renales with their numberless branches spread out over the large surfaces, gained by the mesenterial folds, offer space enough for the whole quantity of blood in the body, as they can be dilated to the utmost, and there the blood stagnates during the shock. As the skin becomes anæmic, it turns pale, cool, and loses all sensation; but as some blood still stagnates in some parts of the veins, they take easily on a bluish color. We know from the experiments of Stannius, that anæmic muscles become stiff and lose their power of action, which explains the enormous muscular debility in shock. The small irregular and intermitting pulse is caused by the irregularity of the heart's action and the momentary standstill of the heart; the cerebral anæmia causes the apathy of the sensorium, the nausea, and the vomiting.

Stanley, Stokes, Graves, and Romberg have studied the reflex paralyses, and they consider as such all peculiar paralytic states, appearing in the extremities in consequence of a chronic inflammatory state of an internal organ, but especially of the uropoëtic and sexual apparatus. Whereas Romberg withdrew himself more and more from these reflex paralyses, because he frequently found in such cases palpable alterations in the nervous central organs (a fact repeatedly corroborated by Kussmaul, Leyden, and others). Brown-Sequard defines *reflex paralysis as a paralysis of motor nerves in consequence of morbid and traumatic affections of sensitive*

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nerves. He first laid down the occurrence of traumatic reflex paralysis, and affirmed that also in the reflex paralysis after affections of internal organs a severe irritation of sensitive nerves may produce a stoppage in the activity of the motor nerve-centres. A great deal farther went Mitchell, Morehouse, and Kean, who assign, in a valuable treatise on reflex paralysis after gunshot wounds, all the paralyses appearing at a place distant from the place of lesion, as traumatic reflex paralyses. But this is going too far; let us hold firm to the definition given by Brown-Sequard, although it will not explain all cases of traumatic reflex paralysis. The doctrine of reflex paralysis rests also now on a firmer physiological basis. Goltz found that the quacking of frogs, ensuing by softly stroking the skin of the back after dividing it closely below the cerebral hemispheres, may be prevented for some time by a ligature round the leg. A reflex mechanism set in action by a strong irritation of sensitive fibres is thus for some time checked in its activity—a reflex paralysis in the strictest sense of the word. Lewisson has lately demonstrated that the activity of the reflex centre of the spinal marrow of the frog may be checked by the irritation of sensitive nerves, that a strong irritation of sensitive nerves also checks the voluntary motions of the frog, and that contusions of the kidneys, womb, bladder, and bowels, will produce in rabbits reflex paralysis of the lower extremities. The paralyzing influence always lasted for some time yet after the removal of the irritation, and this in proportion to the length of time during which the irritation acted. Thus we may safely consider reflex paralysis as a morbid state, proved by physiological and pathological observation, and consider the shock as one of them.

We have repeatedly emphasized, that the shock is always a consequence of a trauma, and I am not able to say if poisons, like Tobacco, Upas, Prussic acid, etc., kill through a shock, as Jordan affirms, or not. Manifestations of shock will not only be present in lesions of important organs, after the loss of entire extremities, in extensive crushing of the bones and soft parts, but also in contusions of one or more

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members, if only the irritation simultaneously struck the necessary quantity of sensitive fibres and acted extensively enough. But there are a whole series of circumstances, which especially favor the appearance of shock and exert great influence on the severity of the symptoms. We have:

a. INJURIES OF CERTAIN PARTS OF THE BODY.—After concussions and contusions of the thorax, of the abdomen and testicles, after luxations and severe contusions of the fingers, severe manifestations of shock frequently set in. Who does not recollect from the years of his boyhood, how terribly the sensation is when the ball strikes the scrotum? We most frequently witness then the erethic form of the shock in a high degree. I saw at Berlin a strong, healthy young man die from shock in a few hours after he had been bitten by a wild horse in his testicles, bruising the scrotum with its teeth. We may lay down as a general rule, that *the higher up on the trunk or extremities the lesion takes place, the easier symptoms of shock will set in.*

b. LOSS OF BLOOD AFTER THE INJURY.—The more sudden and copious the hæmorrhage was during the injury, the easier symptoms of shock set in.

c. THE INDIVIDUALITY OF THE WOUNDED PERSON.—The more delicate and nervous, the more sensitive and touchy a person is, the easier severe symptoms of shock appear. In a retreating army, in home-sickness of soldiers, at the end of tedious wars, after great exertions and privations, during long sieges, severe states of shocks are sometimes observed even after slight injuries.

d. THE MODE OF INJURY.—The more obtuse the angles at which the foreign body strikes the part, the broader the surface, the more broken its strength, the easier symptoms of shock. Ricochet shots from splinters of shells or from cannon balls, wounds with the butt-end, stabs with the bayonet, shake differently the body and the mind of the soldier from perforating rifle balls or a sharp cutting stroke with a keen-edged sword. Especially contusions of the bones are frequently accompanied by shock. Shock from spent balls belong to mythical lumber, although even a Pirogoff partly

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admitted them. We observe frequently also shock after extensive and deep burns and congelations, with sudden death.

Surgical operations and manipulations may also cause undoubted manifestations of shock. Patients sometimes die, with all the symptoms of shock, to whom large freshly incarcerated herniæ have been safely returned by successful taxis, and the autopsy reveals neither a lesion of the intestines nor an essential abnormity in the abdominal cavity. The same happens sometimes during ovariotomy. If you observe the patients in their Chloroform-narcosis, you will frequently see how they suddenly turn pale in the face and in the visible mucous membranes at the moment when the abdominal cavity is opened, how their pulse becomes small, irregular and frequent, and the skin cool. Scrutinizing quickly then the bowels, as soon as they come to view, you will find them filled to bursting with blood. Such symptoms mostly pass over quickly and are only observed by a closely attentive physician. We ascribe the happily rare and sudden cases of death after ovariotomy, if not caused by too copious a hæmorrhage, certainly to a shock, and English writers agree with us.

After other operations, shock is now rarely seen. Before anæsthesia was common, it happened more frequently. Garengeot observed it after lancing a panaritium; Nussbaum after amputatio mammæ; several surgeons after catheterismus. Pirogoff saw two men die on the table, on whom he performed the amputatio femoris, before Chloroform was thought of. In one, a strong traumatic concussion preceded the operation; the other was exhausted by long suffering from a diseased knee-joint, and very irritable. In both cases the pain and loss of blood during the operation was perhaps a trifle more than is usually the case. Immediately, however, after sawing through the bone, a peculiar stiffness of the body set in, the face turned pale, the eyes glazed, the pupils dilated, and death took place. Nowadays, Chloroform would be blamed for the sudden death, and people forget that sudden death from shock was formerly

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far more frequent. Chloroform has rendered traumatic shock an exception, but it cannot banish it entirely, and it is ungrateful injustice to charge all sudden cases of death happening during narcosis, to the application of Chloroform. We know that death from Chloroform sets in either with the symptoms of asphyxia—respiration stops, though the heart beats for some time yet—or with the symptoms of paralysis of the heart—the heart stands suddenly still, though respiration may keep on for a little while. He who had the misfortune to see patients under the influence of Chloroform die with the symptoms of paralysis of the heart, and observed how the face of the patient suddenly turned pale and sunken, how the lips and hands took a light bluish cast, how the skin became cool and the extremities stiff, how the heart suddenly stopped to beat, or made only some weak irregular contractions, cannot lose sight of the impression that we have here to do with the fatal results of a traumatic shock, and not with the poisoning action of Chloroform on the muscles of the heart. For how could the latter happen so suddenly? And if Chloroform could produce such poisoning effects, why does it not happen more frequently? Large doses frequenly repeated are easily borne, how can small doses kill so suddenly? We do not see such results from any known poison! Harrowing emotions before the operation, severe loss of blood during the injury, miserable nervous constitutions, appear to especially predispose to this so-called syncopal Chloroform-death. Jordan observed closely the temperature during an amputation under Chloroform-narcosis. As soon as the bone was sawed through, the temperature fell suddenly and considerably. From such facts we may safely draw the conclusion that the concussions and traumatic irritations are also perceived and carried forward during the Chloroform-narcosis, rendering thus possible all the manifestations of a shock. *Vice versa*, no rational physician will deny that Chloroform-asphyxia is a consequence of Chloroform—*i. e.*, of a respiration defective through the narcosis, and often mechanically prevented.

I wish, finally, to draw your attention to it, that incarcer-

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ated hernia, diffuse peritonitis, ileus, and cholera are frequently accompanied by severe symptoms of shock. The severe intestinal irritation, the strong intestinal contusion, produces here a reflex paralysis of all vascular nerves, as in the experiments of Goltz and Lewisson. Therefore the sudden collapse, the fearful loss of heat, the hoarse voice, and all the other symptoms which throw such patients in a few hours from a picture of health and strength into such an indescribable cadaverous state.

I do not know if temperature, stand of barometer, moisture of the air, are of any influence in considering the frequency of severe shocks. Addinell Hewson, of Philadelphia, made a series of observations, and found that 15 per cent. of all patients operated upon during winter died from shock, 10 per cent. of those during spring, 13 per cent. of those during summer, and 10 per cent. of those operated upon during the fall. December showed the most fatal cases; after it November, June, and May; during October no surgical patient died from shock during the thirty years of observation; after it, the most favorable months were September, August, January, March, April, etc. Ten per cent. died at a higher temperature than the medium one of Philadelphia; 13 per cent. at a lower one; hence, we may conclude that the great mortality from shock in winter, and, next to it, during summer, depends on the relatively great dryness of the air—that a higher stand of the barometer goes hand in hand with the fatal cases of shock, a lower one with those of pyæmia.

Considering traumatic shock of the greatest importance, we deduct therefrom the following rules:

1*st. Patients suffering from shock must never be brought under the influence of Chloroform.*

2*d. No operation should be performed during the shock.*

Guthrie, certainly a high authority, and in favor of primary amputations, advises to wait with the operation till the symptoms of the shock have passed over. He says: "As soon as the soldier, two, four, six hours after the injury, has somewhat recovered from the agitation caused by the shock, his pulse becomes normal, he is less restless, looks better

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and complains of pains, stiffness and troubles in the injured part—then is the right time to operate. But should we operate before he has recovered his equilibrium to a certain degree, we tax him more than he can bear, and the chances will be decidedly against him." Other authorities deny this axiom. Hutchinson advises to operate immediately under all circumstances, and Vidal narrates two cases where he performed the amputation of the thigh on individuals bereft of all sensibility, during the days of July, and both cases ran a favorable course; but he adds, that of late he was not so successful. Now you better take the safer part. Should the hæmorrhage be severe, put your ligature on where you think it most advisable (and this may often be done at a distance from the injured part), or use compression of the artery by tourniquet or finger. But if the shock is not too severe, if the pulse rises again under the action of anodynes and analeptica, if the severity of the injury compels us to operate on account of the hæmorrhage, of the severe pains and exposure of the nerves, then wait no longer. Even then let Chloroform alone. During the operation already the pulse rises, the temperature of the body increases, and the paleness of the face passes off.

Otherwise, the treatment of shock is only symptomatic. We try to restore some heat by external means, give excitantia, especially warm grog, hot coffee or tea with rum, hot red wine, and continue artificial respiration in severe cases as long as needed. The electrical irritation of the heart by sticking needles in is useless and dangerous, but the phrenici may be touched with the electrodes.

Let me direct your attention to two physiological facts of therapeutical value. Goltz found in his experiments that tapping the abdominal walls remains unsuccessful if we produce simultaneously with the excitation of the intestines an intensive irritation of the sensitive nerves of the extremities. He supposes that the strong excitation of the sensitive nerves of the extremities throws the medulla oblongata into a kind of paralysis, incapacitating it from transporting minor reflectory excitations. Accordingly, strong cutaneous irritation

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by electricity, mustard, etc., ought not to be neglected in shock, and we may thus explain the favorable effect of operations performed as soon as the symptoms of shock begin to pass off.

A second fact, experimented upon by Gscheidlen, is that the extract of the Calabar-bean is a strong excitant for the splanchnicus. He says: After Calabar-poisoning severe intestinal spasms set in, considerably diminishing the lumen of the intestine. The smallest blood-vessels, the arteries and veins, can hardly be seen any more, and in some places every communication between arteries and veins seems to be abrogated. The walls of the intestine compress the blood-vessels, and the blood is forced out of the abdomen. Subcutaneous injections of Calabar ought, therefore, to be tried in the worst and most dangerous cases of shock, in order to remove the reflex paralysis in this important circuit; but clinical facts are still missing, and the Physostygma is yet too little known to speak with certainty of its wonderful application in shock.

ARTICLE XXVII.—Arsen.-Poisoning and Cholera.

By Prof. Carl E. Hoffmann, Basle.

C. G., 45 years old, mason, died from cholera, according to the certificate of the attending physician, having been sick only for 14 hours. There was at any rate some probability for such a diagnosis, as the deceased passed some time before in Alsace, where cholera had been observed. He died in the morning, and the same evening I made the obduction, with the following result:

Body moderately well nourished, with bluish-red face; perfect cadaverous rigor and extensive hypostasis. The lungs slightly œdematous, full of blood. The heart, moderately dilated, contained in both cavities large quantities of partly coagulated dark blood of the consistency of molasses,

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cardiac muscles pale, yellowish. The mucous membrane of the pharynx slightly yellow; the glands on the back of the tongue enormously swollen; mucous membrane of a bluish-red cast. The mucous membrane of the œsophagus livid; all glands, considerably enlarged, project over the surface. The mucous membrane of the larynx and trachea pale, without swelling. The bowels largely distended, not exactly tense, nearly everywhere of a pale red, only the lower parts of the ileum a trifle more red. The mesenterial glands hardly enlarged, on incision pale red, spotted. The whole intestinal canal full of a thin, light red, milky fluid, containing a large quantity of whitish mucous shreds, or yellowish grained masses. From the duodenum downwards, all the parts of the mucous membrane (gl. Brunneri, solitary follicles) appear greatly swollen, rising up over the surface of the size of large bird seeds. The Peyerian glands protrude also largely over the surface, are relaxed, pale, of velvety appearance, the epithelial coating desquamated. On the top of the folds there is strong redness, and even ecchymosis on different places. In coccum and all through the colon, similar relations of the mucous membrane. The stomach contains also a large quantity of very thin light-yellow fluid, mixed with mucous shreds; the mucous membrane of the stomach is very red in the region of the fundus, near the large curvature, in parts slightly eroded and covered with a weak yellowish-white scab. Towards the pylorus are found several small erosions, partly covered with scabs and cleaning off, surrounded by ecchymosis and swollen mucous membrane; the glands of the mucous membrane of the stomach are partly enormously swollen and reddened. The liver of moderate size, surface smooth, parenchyma tough, cut through, of an equal greyish-brown color, in the larger blood vessels dark tarry blood. The spleen very small, shrunken, parenchyma bluish-red, of firm consistency. Both kidneys small, full of blood; the cortical substance of a moderately dark aspect; vesica contracted and empty. In the cranium, the veins full of dark tarry blood, slight œdema of the pia and of the brain.

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As the examination so far showed a perfect correspondence with the usual record found in cases of cholera, with the exception of the erosions in the stomach, whereas, on the other side, the considerable swelling of the glands of the stomach corresponded to a severe parenchymatous gastro-duodenitis, frequently seen in cholera, the coroner ordered the disinfection of the privy, in which the vomited matter and the defecations had been thrown, and ordered the destruction of the bed, especially as the attending physician certified to cholera.

I reserved for microscopic observation the stomach with a part of its contents, a quantity of the contents of the intestines, a piece of the jejunum and of the liver. The flakes in the contents of the bowels consisted mostly of *cast off intestinal epithelium, containing whole layers of fungi*, corresponding exactly with the figures given by Kolb, and close to it were perfectly developed dentriform fungi; it contained also large quantities of mucus and masses of detritus. The examination of the intestinal mucous membrane gave a similar result.

So far all physicians agreed that the case had been one of cholera; but the examination of the mucous membrane of the stomach showed that the superficial particles of the scabs consisted of masses of detritus, the deeper lying particles of epithelium cells partly in a state of decomposition, partly still well preserved, to which large quantities of chrystalline granules were admixed. *Chemical analysis of the scabs with Marsh's apparatus gave clear evidence of the presence of Arsenic.* The microscopic examination of the liver showed great degeneration of the parenchymatous cells.

1868, August 9th, I made the post-mortem examination of an old woman, 72 years of age, who died about 20 hours before, in consequence of eating a biscuit smeared over with arsenical paste, and where the Hydrated Oxide of Iron failed to give relief.

Here also great fullness of blood in the lungs; the intestines and the stomach pretty well distended, but not exactly tense; the serous covering everywhere strongly injected; in the abdominal cavity a small quantity of muddy serum. In

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the stomach, a little over a pint of yellowish-brown fluid, mixed with some solid particles. The mucous membrane of the stomach perfectly pale, reddish-gray, an eroded place of the size of 5 cm. in the region where the fundus passes over in the great curvature, of ashy-gray color and surrounded by livid mucous membrane. In the vicinity of the pylorus another smaller eroded place, but the mucous membrane around it is of a pale color. The gastric glands mostly enlarged and protruding. The mucous membrane of the œsophagus, at its lower division, also strongly injected and its glands enlarged. The mucous membrane of the small intestines generally pale; in the middle division of the jejunum several intensely red and ecchymotic spots; the solitary follicles and especially the Peyerian plaques swollen; the mucous membrane of the colon not much changed. The contents of the bowels consisted of yellowish-gray fluid, colored by the Iron with numerous flakes. Here, also, the flakes consisted of epithelial shreds and single epithelial cells, intermixed with mucus, but did not contain so many fungoid layers as in the first case.

That the examination in the second case did not fully come up to the picture of cholera, we ascribe to the application of the Hydrated Oxide of Iron.

A third case happened in a defaulter, who took Arsenious Acid and died three or four hours afterwards. The post-mortem was made six hours after death.

Cadaverous rigor enormously developed, so that the extension of the flexed lower extremities succeeded only after great labor. Abdominal walls drawn in and very tense. Cadaverous hypostasis developed over a large surface; the lungs full of blood. Stomach very extended and with the bowels of a pink color; the whole peritoneal surface moist and slippery. In the stomach about 600 Com. slimy brown fluid; in the region of the fundus about 50 grm. Arsenic, glued together in one mass, and under it an erosion. The entire mucous membrane through its whole extent studded with ecchymoses of the size of a pin-head, standing closely together, the glands enlarged. The whole intestinal canal full of muddy, whitish,

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rice-water fluid, and its mucous membrane pale, greatly swollen, covered with loose yellowish mucus. The solitary follicles through small and large intestines swollen to granules; the Peyerian plaques even protruding in some parts, especially in the lower region of the ileum. Liver large, full of blood, lobulated appearance, perfectly gone on incised surfaces.

Microscopic analysis of the intestinal flakes and of the mucous coating showed again most plainly perfectly developed fungoid layers and well formed fungi on the epithelial cells and on the detritus.

We see, therefore, the last case fully corresponds with the first one, although from the time of poisoning to the time of obduction only 10 to 11 hours had passed, and microscopic analysis followed immediately, so that a supplementary origin of fungoid formation is out of the question.—*Virchow Archiv.*, 50, 3. (A. H. Z.)

CRAMPS IN THE CALVES are in many diseases, as in cholera, a very painful accompaniment, but they are also observed in healthy persons. A very successful and easy treatment consists in putting the flat hand on the balls of the toes of the patient, and pressing the foot forcibly upwards to the leg. Thus the muscles of the calf become extended and the painful spastic contraction counteracted. Le Viseur used this manipulation with great success during a cholera epidemic, and Betz learned the trick from laymen.—*Memorab., June*, 1870.

ANOSMIA.—Dr. Notta (*Schm. Jahrb.*, 1870, 6) gives us the different kinds. He distinguishes, according to the cause: 1. Anosmia adnata, caused by deficiency of the olfactory nerve. 2. Anosmia atrophica, present only in old persons, dependent on atrophy of the nerve. 3. Anosmia essentialis, coming without known cause. 4. Anosmia traumatica, with or without fracture of the base of the cranium, but in most cases introduced by slight epistaxis. 5. Anosmia mucosa, in consequence of coryza or influenza. 6. Anosmia mechanica, caused by defective entrance of air from nasal tumors, or exposure and dryness of the nasal mucous membrane, caused

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by loss of substance of the external nose. Considering the prognosis, the first two forms are *per se* incurable, and so far as Notta knows, the third was never cured. Traumatic loss of smell is the most curable, even when fracture of the base of the skull took place. The mucous form frequently withstands the use of irritating sternutatoria, but it takes sometimes a year to perform a cure. After removal of the cause in the mechanical form, the effect will pass away. Art does little or nothing, the cure is mostly to be ascribed to the vis medicatrix naturæ. If caused by coryza, the galvanic current appeared sometimes to act beneficially.—A. H. Z., *Monatschr.*, 2, 1870.

Homœopathy does better; we have for No. 2, Baryt.-carb., Caust. Lycop.; for No. 4, Arnica, Calendula and Hypericum; for No. 5, Gels., Hep., Mez., Natr.-mur. and Sulph., and a host of others; for No. 6, Calcar., Sil., Sulph., Teucr. Try at any rate. S. L.

ARTICLE XXVIII.—Hydrate of Chloral in Chordee.

By E. M. Hale, M.D.

I had recently under my care one of the severest cases of chordee I ever remember to have treated. It was associated with an infecting chancre. Whether that complication increased the severity of the chordee, I do not know.

During the first stage of the gonorrhœa, while the discharge was thin and transparent, with but little pain on urination, the patient complained of excessive pain during erection at night after the first sleep. The penis was not *curved*, as is often the case, but very hard and congested. It required a long application of iced water before the pain and congestion were relieved. Each attempt to sleep caused the same recurrence. Several remedies were prescribed, each having been efficacious in other cases, but in this were absolutely futile (Cannabis, Canth., Gelseminum, Bromide of Potash, Lupuline, Camphor, and Phosphorus). The attacks grew worse. For

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five nights no sleep was had, and the patient was desperate. The pain nearly drove him delirious (no sexual desire). Without any previous experience to support me, I gave Chloral, 15 grains, at bed-time. Before it had been taken five minutes he felt sleepy, and could hardly keep awake long enough to undress. His room-mate said he went into a sound, calm, and easy slumber, and did not waken till 2 A.M., when there was a very slight erection and some pain, which disappeared on getting out of bed. He returned to bed and slept soundly till morning. The next night he took 18 or 20 grains, and slept soundly all night. I was informed by the room-mate that there was *no erection during the sleep.* No chordee since.

As no similar trial has been made with the Chloral, it may be considered important. It seems to have a specific effect on the spasm and congestion of the penis, as well as spasm and rigidity elsewhere.

In the case of ordinary palliatives, the chordee returns when the drug is suspended, but no attack occurred after the first night of its administration, although the discharge had to be cured by the usual remedies. I was surprised at the utter failure of Bromide of Potassa, but I infer that it is not indicated unless there is sexual desire with the chordee, while with Chloral the opposite may obtain.

I have had no opportunity of using the Chloral in seminal emissions, but shall do so if the erections are painful and the emission is without amorous dreams. It may prove useful in other cases with opposite symptoms. We need a careful and thorough proving of this new and powerful remedy.

CHLORAL—EDITORIAL ADDENDA.

A. N., 29 years of age, commonly healthy, except some wandering rheumatic pains (had syphilis); complained since two weeks of general malaise, severe pains in the small of the back, and the urine he passed showed large quantities of albumen, and under the microscope all the manifestations of Bright's disease. Saturday, Sept. 4th, he passed in his store, although unable to attend to his business. In the

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evening he went to bed, complaining of excruciating headache, especially in the occiput, and a few hours afterwards was taken with convulsions. As no medicine could be taken internally, he was put under the influence of Chloroform, which quieted apparently the nervous irritation. Sunday, Sept. 5, he was delirious, irrational, and complained then of headache. When delirious he was very apt to play with his genitals; passed urine and stool unconsciously in his bed. Towards evening he became worse again, and convulsions set in at about the same time as the evening before. His pulse was quick; filiform; the temperature of the skin rather below the norm. Monday, Sept. 6.—The forenoon passed in semi-comatose state, but nervous twitchings set in already. To counteract the tendency to convulsions, Dr H. dissolved *six grains Hydrate of Chloral* in three tablespoonfuls of water, and gave the patient one spoonful, with the direction to repeat the dose if convulsions should set in. He fell soon in a deep sleep, lasting for about eight hours, during which he steadily sank, and died without a struggle about midnight.

Although this patient might have been considered already moribund when Dr H. gave him the trifling dose of two grains of Chloral, whereas thirty grains may be taken as a usual dose, still its effect as a hypnotic and in relieving nervous irritation and spasmodic action was really wonderful—quiet sleep instead of continuous jactitations; and his breathing natural—no rattling, no struggle, none of those dreaded convulsions; and even after death the features showed a calm repose.

All authors agree, that as an hypnotic it takes the front rank in the Materia Medica; but the dose is still uncertain. 15-20 grains is considered a moderate dose for persons not given to high living nor to the use of alcoholic and fermented liquors, where a fifty-grain dose has sometimes failed to produce sleep, and still even a moderate dose has sometimes produced alarming symptoms. Dr. Adams (*Lancet*, April, 1870) is convinced that in all disturbed and diseased conditions of the mind and nervous centres, attended with mania, delirium, excitement, sleeplessness, convulsions, etc., Chloral

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stands unrivalled as a certain, swift, safe, and powerful hypnotic and calmative, and that in such cases small doses often produce rapid and decided effects. Dr Bouchut says it ought not to be given to adults in doses larger than five grammes (77 grains), and that to infants not more than one or two grammes (15-30 grains) ought to be administered. The Editor of the *Ed. M. J.* considers thirty grains a safe and reliable hypnotic; a less dose has never sufficed, and only in one case have any unpleasant symptoms being developed—insensibility with coldness and rigidity of the extremities (*E. M. J.*, Jan., 1870). Dr. Romley considers 20 grains a dose for an adult; 2 grains for an infant of eighteen months; 3 grains for two or three years; 10 grs. for children of nine to fourteen years. The drug may be given in an ounce of water sweetened with half an ounce of syrup. Richardson says, in fatal cases the functions destroyed are: 1. The cerebral. 2. The voluntary muscles. 3. The respiratory. 4. The heart. Small doses produce the primary effect on the brain and voluntary muscles, and sometimes lower the frequency of the pulsations (*Glasgow M. J.*, Feb., 1870). Dr. Tuke, medical superintendent of a lunatic asylum, found moderate doses (half a drachm) produce considerable diaphoresis and slight drowsiness for an hour or two. The most marked effect was a sudden fall in temperature within an hour after exhibition. By beginning with half-drachm doses and increasing them by 10 grains, we find the doses suitable to the case. It is the best hypnotic, because—1. It is more uniformly certain in its action. 2. It has no depressing influence. 3. It does not cause constipation. (Dr. Adams says that, owing to some reflex action, whilst effectually overpowering under nervous disturbance, it stimulates and assists the bladder and bowels to a more healthy action.) 4. It does not produce nausea. 5. Its effects are more lasting (*Lancet*, March, 1870), (and we might add, 6. It does not infringe on the action of homœopathic remedies.—S. L).

Dr Riecker gives the following tests for pure Chloral-hydrate:—It has a peculiar odor and taste; is dry and colorless; dissolves clear in its own weight of water; fuses when

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heated upon platinum wire, and evaporates without residue and without taking fire; the aqueous solution is not disturbed by nitrate of silver; agitated with colorless concentrated sulphuric acid, it becomes turbid without coloration even on being heated; acidulated with the sulphuric acid and faintly tinged with permanganate of potash, no decolorization takes place in two or three hours; nitric acid sp. gr. 1.20 is not colored, nor does it act upon it in the cold or when heated. —*N. Jahr. f. Phar.* Jan., 70.

ARTICLE XXIX.—Abscission of the Cornea and Iris for total Staphyloma, resulting from Gonorrhœal Ophthalmia.

By Dr. C. H. Von Tagen, Harrisburg, Pa.

(See Frontispiece.)

J. S., a young man, aged 23, was attacked in May last (1870) with purulent ophthalmia, which very soon, on account of its destructive character, declared itself to be of a venereal origin. The probability is, judging from the patient's story, that the infectious material, or virus, was carried on the finger's end to the eye. At any rate, either ignorance or carelessness, possibly both, led to the inoculation of the eye-ball.

The patient was placed upon a course of treatment by a physician of this place, and the result, despite the doctor's efforts, was a sloughing of the cornea and consequently loss of eye-sight. Iritis ensued, and from this all of the different tunics of the eye became, one after the other, more or less involved.

After the lapse of a month, the patient fell into the hands of a second physician, who attempted to alleviate his sufferings, which had been unremitting from the outstart of the trouble, by making a horizontal incision through the cornea,

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letting out some of the aqueous humor, hoping thereby to relieve the tension and pain. Prolapsus of the iris followed this act, and consequently the patient's sufferings were greatly intensified.

So great and prolonged pain could have but one effect upon the system at large, which was to produce great physical and nervous prostration, loss of flesh, etc.

When the patient passed into the writer's care, July 17th, he was fast sinking into a condition of exhaustion, and presented the following symptoms: Tongue was dry, brown, and heavily coated; pulse very weak and rapid (120); respirations frequent (28 to 30); skin dry, hot and harsh; urine scant, turbid, depositing a heavy cloudy sediment; bowels constipated; loss of appetite, and had not slept well at night for three weeks previously. Gelsemin., 15 to 20 drops, in a tumbler two-thirds full of water; dose, a tablespoonful every hour, while awake, was given him. A local application of Gelsemin. lotion (one part to 10 or 12 of water) was applied locally, by means of a compress, which was kept constantly moistened. Beef tea was ordered to be administered every second hour, 3 to 4 tablespoonfuls. The patient also complained of a great deal of neuralgic soreness of the parts surrounding the orbit (the malar, temporal and supra orbital surfaces), which were exquisitely tender to touch. This was very materially relieved by the Gels. lotion. This treatment was continued about a week, and being anxious that an operation should be performed, with a view to obtain permanent relief as well as to enable the patient to wear an artificial eye, this request was complied with.

Mr. Critchett's plan of abscission, or amputation of the anterior one-third of the eye-ball, was the one adopted by me, and one which has always proved eminently successful and satisfactory to the writer. The operation was performed on the 23d day of July.

For the benefit of those who are not familiar with this method of operating, a cursory description will here be given.

The operation embraces the removal of the cornea and iris, leaving intact the vitreous humors and lens and posterior

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two-thirds of the tunics of the globe of the eye. The following are the steps in the operation: Etherize, *completely*, the patient, for the operation is an extremely painful one; place in situ the wire eye speculum of Mr. Laurence, decidedly the most convenient, in the writer's opinion. This being accomplished, transfix the eye-ball with curved needles, five in number, in a perpendicular position, at intervals of about one-fifth of an inch apart, all parallel with each other. The point of entrance and exit of each needle should be about one-eighth of an inch above and below the corneal margin, allowing the points to emerge about one-quarter of an inch. See drawing No. 1. Each needle should be previously armed with fine silver wire or silken ligatures, and when placed in the manner described, allowed to thus remain until the removal of the diseased portion is accomplished. The object in view in allowing the needles to remain is to prevent escape of either the lens or vitreous humor. This they effectually do.

The dotted line in the form of an ellipsis, Fig. 1, embraces the portion of the organ which is to be removed. This is done by first making an opening at the outer canthus through the eye-ball into the posterior chamber of the eye by means of a Beer's cataract knife; then with a pair of angular scissors, probe-pointed on lower blade (see Fig. 3), the removal is effected. It is highly important that the iris should be removed *entire*.

The next step is to carefully clear away the blood clots and effectually sponge away the blood; now draw through the needles, singly, beginning with the central one; accurately and securely approximate the cut edges, which can be done by a twist of the wire after the needle has been drawn through. There should be no gaping or puckering of the edges; *this must be avoided by all means*, as an escape of blood within the enclosure of the eye-ball would form a clot, and thereby give rise to suppuration, which, in all probability, would defeat the aim in view, viz., to obtain a good sound stump, with all the muscles of the eye-ball intact, so that a perfect movable basis be left for the artificial eye to rest

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and operate upon. Fig. 2 represents the appearance of the eye after completion of the operation.

The great advantage claimed for Mr. Critchett's method of operating is, that the artificial eye works in unison with the sound eye, more naturally than by any of the other proposed plans. Union by first intention is usually the result, and takes place in from eight to ten days.

As soon as possible after the inflammation has subsided, the sutures should be removed; this may be done, as a rule, in from six to eight days after the operation.

The dressing used in this case was simply weak Arnicated lotion (1 part Arnica to 20 of water), applied in form of compress, moistened, and then a soft flannel bandage, between which and the compress a piece of oiled silk is placed to prevent evaporation at night; during the day this may be omitted.

On the 3d day subsequent to the operation, the patient was nearly free from suffering. His pulse was stronger and much less rapid (84), appetite improved, urine more natural, much clearer and more limpid; bowels moved, tongue cleaning with much moisture. In fact, to use the patient's own words, "he felt like a new man." On the eighth day the patient was able to take a short walk; the sutures were removed, with one or two exceptions; these were taken away a day or two later. At the date of this writing, September 12th, the patient's health is so far re-established, that within another week he will be able to resume his daily avocation, which is that of a printer.

The left eye (sound eye) sympathized for a while very much with the affected one; to such an extent was this the case, that a few weeks more would, in the writer's opinion, have involved it very seriously.

The history of this and many similar cases points to the necessity of every practitioner of medicine warning their gonorrhœal patients against the peril and danger of carrying infection to the eyes by means of the fingers and careless handling of dressings used in such cases. A timely hint may save many an unfortunate the loss of so important a

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member, which, through ignorance or carelessness, would otherwise be sacrificed needlessly.

ARTICLE XXX.—Bronchial Asthma.

In a lecture on this subject, Prof. BIERMER came to the following conclusions:

1. Broncial asthma is based on a tonic spasm of the bronchial muscles.

2. This can be demonstrated by clinical proof (typar of respiration, stenotic murmurs in the bronchioles, and sudden cessation of these symptoms after the application of Chloral).

3. Bronchial spasm leads to acute puffing of the lungs and to descent of the diaphragm.

4. This acute puffing up of the lungs, quite different from the permanent alveolar ectasy (emphysema), arises when the bronchioles become narrower (through spasm or bronchitis), and the power of respiration is not too weak.

5. The ventilation of the alveoles is easily disturbed by local impediments in the bronchioles, inasmuch as air enters easier during inspiration, but does not pass off so easily during expiration.

6. During the bronchial spasm the spasmodically affected muscles act as a valve, more easily forced open by inspiration than by expiration.

7. The puffing up of the lungs produces a modification of the sonorous sound and a descent of the diaphragm.

8. The descent of the diaphragm in asthma is not caused by a tonic spasm of the diaphragm, as 9. The symptoms of spasm of the diaphragm are totally different from those of bronchial asthma.

10. A diaphragmatic tetanus lasting for hours is an impossibility, as asphyxia kills in less time.

11. Clonic spasm of the diaphragm produces a state similar to singultus, where the inspiration is far more disturbed than the expiration.

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12. In bronchial asthma the impeding effect and intensity of the expiration is more essential as the increase of inspiration.

13. The want of inspiration is as characteristic for stenosis of the smaller bronchial branches as the want of inspiration for stenosis of the larger respiratory organs.

14. This agrees with the action of the vagus on the respiratory organs, according to which inspiration is increased when the lungs are not sufficiently filled, and expiration when the evacuation of the alveoles is prevented.

15. Croup and laryngeal asthma are prototypes for the preponderating want of inspiration.

16. Bronchial asthma is mostly caused by indirect reflectory irritation of the vagus.

17. There is a catarrhal and an idiopathic bronchial asthma.

18. We see in both manifestations of fluxion in the respiratory mucuous membrane.

19. But there are cases where no symptoms of a change in the bronchial mucous membrane preceded the paroxysm of bronchial spasm.

20. Bronchial spasm is produced in bronchitis and emphysema by disturbances of the respiratory pressure (puffing up of the lungs), corresponding in such a case to an inappropriate synergy of the reflectory increase of expiration.—*Volkmann's Klinische Vortraege, No.* 12.

ARTICLE XXXI.—High Potencies.—Effects of Tobacco.—Efficacy of Hygroma of Patella.

By S. Swan.

A gentleman had chronic diarrhœa, had been long under treatment, with only temporary relief. The patient was a large, strong man, of active business habits, and used a paper of fine cut Tobacco every day, with some cigars. I undertook his case on his agreeing to abstain from the use of tobacco.

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The diarrhœa was cured in two weeks, but it was four or five before he recovered from the effects of the tobacco, which showed itself in a *sleeplessness, violent itching* of the *whole surface, restlessness, requiring continual change of place, great thirst especially at night, difficulty in concentrating his mind for any length of time on one subject, loss of appetite,* and *heaviness of the head.*

No remedy proved so efficacious as Tabacum. 1 m. Jennichen.

Six months after, the patient remarked that nothing could induce him to touch tobacco after the terrible experience he had passed through.

He had no return of the diarrhœa, which was not like that produced by tobacco in the provings; it was *urgent, watery, painless*; one movement on rising in the morning, and four or five before reaching his office, and *no more till next morning*; when patients have experienced the peculiar *restlessness* produced by tobacco, they do not soon recommence its use.

In the course of an hour a patient has been seen to sit on every chair in the room, recline in various positions on sofas, arm chairs, bed, or floor, sit on the edge of the table, and gave as a reason that no place or position seemed comfortable, and he was impelled by an irresistible restlessness to this constant change.

HYGROMA OF PATELLA.

Mrs. S. had a large cyst on right patella, not inflamed, but *extremely sensitive to contact, interfering with walking,* or working on sewing machine. She had also *cold feet, especially at night, and cramps in the calves.* Gave Silicea 900 Jenichen one dose. In four weeks there was no sign of any cyst, and the other symptoms were relieved, except the feet, which were *always cold during menstruation.* Silicea 10m. Fincke one dose relieved this symptom.

Exudations of synovial fluid in the wrist resulting from a strain, commonly called "weeping sinew," were cured by Silicea 1m. Fincke; in one case as the swelling decreased, it passed down on the dorsum of the hand to near the ring finger before disappearing.

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ARTICLE XXXI.—Mental Symptoms.*

By C. G. Raue, M. D., of Philadelphia.

Man consists of soul and body. Materialists contend that what has been called "*mind*" is merely the product of the human *bodily* organization. Like the kidneys, so the brain has its functions, and whilst the kidneys secrete urine, the brain fabricates thoughts, volitions, and feelings; which remarkable process seems to consist principally in a burning of phosphorus, the salts of which may therefore be discovered in the urine after great mental exertions. Others, on the contrary, contend that soul and body, although intimately interwoven, are indeed two essentially different beings, and the facts which experience teaches in this respect, I shall now try to state to you.

The new-born child *feeds* and *grows;* that is, by a peculiarly regulated process, the transformation of matter for repair and waste, the child gains constantly in *weight* and *size*; what it takes as nourishment is digested and assimilated, whilst all that which is of no further use is cast off. In this way the child *grows in size and weight* until it reaches its highest possible development as man or woman. From that time on, a longer or shorter interval is observed in which bodily development seems to be at a stand-still, until finally a gradual decrease of bodily power indicates that all flesh is mortal.

Whilst these changes are going on, recognizable to anatomical and physiological observations, there is another series of developments taking place at the same time. The child which at first looks only vaguely with its eyes, which scarcely notices any noise, and shows no preference for any one as nurse, learns in a short time to discern its surroundings; learns to know mother, father, brothers, and sisters; listens to sounds, and turns the head toward the locality whence they issue; in short, it *grows* also *intellectually*.

* A preliminary lecture, delivered at the New York Hom. Medical College.

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What does that mean? If the child at first did not know even its mother, and now, after some lapse of time, has learned to recognize her by sight and hearing, it is evident that the child must have gained a *consciousness* which it did not previously possess. How did it gain this consciousness? In the same way as we now, every one of us, may gain consciousness of a thing of which we had none before. We must either *see, hear, touch, taste, smell* or *feel* such a thing; in short, we must receive impressions of it by one or more of our senses; and the oftener this is done, the clearer will be the consciousness we gain of such a thing. So with the child. It receives daily and hourly impressions from its mother, and as they multiply, so does the existence of its mother dawn and gradually grow to clear consciousness in the child. We thus see a *something* developing itself in the child which is just as positive and real an object as its teeth after they have developed themselves. Or will any one deny the reality of his ideas which he has gained since he could and did use his senses? Yet, might I ask, how much larger and heavier has the child grown by this idea, or still more to the point, how long, broad, and heavy are our ideas which we have gained in the course of time? And I should suppose it must be a considerable bundle of such ideas which a clever head carries within itself. Still they do not seem to weigh very heavily upon it. Or has any body measured any of these ideas? Who has invented the scales to weigh them? All that we know, and just as positively know as the mathematician knows that two times two is four, is this: *that our ideas gain in clearness of consciousness as they grow.* Every one knows this to be a fact from his own experience; and if there should be one whose observations should not have attained to this point, he may easily be made to understand it if he will remember the days of his childhood, when the letters of his A B C book stared him in the face like prodigious giants and dwarfs; but all of which he conquered and learned to command by names and sounds, and in all possible combinations, after the necessary repetitions and occasional rappings over the knuckles by his schoolmaster or schoolmistress. They have attained a clear-

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ness of consciousness by repetition which will endure through life; but of their extension in space or of their weight, our consciousness knows nothing. Experience, therefore, teaches that man, in growing, develops in two different ways: 1, *he gains in circumference* (extension in space) *and weight;* and 2, *he gains in clearness of consciousness.*

Now, the question arises, does this twofold development of man differ in *grade* merely or in *kind;* or, in other words, can what has the property of extension in space and of weight be potentized to clear consciousness; or can those realities which we call our ideas be condensed into a ponderable mass? This is a question which has never yet been solved by any physiologist. No one has ever succeeded in distilling or extracting anything like an idea out of the brain, or in exhibiting the same either in a solid, fluid, or gaseous form. Neither has any one succeeded in converting ponderable matter into conscious acts, and never will any one succeed; because ponderable matter remains such in spite of all possible combinations or decompositions by mechanical or chemical art, in consequence of physical laws; and likewise will remain what they are, the realities of our consciousness, whatever we may call them. They may be multiplied *ad infinitum*, and may attain the highest and clearest grade of consciousness, yet they never will assume the character of ponderability or extension in space. We have, therefore, in the twofold development of man a difference, it seems, not merely in *grade* but in *kind;* a growth which produces ponderable masses and extension in space, and a growth which produces conscious realities. The development of man to a ponderable mass and extension in space we call his *body*; his development to conscious realities we call his *soul:* two entities essentially different—the first being recognizable by our senses, and therefore a fit object for observation to the physiologist; the second, recognizable only through and by itself, an object of observation for the psychologist. Soul and body, although essentially different, are yet united in the most intimate connection! This relation between the two is one of the most interesting subjects of thought; of

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which, however, I can in this place give only some short explanatory hints. Let me pursue again the way of experience. From experience we know that what we have *seen* or *heard* remains more perfect in the mind than what we have perceived by the other senses. Light and hearing are, in fact, the basis of all science; we call them the higher senses. The lower senses—smell, taste, and feeling—do not produce mental realities of such clearness of consciousness; science cannot make them available for definite classifications. Even Linnæus did not succeed in classifying the plants according to their flavors and savors. Still lower, however, in their ability to produce conscious mental acts, are the so-called vital senses, which we find in connection with the organs of respiration, circulation, digestion, and locomotion. They form conscious acts only when they are strongly or morbidly excited, as for example in cases of asthma, fever, colic, or great muscular exertion. Experience teaches, therefore, that the senses of man differ greatly as to their ability to produce consciousness; an ability which in the higher senses results in scientific distinctness, whilst in the lowest it produces mere vague sensations. Thus the soul is a system of psychical forces distinguishing themselves by various degrees in their capability of producing conscious products.

Like the soul, the body, or what is the ponderable development of man, must be considered as a system of forces. The distinction between matter and force can not be made. There is nowhere dead matter; and forces *per se* within matter have never been found. *Force and matter are one and the same thing;* and what we call matter is nothing but force, or a union of forces, which appear to our senses as something long, broad, thick, heavy, corroding, mild, burning, cooling, or otherwise. The body of man, then, is likewise a system of various bodily or ponderable forces, which constitute its bones, muscles, vessels, nerves, its blood, and its gases. Viewing the composition of man in this way, as a union of forces, much of the difficulty of understanding the relation of soul and body is taken away. Force is now united with force, and

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acting upon force, and the insurmountable obstacle in the explanation of a union between psychical forces and dead matter is altogether obviated. We may now understand more easily why bashfulness is capable of driving the color to the face, and fright, out of it; why bodily exhaustion may slacken mental activity, and bodily well-being heighten it. It is forces acting upon forces, higher upon lower, or lower upon higher, a continual interchange or exchange of mobile elements all related to each other as forces.

We, as Homœopathicians, have a particular interest in observing these intimate relations of psychical and corporeal forces upon each other, because in them we frequently find the key for the selection of the proper remedy in a given case, or, as Hahnemann expresses it in his Organon, § 211: "*The moral state of the patient is often that which is the most decisive in the choice of the homœopathic remedy.*" There is scarcely a remedy of our Materia Medica which does not show this intimate relation; and it is my intention to speak now more fully of these mental symptoms.

Already in my lecture on subjective and objective symptoms I have explained the difference between internal and external perception. Those internal realities which are characterized as conscious acts, we perceive by means of internal perception *as they are*, whilst all external things we perceive, by means of the senses, merely so far *as they are capable of affecting the senses.* External perceptions are, therefore, altogether limited by the nature of our senses. What lies beyond the region of the senses we can never reach by them. Into the inner nature of a thing they never penetrate, because this thing forever remains another entity, never wholly assimilable by our senses. Gravogl defends Argela's views. Internal perception, on the other hand, consists in the conscious coexistence of a single mental act which we perform, and the aggregate of the simile of many such similar acts previously performed, which sheds all its concentrated light of consciousness upon this single act. It thus yields a cognition of the act itself by its own multiple simile; it is a self-perception, where neither senses nor outward objects are intervening;

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or, in other words, it yields a *knowledge of identity* between what perceives and what is perceived, whilst a perception by means of the senses gives only *a knowledge of effects and appearances.* This alone insures the importance of all such symptoms which we can get hold of *only by internal perception.* They are utterances of abnormal actions which lie out of the reach of all objective ocular, aural, manual investigations.

Then as regards the *mental* symptoms in particular, they properly belong to this class, although many of them also appear objectively to the observer by the actions of the patient; as, for example, the great obstinacy of a usually yielding disposition; the peevishness and naughtiness after sleep which a patient may exhibit, without even being himself clearly conscious of it; the delirious or confused state of mind, and the like, which may be expressed by words or actions. Still, that does not alter their nature, their capability of being recognizable by internal perception. They are all utterances in the sphere of man's conscious developments. This sphere is much wider, however, than is usually attributed to mental symptoms proper. It comprises all subjective symptoms; includes, consequently, also those which in the common way of thinking are considered as bodily symptoms. But in order to bring clearness into this great heap of mixed up symptoms, let us go step by step and consider, first, those which are properly called *mental symptoms.* Upon first sight, the symptoms of our Materia Medica which belong to this class seem to be a mass of symptoms of great confusion. Whilst bodily symptoms are all nicely arranged under the different parts of the body, the mental symptoms are treated of under the headings of "Mind and Disposition and Sensorium," without even the slightest attempt at a scientific arrangement of the same. Is such an arrangement or classification possible? *Surely,* I should think, if we have to deal with conscious realities. How is it to be done? We must look closely at the various symptoms, and lay together what seem similar, and keep asunder what are dissimilar. In this way we gain single groups, until at last we have suc-

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ceeded in grasping the whole lot. It may be there are still some bats flying among the birds; but what of that? The full daylight will chase them away as soon as it dawns.

Imagine, then, before you a big heap of mental symptoms, all single, cut up on nice slips of paper. You put your hand in them, and draw from amongst them perhaps symptoms like these: "All senses are more acute; the slightest noise is unbearable; great sensitiveness of general feeling; smell lost; taste gone, etc." Here you have symptoms which express clearly the manner in which the senses act. Such and similar symptoms might, therefore, be easily arranged under the heading of *action of the senses*. As, however, it is very often quite difficult to decide whether such abnormal functions of the senses have their cause in an abnormal state of the primal faculties of the mind, or in an irregularity of the organs of the senses, it is by far better to drop such and similar symptoms here altogether, and detail them under the respective sensory organs and their functions.

Another group may furnish symptoms like these: "Clear consciousness; unconsciousness;" "she forgets what she was just saying," which means that what she now is conscious of, is immediately afterwards lost to consciousness; "he cannot think well," which means that the ideas which are necessary for an intellectual operation do not come forward; "ideas and projects crowd upon his mind," which means that mental modifications of ends and means are very readily, and even abundantly, at hand; "his imagination is very prolific, or slow," which means that mental modifications which are characterized by a peculiar freshness and vividness, are either abundant or scarce. All these symptoms, we see at once, belong to the intellectual sphere of man, and we might at once commence and arrange them as *first class* under the heading of *sphere of cognitions*.

Another group may furnish symptoms like these: "The child wants now this, now that; he is disinclined to work; strong inclination to run away; he is talkative; he laughs, talks, sings; he avoids company; he is lazy; he is quick in motion; hasty," etc.

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Here it is clear that they all express psychical modifications of a *conative character* which means a striving or tending to action, or action itself, and we might arrange them and all similar symptoms as Class II., under the heading of *sphere of conation.*

Still another grasp may bring forth symptoms like the following: "He is cheerful, merry; he feels strong and well; he is sad, feels troubled, is sorrowful, anxious, apprehensive, uneasy, timid; he is serious, grave, indifferent; nothing makes any impression upon him; he is joyless."

These symptoms denote clearly a third class, which we at once recognize as *feelings*, and which we might, therefore, arrange under the heading of *sphere of feelings.*

Still another grasp into the heap of symptoms may bring to light symptoms like these: "He is tender; he is bold, daring, wild, unruly; resolute, determined, courageous; or irresolute, suspicious, wavering, yielding; he is out of humor, in ill humor, peevish, sullen; capricious, freakish; discontented, vexatious, fretful, irritable; he easily gets into a passion, is angry; distrustful, jealous, scornful, disdainful, mocking," etc.

This group undoubtedly borders near on to the sphere of feelings, and yet differs entirely from it. To show this, let us consider some of the above symptoms in particular. "He is tender, or tender-hearted," means, there exists a *feeling* of love or affection towards others, which at the same time is closely combined with an inclination or a striving or tending to shield its object from harm, and to bestow all possible good upon it; tenderness, then, is both feeling and conation. The same is the case with boldness, daring, resoluteness, courage, all of which are characterized by a feeling of strength and a tendency to apply this strength. So has the man who is in ill-humor, or peevish, sullen, capricious, freakish, discontented, fretful, irritable, or angry, etc, a feeling of pain or unpleasantness which he tries to make felt by others. The one who is irresolute, suspicious, wavering, fickle, changeable, has a feeling of weakness, and thus the tendency to action which is combined with it does not de-

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velop into decisive action; or the feeling of strength which the fickle one may possess is divided over too many objects, and thus he is drawn now in this and now in another direction, preventing likewise a steady, consummate action. And so it is with the rest of the symptoms mentioned in this group. They are all mental modifications which consist in a combination of feeling and conative force, and which, therefore, we must arrange as a *fourth class*, under the heading of *sphere of feelings and conation combined.*

A last grasp may bring out symptoms like these: relaxation, exhaustion, enervation, vividness, excitation, restlessness, etc.

These all denote a more general state of mind, and as such we must arrange them as a *fifth class* under the heading of *sphere of general states of the mind.* In this way we gain *five* main groups of mental symptoms: the sphere of *cognition*, of *conation*, of *feelings*, of *feeling and conation combined*, and of *general states of the mind*, a classification based upon the very nature of the different modifications and manifestations of psychical life, as recognizable to inner perception.

But I must go still further and show you the practicability of classifying mental symptoms still more in detail, otherwise we might just as well leave the old confusion as it is.

First, then, the sphere of *cognition* divides naturally into *reproduction* and *production.*

Reproduction embraces all symptoms which speak:

1. Of *consciousness* in general, whether it is clear or dim, partially or totally gone, etc.

2. Of *memory* in its different forms, as good, bad, weak, short, etc., as forgetfulness, as want or loss of memory, etc.

3. Of *recollection*, as clear, vivid, or how different ideas rise into consciousness involuntarily, even against our wish, and maintain themselves in this condition, so that we cannot get rid of them; or the act of remembering ensues slowly, difficult, or not all; or diffuses itself over too many objects at a time, so that none get the necessary clearness of consciousness, and cause wandering of mind, absence of mind, want of attention, listlessness, cause incorrect speaking,

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writing, reading, errors in time, mistakes in business, awkwardness in moving, etc.

Production embraces:

1. *The understanding or intellect* as acts of thinking, judging, comparing, reasoning in excited or depressed, correct or faulty evolutions from clear thinking, making projects, etc., down to imbecility and stupidity of mind.

2. *Imagination*, as a process of forming new combinations of ideas, correct or incorrect, of a more or less vivid character, up to delirium, hallucination, craziness.

Secondly, the sphere of *conation* represents itself naturally:

1. *As a desire for* this or the other, as wishing, willing, craving, inclination, passion, etc; or,

2. *As an aversion to* talking, society, being left alone, work, business, etc.; and,

3. *As actions*—for instance, jumping out of bed, dancing, laughing, hallooing, screaming, biting, etc.

Thirdly, the sphere of *feelings* divides itself naturally into such as are:

1. *Of an agreeable, pleasurable nature*; in short, *feelings of pleasure*, as, for example, contentedness, satisfaction, hope, happiness, joy, cheerfulness, mirth, gladness, merriment, delight, etc.

2. Such as are of a *disagreeable or painful nature;* in short *feelings of pain:* such as sadness, grief, melancholy, anxiety gloom, despair, etc.; and

3. Such as as are of an *indifferent nature, neutral feelings* we might call them; like earnest, indifferent, unsympathizing, apathetic, etc.

Fourthly, the sphere of *feeling and conation combined* is readily divided into such as are characterized by

1. Either *a feeling of pleasure or strength*, such as tenderness, amiability, friendliness, kindness, daring, mildness, resoluteness, courage, firmness, perseverance, confidence, stubbornness, etc., or such as are characterized

2. By a *feeling of pain or weakness*, like wavering, irresolute, discouraged, timorous, disheartened, cowardly, ill-humored dissatisfied, discontented, displeased, peevish, whimsical, capricious, freakish, sullen, impatient, irritable, angry, etc.

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Fifthly, the sphere of *general conditions of the mind*, denotes either *exaltations*, like vividness, excitement, intoxication, restlessness, frightfulness, etc.; or *depressions*, like exhaustion, fatigue, weakness, dulness, etc.

To all this I have yet to add *dreams*, which are likewise mental symptoms. They present more or less nearly the same characters, and are capable, therefore, of a similar classification.

Thus we see that mental symptoms, properly so called, are, by means of internal perception, indeed capable of a classification no less exact and scientific than those which we possess of external objects by means of external perceptions; and there is no reason why these all-important mental symptoms should continue to be huddled together in unscientific confusion.

But I am not done yet. I have already intimated that man is a union of forces; of physical and corporeal forces; the first characterized by their ability to develop into conscious acts, the latter into circumference and weight; but still they are forces, and thus, as forces, continually act one upon the other, by a continuous interchange and exchange of mobile elements. We see, therefore, the phychical forces gradually falling off in their capability by producing unconsciousness, until they finally blend almost indistinguishable into bodily forces. For we meet developments which in the common way of thinking and speaking are regarded as bodily evolutions. But even here we find some discrepancy as to their proper placing. Whilst, for instance, hunger and thirst are considered as purely belonging to the body, even the common understanding classifies *particular* desires, cravings, or aversions, into some connection with the mind. As long as respiration, circulation, digestion go on normally, we scarcely take cognizance of them at all; yet, when they are disturbed by depressing or exciting influences, we at once become conscious of such changes, and thus internal perception reaches also the forces and developments of the body, and blends mental and bodily evolutions into one intimate communion. Now, if this be so, we must at once admit that these bodily

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symptoms, usually called subjective symptoms, recognizable by internal perception, must likewise be capable of a classification similar to the symptoms of the mind, and thus I come back to what I have referred to already, that the sphere of symptoms of conscious developments in man is much wider than is usually allotted to mental symptoms proper; that it comprises *all* subjective symptoms, and consequently includes all those which, in the common way of thinking, are considered as bodily symptoms. To make good this assertion, it becomes my duty to actually apply the above classification to these symptoms.

First, then, *the sphere of cognition* is represented by a class of subjective symptoms which give us a kind of knowledge of certain bodily processes. We may subdivide them:

1. Into such as represent a kind of *bodily consciousness*, in symptoms like stupefaction, stunning pain, dimness, cloudiness, dulness, obtuseness, insensibility, painlessness, deafness, numbness, deadness, as if gone to sleep, torpidity, rigor, as being made of wood, as if paralyzed, unwieldiness, inflexibility.

2. Into such as are *bodily sensations*, like dizziness, giddiness, nausea, qualmishness, sensation of cold in the blood-vessels, burning in the blood-vessels, burning heat, heartburn; pain as if beaten, as if bruised, as from contusions, as if lying on a hard board, as of festering, as from concussion, as if sprained; growing pains, obtuse dull pain, labor-pain, labor-like pain; dragging, straining, pressing, like a hoop or band around, as if parts would burst or be pressed asunder; stifling, choking pain, twisting, contracting, screwing together, turning, writhing, piercing, boring; rooting pain, digging, griping, squeezing, cramping, as if from a stamp-iron; (?) pinching pain, nipping, compression, prickling, pecking, itching, tickling, tingling, creeping as of an insect gnawing; smarting, biting, corroding, scraping, as if burnt, soreness; pricking, sticking, stitch-like pain, shooting and darting pain; tensive, tugging, as if pulled by the hair, as being drawn, tearing, rending, cutting; like shocks, jerks, pulsating, beating, throbbing, hammering, chopping pain.

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Second.—The sphere of conation is represented by symptoms which express:

1. *A longing or desire for, or inclination to* light, all sorts of food or drinks, to evacuate the bowels or bladder, to have sexual connection, to be carried about, to move about, to sit down, to lie still, to keep quiet, laziness, desire for open air, inclination to stretch, to uncover, etc.

2. By symptoms which express *an aversion* to light or darkness, eating or drinking, to the open air, to moving, to washing, etc.

Third.—The sphere of feelings are either:

1. *Feelings of pleasure*, such as comfortableness, of being easy, of recovering, of vigor and strength, or

2. *Feelings of pain*, like oppression, anxiousness, restlessness, of being sick, wretched, unwell, indisposed, heavy, fatigued, exhausted, feverish, etc.

Fourth.—The sphere of feeling and conation combined is represented by symptoms like these: loathing, sickness of the stomach, hunger, thirst, feeling uneasy, and encumbered by clothes, etc., and

First.—The sphere of general bodily conditions is divided:

1. Into *exaltations*, like nervousness, nervous excitement, irritability of the body, susceptibility to pain, sensitiveness, and

2. *Into depressions*, like want of irritability, lassitude, laxity, weakness, adynamy, debility, frailty, disposition to catch cold, and the like.

The short expressions of symptoms for this classification I have taken from V. Bönninghausen's Pocket-book. I do not pretend, therefore, to having given a complete classification of all the subjective symptoms. Furthermore, it will be obvious that this classification does not reach the same clearness of distinction which mental developments properly so called are capable of, because the primal faculties out of which these latter symptoms grow have not the same capability of developing consciousness to such a degree as the higher senses possess; and therefore we find that the expressions by which we signify such symptoms, are to a great extent bor-

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rowed from external perceptions. Nevertheless, what I have given shows clearly an approximate fitness of these symptoms for such classification, and therefore an internal relation of mind and body which is limited only by the nature of those primal faculties or forces the different systems of which make up the whole human being.

Gentlemen, I fear I have taxed your patience rather severely; but medical science cannot always be flowery, and especially if we undertake to deal with symptoms, the number of which increases from day to day in a degree which has already frightened many a one from the investigation of our Materia Medica, it becomes absolutely necessary that these symptoms should be classified scientifically; and especially so of mental symptoms, which thus far have been recorded without any *attempt* even at scientific classification.

I hope to have convinced you that such classification is possible. But to do the work requires hard and patient labor, and *if done, requires men who would appreciate such a work.* Had I been sanguine enough to offer a repertory of mental symptoms on such a plan, as I have prepared one for my own use some twenty years ago, and had I found a bookseller foolish enough to publish it, it surely would have raised a simultaneous cry of all the A B C scholars against itself, would lie still on the shelves of the publisher, or would long ago have undergone a radical transformation in the paper mill. Certain works require scientific minds, to be appreciated. Only after we have learned to *read* may we dispense with spelling-books, and as we grow older in our science, more scientific works will not only be comprehended but also demanded. Gentlemen, I may sincerely congratulate you, for here you will find the best opportunities to learn to *read.* Let me trust, therefore, that in you we shall gain members of the profession who will not only appreciate, but also make scientific efforts!

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General Record of Medical Science.

Plumbum-Iodatum in Diphtheria. By Dr. SCHAESSLER, of Oldenburg.

Last year already I recommended Plumbum for diphtheritis; since then I have used it in a great many cases successfully, except when the larynx became severely affected; and in order to contravene this, I modified my treatment, and joined the Iodine to the lead, and now I feel perfectly satisfied in giving the remedy in the 9th to 12th potency. I am strictly opposed to all local treatment, as gargling with Alcohol or insufflation of Sulphur, for homœopathy cures without it in a far better manner.

According to my opinion the diphtheritis of the colon, the genuine dysentery requires no other remedy than the faucial and pharyngeal diphtheritis. Hartmann already recommended it for dysentery, but only when the stools consist of pure blood, but I intend to use it against the putrid form.

A. H. Z.

Rubini, of Naples, recommends Matico, $\frac{6}{3}$ drops three times a day in water, for discharges of prostatic juices with slight erections and some sexual irritation.

Notes of the Semi-Annual Meeting of the State Society at Rochester, Sept. 13, 1870.

The semi-annual meeting of the New York Homœopathtic Medical Society was held at the Court House in Rochester, Sept. 13, 1870. The small, but commodious Supreme Court Room, which was assigned to the Society, was completely filled, and the Society was called to order by L. B. Wells, of Utica, President, at eleven o'clock. After prayer, the President delivered a short, but pithy address of welcome and congratulation.

The Secretary, Dr. Paine, of Albany, took the names of members present, numbering about sixty.

A business committee was appointed, consisting of Drs. Fisk, Whitney and Jones.

Pending the report of this committee, volunteer papers or cases from practice were solicited, and the Society was soon engaged in an animated discussion of PUERPERAL CONVULSIONS.

This discussion was participated in by quite a number of members, one man recommending Morphine and Chloroform, another creating the sensation of the morning by stating his belief in the efficacy of BLEEDING.

Both of these men were formerly Allopathic physicians, and one of them recently from Michigan, where they treat fever and ague with Quinine and Fowler's Solution of Arsenic.

Two photographs of monstrosities were presented, with brief histories of each; one by a physician from Troy, the other by a physician from Batavia.

Dr. O. C. Parsons, of Newark, Wayne County, N. Y., after deprecating the advocacy of bleeding, Chloroform, and Morphine, by one or two gentlemen

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in the discussion of puerperal convulsions, gave a history of several very interesting cases cured by high attenuations.

At one o'clock the meeting adjourned for lunch.

On reassembling at 2 P. M., the Committee on Business reported, and the "topical application of remedies in uterine disease" became the subject of discussion. No new facts were elicited.

The high attenuations of Dr. O. C. Parsons, whose cases were given as a sort of offset to our brother who advised bleeding and Morphine in the morning session, had begun to work, and Dr. Lyman Clary, of Syracuse, had the floor. Whatever effect Dr. Parsons' high attenuations had shown on his patients, they certainly had affected Dr. Clary very seriously. He had the floor nearly all the first third of the afternoon session, trying to disprove and throw ridicule upon Dr. Parsons' *facts* by the vagueist *theories*, and citing his long experience, to which Dr. Parsons, in each case, replied by citing *new facts*. The *only* fact adduced by Dr. Clary was the failure of Dr. John Hornby's cure of hernia in his own person by the use of Nux-vomica ^{200}. But even this case the Doctor acknowledged was benefited for six months.

The general impression among the members seemed to be that Dr. Parsons' *facts* were worth more than Dr. Clary's theories.

Dr. Peer, of Rochester, gave the particulars of a surgical case, the principal features of which were the extensive injury and long subsequent exposure. The case was that of a boy run over by the cars and exposed all night. He recovered finely after an amputation. Dr. Bugler gave a successful case of treatment for caries of the ulna by homœopathic remedies.

About the middle of the afternoon, the papers having all been disposed of, the Society resolved itself into a *class-meeting*, the Chairman being the leader.

He began on his right, requesting the first gentleman to state the prevailing diseases in his locality during the past six months, and the most successful mode of treatment. In this manner every member of the Convention was briefly heard from, and a mass of useful information obtained.

Intermittent fever, dysentery, measles and scarlet fever stood in the order written.

Intermittent fever prevailed very extensively at Buffalo, and was of a very severe type. There had been some of it in Albany, attributable to the spring inundation, and in New York among those who had spent a portion of the time during the summer out of the city in miasmatic localities. It had been easily controlled, except in Buffalo.

Dr. Whitney, recently from Michigan, gave a formula used in that State which he had never known to fail, though it was not given as a *purely* homœopathic prescription. It is as follows:

R. Sulph. Quinine gr. xxxij
Acidum Sulphuric. gtt. q. s.
Sol. Ars. Fowlerii gtt. lxxxiv
M.
Dose 8 drops every 3 hours.

Dysentery had prevailed in Bath, Steuben Co. Tinctures of Aconite and Nux-vomica had controlled it.

Measles were prevalent, there having been 400 cases in and about Le Roy,

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Livingston County. At this point an interesting case of dyspepsia, resulting from measles suppressed a year ago, was related. Pulsatilla brought out an eruption on the second day, which proved to be measles, and the dyspepsia was cured from that time.

Scarlet fever had prevailed in some portions of the State, but had been amenable to treatment.

In the evening an able address was delivered by Judge Chumasero before the Society, in Washington Hall, where a fine audience assembled.

At the close of the address the Society were handsomely entertained by Drs. White and Sumner, at their residence.

The general feeling was that the session, though *short*, had been exceedingly *sweet*. The class-meeting feature of the afternoon session gave especial satisfaction; and no one who attended the meeting went away without feeling that he had received some new and valuable hints.

It was observable that the attendance from points east of Utica was very small, there being only *three* from Albany, and a single one from New York, while points along the Hudson between these had no representatives whatever.

Homœopathy in Spain.

Programme of prizes proposed for 1871 by the Hahn. Soc. of Madrid, Spain: 1. By the Hahn. Soc. for the best essay on "Synthetic and comparative study of Apis, Crotalus, Lachesis, and Tarantula." Payment of 2,000 reals ($250), the title of corresponding member, the honor of merit and the publication of the memoir in the official journal of the Society. The second best essayist will have the same honors conferred upon him, minus the money prize.

2. By Dr. Alvarez Gonzalez for the best essay on "Helminthiasis, its causes, varieties, different diseases produced therefrom in children, and its homœopathic treatment." A cash premium of 1,000 reals ($125), and the Society offers the same honors to the victors and the publication of their essays.

3. By Dr. Vicente Querol for the best essay on "History of the itch (tiña), from the remotest antiquity, its seat and different forms, its complications with syphilis and sycosis; is it a form of psora or not? if not, give the complications with psora. Hom. treatment of its different forms and complications." A cash prize of 1,500 reals for the best essay, and 500 reals for the second best essayist. The Society confers the same honors on the successful authors.

Tiña, scab., I am not certain, if it means scabies (sarna) or tetters (sarpullido, empeine.) It may mean any herpetic eruption in general.

The memoirs may be written in Spanish, French, Italian, English, or German, and must be directed to the "Secretario-Generale de la Sociedad Hahnemanniana Matritense, calle del Clavel, No. 4," before New Year, 1871, accompanied by a sealed envelope, containing full name and residence of the author, and the motto corresponding to the manuscript.

The envelopes of the unsuccessful memoirs will be burned without being opened. All memoirs remain the property of the Society.

The prizes will be awarded at the public session, April 10, 1871, and the successful candidates may present themselves personally or by proxy.

DR. PAZ ALVAREZ, Secretary General,

(*El Criterio Medico*).

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Homœopathic Hospital in Paris.

Hahnemann Hospital, No. 26 rue de Laugier, Paris, France.

Honorary Presidents.—Leon Blondel, senator; Dr. Comte Henry de Bonneval; His Excellency Dr. Marquis de Nunez; Dr. Quin.

President.—Dr. Comte Davet de Beaurepaire, consulting physician.

Vice-Presidents.—Prince Alexander de Soutzo; Baron Claybrooke; Messrs. Piccioni, Lenormand, and de Bellio.

Medical Staff--Honorary Presidents.—Drs. Dellavallade, Perussel père, and Dr. Lisgre, hospital physician at Roubaix.

Presidents.—Drs. Chancerel père and Jahr, consulting physicians.

Vice-President.—Dr. Serrand, consulting physician.

House-Physicians.—Drs. Boyer, Chancerel fils and Desterne.

Secretaire-General.—Dr. Leon Simon.

Treasurer and Librarian.—Dr. Rafinesque.

The Sisters of St. Vincent de Paul have been installed as nurses of the hospital. Its formal inauguration took place, prefaced by divine service, on Hahnemann's birthday, and a general reunion of the different committees and the lady patronesses at the house of Dr. Leon Simon closed the pleasant festivities of the day.—*Hahnemannisme.*

Policlinic of Leipzig, 1869.

Patients, 3,953; cured, 1,736; improved, 366; 1,072 were only once present; 738 remained away without giving final result; 26 changed to other treatment or departed; 9 died; and 449 are now under treatment.

Hospital of the Sisters of Mercy at Gumpendorf, Vienna, under the direction of Dr. Rothhausel. During 1869, 1,194 patients were treated; 1,015 were cured; 65 improved; 18 left not cured; and 95 died; 7,400 patients were treated outside the hospital.

In the small *private hospital at Munich*, Dr Bodmer treated 71 patients during the year 1869; 54 left the hospital cured; 6 improved; 2 not improved; 2 went in the general hospital; 6 died; and 1 was brought in moribund.—*Populare Zeitschrift der Hom. No.* 1.

Physiological Action of Absynthe (Artemisia-Absinthium).—Two young physicians in Marseilles, members of the Société Thérapeutique, have found that, if a small animal like a kitten, or rabbit, or a guinea-pig, is put under a bell jar, and with it essence of Absynthe in a saucer, such animals soon become restless, and want to escape from the deleterious atmosphere. After a while they fall over on one side; their extremities, at first stiff and immovable, begin to twitch convulsively; they foam from the mouth, and the epileptic paroxysm is followed by general malaise. But if the animals are put under a bell jar containing only alcoholic fumes, they become at first excited, reel about, and fall then quietly to sleep. Whereas Alcohol only intoxicates, the Absynthe produces epilepsy.—*Bibl. Hom.*

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Buchsine (La-Bussine).—An extract of the leaves and roots of the box-tree, prepared by the Italian chemist Pavia, was used in six hundred cases of miasmatic fevers of every kind, by the Drs. Tibaldi, Buzzoni, Viteli, Tiraboschi, Senna, Albani and Mazzolini, and Dr. Cassati experimented with it in intermittent fever. Of six hundred cases he cured 535, or 75 per cent. (Chinin gives 80 per cent.), and several cases obstinately resisted the Buchsine as well as the Quinine; other cases again were cured by the Buchsine which had resisted Quinine. 1 gramme Buchs. sulph. in one potus during the apyrexia, commonly sufficed to break the fever. If taken in too large a dose, it produces oppression in the stomach, pyrosis, excessive thirst, vomiting, diarrhœa, vertigo, surring in the ears. In malignant intermittent, Cassati prefers the Chininium, but in mild cases he advises the use of the Buchsine, as so much cheaper.—*Wr. Med. Wochenschrift and Klinik.*

Tidy has discovered two new methods to find even the slightest trace of albumen where other well known reagentia fail. His first method is, to combine equal parts of Glacial Acetic Acid and Carbolic Acid. To get the right proportion we need only add a little water, and shake the mixture. If it remains clear, then the proportion of both Acids is correct; if not, add Acetic Acid till the mixture becomes transparent. This fluid is a very sensitive reagent on albumen. His second method is, add to the fluid to be examined 10 drops Alcohol (sp. gr. 0.805), and shake the mixture perfectly but slowly, in order that it should not foam. Add ten drops Carbolic Acid, and shake well. After standing a minute or so, spots will appear in the mixture, if it contained even a trace of albumen.—*Monatsch. d. A. H. Z.* 1.

"La Scuola Medica Italiana di Medicina Omeopatica" is the name of a new homœopathic monthly, appearing in Florence, Italy, under the editorship of Drs. G. E. Mangozzi and G. Liberali. Its first number gives a short history of Homœopathy, and of Hahnemann, an article on croup, by Dr. Fiorini, of Rome, and in its chronic an olla podrida of the different colleges of the U. S. A.

Dr. Quarez suffered for three days from a continual singultus in spite of all the remedies applied. His wife gave him now an infusion of mustard (teaspoonful mustard to four ounces in hot water). He drank a teacupful, and the hiccup was gone. The Doctor has since tried it on several of his patients with the same favorable result.

Guyot succeeds in breaking up the sweats of consumptive patients by giving large doses of Phosphate of Lime (between 2-6 grammes daily).—*Bullet gen. de Ther., Nov.* '69.

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Dr. Christman observed in a girl suffering from enlargement of the spleen, and profuse hæmorrhages of the nose and genitals and from colliquative sweats, that Secale, given against the hæmorrhage, removed also the latter. He has satisfied himself from this and other cases that Secale cornutum exerts a decided effect on the diminution of the sweats. He gives four times a day 0,48-0,60 grammes.—*Wurt. Cor. Bl.*, No. 20.

Prof. Falk gives Lithium-carbonicum, 1 to 2 grain doses every two hours, against arthritis, and succeeded in cases where Colchicum, Antim.-tart., and Tinct. Iod. had failed. The chemically examined urine showed that seven times as much Lithium-carb. was passed as the patient had taken.

Reviews and Bibliographical Notices.

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1. *Annual Record of Homœopathic Literature.* Edited by C. G. RAUE, M. D.; assisted by Drs. T. F. ALLEN, T. BAC-MEISTER, G. W. BARNES, J. B. BELL, J. W. BLAKELY, H. B. FELLOWS, O. B. GAUSE, E. M. HALE, A. H. HULL, C. HERING, F. G. HOUARD, T. S. HOYNE, R. KOCH, S. LILIEN-THAL, F. A. LORD, R. S. MCCLATCHEY, M. MCFARLAN, H. MINTON, W. E. PAYNE, O. RING, G. R. STARKEY, C. WESSELHAEFT. New York: BOERICKE & TAFEL, 145 *Grand street*; San Francisco: 234 *Sutter street*. 1870. Large 8vo., pp. 146*; Statistics, pp. 80.

The value of medical journals was first demonstrated in the city of New York in the year 1796.* Within the three-quarters of a century nearly closed, we had quarterly, monthly, and weekly periodicals of various degrees of merit. For many years now semi-annual compilations, called "*Half-yearly Abstracts*" or "*Retrospects*," designed to preserve permanently the most valuable articles, have been published and extensively read. In order to winnow still more closely the large mass of medical literature, and thus to concentrate into a still more compact form the most valuable products of each succeeding year of co-operative labor, a new enterprise has now been inaugurated in the "ANNUAL RECORD OF HOMŒOPATHIC LITERATURE."

The publishers' share in this work is certainly well performed. The *binding*, the paper, and the printing come up to the demands of the most fastidious

* See North Amer. Journal of Homœop. First series. Vol. XIII., p. 268.

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critic. The day of sore eyes, aching ophthalmic nerves, and swimming brains, caused by vain efforts to read blotted words, printed from infinitesimal type, on coarse brown paper, is surely past. The men who have worn out eyes, once good, in such exercises are not all gone from among us. A good lawyer and judge, not yet old, now tells us that earth has not been "all dark" to him; but it has not been "so bright as it would have been" if he had not been compelled to wear out his young eyes over an "old, dimly printed Greek dictionary," which had already performed the service of blinding both his "father and his grandfather."

The *Annual Record of Homœopathic Literature*, having appeared before us in a faultless dress, presents the following claims to our respectful consideration:

1. "That Homœopathy, though many times pronounced dead, still enjoys life, and does a remarkable amount of good."

2. "The harvesting of the last year's efforts, which show a decided stride onwards towards perfection."

3. The "many valuable hints" which have been presented during the year, which "have long since been drowned in the turbulent flow of practical life," will here be found "all collected, easily accessible, and without much talk. This is the *direct* use of this book; but, as in scientific experiments, a negative answer is frequently just as important as an affirmative one, this volume will also show in what particular points we are still wanting. If it thus induce some or many in the future to fill up these gaps, this book will also fulfil a great *indirect* use."

The aim, then, of the Editor and his collaborators has been the gleaning up of the largest number allowed by their space, of the most valuable practical facts and suggestions furnished by the medical literature of the year 1869. These facts and observations are given "in a short and concise manner, with the names of the authors, and the place, journal, and page where they may be found, and without critical remarks," the original authors being responsible for their facts and theories; the collectors, for the wisdom displayed in making their selections.

The portion of the volume devoted to *Materia Medica* which will be studied carefully and often referred to, is the work of the veteran Dr. Hering. The section on *Practice* is accepted by Dr. Raue as a valuable supplement to his own work on "Special Pathology and Diagnostics." Dr. T. F. Allen, of the New York Ophthalmic Hospital, is responsible for the chapter on *The Eyes*; and Dr. M. MacFarlan, of Philadelphia, for the *Surgical* department. The analysis of individual journals and Society Transactions has been intrusted to competent men, each of whom is in some way interested in or quite familiar with the work he was required to review.

Passing from *Surgery* we begin with *Theory* at page 346; *Posology*, page 365; *Climatology*, 375. Other headings are: *Physiology, Chemistry, Homœopathic Literature*; *List of Homœopathic Publications* for 1868 and '69; Index; List of Remedies; List of Authors; and, finally, a *Homœopathic Medical Directory* for the United States, South America, Great Britain and Ireland, France, Belgium, Denmark, Holland, Italy, Norway, Poland, Moldo-Valachie, Turkey, Portugal, Russia, Spain, Sweden, Switzerland, Germany. We have also further

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pages filled with the names of Homœopathic Hospitals, Societies, and periodical publications.

Such is an outline view of the contents, varied and valuable, of this elaborate compilation. Its great utility will be acknowledged by all homœopathists; its precise merit will be best appreciated by those who claim to adhere most closely to "straight-out Hahnemannianism." The editor and co-editors have no sympathies in common with those who are willing to rely upon remedies given in *crude form*, *massive doses*, in *alternation* or in *combination*. In a few points our constituents who carry on the war against disease in hot and dry seasons in perilous longitudes and latitudes below 45°, will regret the little progress made by science in a whole year in the treatment of malarious fevers. The compilers have thought *three* pages a sufficient space to devote to that subject; the men who have to meet that lion in his own den (a very large one) will not think so.

Errors discovered in the Directory will be corrected in a future edition.

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2. 1. *Maternity, a Popular Treatise for Young Wives and Mothers.* By TULLIO S. VERDI, of Washington. New York: J. B. FORD & Co., 1870. 2. *The Ladies' Homœopathic Manual.* By E. H. RUDDOCK, M. D., with notes and additions by R. LUDLAM, M. D. Chicago: C. S. HALSEY. 1870. 3. *Conjugal Sins against the Laws of Life and Health, and their Effects upon the Father, Mother and Child.* By A. K. GARDNER, A. M., M. D. New York: J. S. REDFIELD. 1870. 4. *The Preventive Obstacle, or Conjugal Onanism.* By BERGERET. Translated by Dr. DE MARMON. TURNER & MIGNARD, New York.

The works of Verdi and of Ruddock deserve a place in every lady's boudoir. Printed on the very best of tinted paper, bound in a neat and pleasing covering, they seem to invite our friends to a cheerful conversation, while perusing their valuable contents. Yes, let all women study medicine, more or less, according as their time or inclination allows; let the whole sex become fully acquainted with the state of the body in health and in sickness, and we can safely hope that maternity will be a pleasure to them, instead of a burden; and that books like Nos. 3 and 4 will become unnecessary, for virtue must gain the victory over vice.

Ruddock's Manual was popular already in its original English dress, and without flattery to Prof. Ludlam we may say, that his additions, although very sparingly given, enhance its value. It is not ponderous, which is another advantage, for of most hand-books and manuals it may be said, they are so explicit and so scientific that people do not understand them, and we are glad to note Ruddock among the exceptions. The remedies are given in a clear and concise style, and although we missed our new remedies nearly every-

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where (and this even in a Chicago edition), still we agree, that little and well done is better than too much, which leads only to confusion.

Now, we do not want to be understood that Verdi has given us too much of a book, for I think the younger members of the profession may be greatly benefited by such readings; showing them all the adjuvantia, for which they would look in vain in their class-books. We would like to call especial attention to the fifth and sixth parts, "Moral and Physical Training of the Young," and "Food," which are written in a plain, forcible style, and of which every word will be cheerfully endorsed by the whole profession.

Under the chapter on "Sterility and Onanism," Ruddock and Verdi try to expose the baneful practices, against which Gardner and Bergeret raise loudly their voices. They strike heavy blows, exposing pruriency, lasciviousness, and all immorality in their shameful nakedness; and we cannot, we dare not expect that they should mince matters or words, to please, perhaps, the over-fastidious in the outside world, although guilty at home of these very vices. Would to heaven that we had more ministers like Bishop Cox; but the truth of the matter is, that also in the pale of the Church conjugal onanism, conjugal sins, and even infanticide,* during the first few weeks of pregnancy, are vices of daily occurrence. In both works a great deal of truth is told, which ought to have been told long ago, and we thank the authors for the candid exposure of vices which undermine the well-being of the person, of the family, and of the State. S. L.

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3. *A Treatise on Diseases of the Eye, for the Use of General Practitioners.* By H. E. Angell, M.D. Boston. 1870. (For sale by Boericke & Tafel, 145 *Grand Street, N.Y.*)

In examining the volume before us with a critical eye (a critic himself is rather myopic), we have to measure it by the scale which the author himself has put on it. He does not present it to us as a complete work on ophthalmology, but as a book of reference for the general practitioner, and as a helpmate in the difficult diagnosis of formerly obscure diseases, and as such we greet it with a hearty welcome.

For the country physician, sometimes far away from the specialist, it is nowadays necessary to be well acquainted with these great auxiliaries, the laryngoscope, ophthalmoscope, etc., and the first chapters are, therefore, devoted to the examination of the eye. The different diseases of the eyes are then treated in a short and concise style; and if we miss sometimes the why and wherefore—if we find contracted in the space of a few lines what in larger works fills whole chapters—we ought rather to be thankful to be spared wading through so much chaff to extract the wheat. Let us always keep in mind that we read only a treatise, and not an exhaustive work; but the only thing which we might complain of is the general way in which the therapeu-

* I say "infanticide" on purpose, as many people consider "fœticide" an innocent pastime.

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tical section is treated. Our hobby is to specialize, to individualize; and we would like to see a chapter added to the next edition, where the eye symptoms of the remedies recommended in the treatise, are fully given—as it is impossible to keep our folio bible (*Jahr's Symptomen codex*) in our saddle-bags; although I agree fully with most of the therapeutical indications, inasmuch as our author constantly impresses his readers with the rule to select the remedy from the totality of the disease, and not from the eye symptoms.

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4. *Text-Book of Domestic Practice.* By Sam. Morgan, M.D.

This is a small treatise containing plain and concise directions for the homœopathic treatment of simple ailments. Being a pocket manual, it is very desirable for travellers. As an illustration, we give below an extract of the treatment of Dyspepsia:

Chronic Indigestion—Nux-vomica, one of the best medicines for indigestion, and especially adapted to individuals of a lively, energetic, sanguine temperament, with a predisposition to constipation and piles. A dose night and morning.

Sulphur—In most cases of indigestion in individuals of a nervous and irritable temperament, with a tendency to piles.

Hepar.—Is almost a specific (with occasionally a dose of sulphur) in chronic or long-standing dyspepsia.

Dose—Six globules occasionally.

The homœopathic medicines, by the single vial or in cases, put up by Boericke & Tafel, 234 Sutter street, San Francisco.

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5. *The Preventive Obstacle, or Conjugal Onanism.* By L. F. E. Bergeret. Translated by P. De Marmon. New York. 1870. For sale by Boericke & Tafel, 145 *Grand street, N. Y.*

After a short introduction the learned author leads us immediately among practical proofs, and cites many cases of acute and chronic metritis, leucorrhœa, menorrhagia, metrorrhagia, and hæmatocele, fibrous tumors and polypi, uterine hyperæsthesia, hysteralgia, uterine colics, and neuroses, mammary congestions and neuralgias, uterine cancers, ovarian diseases, and sterility as the necessary sequels of frauds in the accomplishment of the generative functions; and in the male sex urèteritis, prostatic diseases, impotence, as penalties of outraged nature. Nervous depressions, even to lethargy and syncope, nymphomania and satyriasis, epilepsy (as one said, there is a great sense of emptiness in the brain), tedium vitæ, intolerable palpitations and orthopnœa, hæmorrhage of the lungs, phthisis tuberculosa (cause and effect); a goneness

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in the epigastric region and a constant gnawing in the stomach, nausea and vomiting, gastrodynia, are all symptoms, which we find so often obstinately resisting in both sexes the application of the best selected remedies; and the cause of it we find in the little unpretending volume before us.

Conjugal onanism and criminal abortions are the great evils of our age, undermining the health of our population, and it is only too true, that poverty has nothing to do with it; for we see it far more flourish among families well to do in this world; and many a man or woman in good standing in the church, and claiming to be a disciple of Christ, is guilty of such nefarious procedures.

Physicians are commonly too much afraid of touching this social evil; but such sores have to be probed to the utmost depth; they must be shown up in all their mischievous tendencies; then at any rate we have done our duty, and the world will go on in all its morality and immorality, no better and no worse.

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6. *The United States Medical and Surgical Journal.* Editors and Proprietors: Prof. SMALL, LUDLAM, & DANFORTH, Chicago. Oct. 1870.

Accidents will happen in the best regulated families, even in the homœopathic fraternity. As such we consider the nearly simultaneous change of editors in both the quarterlies of our school; if for better or worse, time can only show, but let us at any rate strive to profit by the experience of former years, and render our journals practical teachers to the whole profession.

We see that the philosophical inquiries about force, dynamics, etc., are for the moment laid aside, and we hope to see Drysdale's example followed, allowing us to study henceforth such abstruse questions in pamphlets; at any rate, we consider a journal a very poor place for personal squabbles. The articles contained in this number are all of a practical nature, and will be read with pleasure by its hosts of subscribers. In the article on amputation, we were astonished to find no mention made of Lister's treatment with Carbolic-acid, which certainly aids in producing union by first intention. Foster's lecture on neuro-pathology is ingenious, and at the same time practical, and we hope, therefore, for a continuation of it.

Our friend Hoyne puts carefully together whatever has been found beneficial for the eradication of that opprobrium medicorum, "Gonorrhœa." Grauvogel says he has accomplished cures in a very few days, but we acknowledge our frequent failures; and after carefully reading the whole article twice over, we are sorry to say we do not know yet how to cure a gonorrhœa in a short time.

Hypophosphite of Lime cured Dr Baer, though taken empirically, according to the strictest rules of similia; and when Father Hering publishes his large pathogenesis of the Phosphate of Lime, the worthy Doctor will find a very close correspondence between his symptoms and the drug. At any-

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rate, we congratulate him on his recovery; and may such a faithful workman be spared to us for many years yet.

Other papers of equal value fill the pages of this number, which we have read with pleasure and with profit.

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7. *The Stepping Stone to Homœopathy and Health.* By Dr. Ruddock, with Notes by the American Editor. Chicago: C. S. Halsey.

The work is printed in Halsey's best style, and, with the Lady's Manual by the same author, deserves a place in every household. Ruddock truly remarks: Drugs are employed in nearly every household, and we are not responsible as originators of domestic treatment. We have rather sought to reform it. *Nolens volens*, we physicians have to give in, for laymen will, without our permission, try their hand on doctoring; and the best we can do is to instruct them to do it in the right manner; and after all, it pays even to the doctors, for there is no better proselyte-maker than a lay-woman, who has performed some miraculous cure with Aconite and Chamomilla. May this and similar works (we understand friend Martin will give us a good family guide) be spread broadcast over the land. May they sow the seed, and the homœopathic fraternity will enjoy the fruit. So mote it be!

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8. *Morbus Brighti.* By Joseph Buchner M.D., of Munich. P. O. Weigel.

Buchner divides his monograph into five parts: 1. Morbus Brighti. 2. Uræmia. 3. Albuminuria. 4. Morb. Bright. Syphil. 5. Dropsy.

1. Before introducing us into the pathology of the disease, the author gives us a chapter on the physiological functions of the kidneys, emphasizing the axiom that with increased pressure of the circulation albumen appears in the urine, which is never the case at the usual pressure. The three stages—hyperæmia, fatty infiltration, and atrophy—are then treated of. Hyperæmia may be either active, as the initial stage of the inflammation, or passive, as the result of a mechanical check to the flow of blood. The character of the disease is always albuminous inflammation; never croupy (fibrinous), as taught by several authors. In its etiology he proves that disturbances in the nervous system are of predominant influence in diseases of the kidneys. Affections of the cardiac nerves, especially hyperæsthesia, neuralgia, and neuroses in the motory sphere, produce after a while uræmia and albuminuria; affections of the sympathicus produce albumen and sugar in the urine. Characteristic phenomena for the diagnosis are: 1. The chemical analysis of the urine: (*a*) the sediment consists of epithelia, fatty infiltrations, and

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crystals of uric acid, especially triple phosphates, and blood globules, and pus cells; (*b*) albumen with renal anasarca and ascites. Renal elements with albumen must be found in the urine to constitute Bright's disease; (*c*) the salts and the urea are diminished 5 p. gr. therefore less; (*d*) the color of the urine is either like serum, containing blood globules, or pale or yellow; albuminous urine foams easily. 2. Pain in the renal region, either spontaneous or by pressure. 3. Dropsy. 4. Inflammation of the lungs and serous membranes (not constant). 5. Gastric states, dyspepsia, diarrhœa, vomiting, the contents of both containing ammonia. Prognosis doubtful, favorable only in acute cases without complication.

II. *Uræmia.*—According to Frerichs, it arises from the decomposition of the urea in the blood of carbonate of ammonia; it is therefore a toxæmia from NH_4 O, CO_2, abnormally arising in the blood under certain conditions. It is essentially a putrefaction of the urea, complicating all kinds of zymotic diseases, pregnancy, puerperium, pneumonia, etc, inasmuch as they give the ferment to the septic decomposition of the urea. The urine contains albumen, renal elements, and ammonia when the uræmia follows Bright's disease, or only ammonia in recent and spontaneous cases. We have: 1. Ur. comatosa in scarlatina, measles, intermittents, cholera, typhoid, genuine Bright's disease. 2. Ur. eclamptica in pregnancy, puerperium, hooping-cough, hypertrophy of the thymus gland. 3. Ur. asphyxia in Asiatic cholera, myocarditis. 4. Ur. paralytica, in puerperium, in some epidemics of cholera. As remedies are recommended: Arsen., Cuprum, Phosphor., Aurum, Therebinthina, Hydrogen ac., and Nicotin.

III. *Albuminuria* is a chronic functional derangement of the kidneys, symptomatic of old cardiac diseases, of renal syphilis, where urine shows only albumen; whereas in real Bright's disease other renal detritus and tissue elements are found, and in uræmia, ammonia with or without renal elements and albumen.

IV. *Syphilitic Morbus Brightii* is the most destructive of all, drawing the whole renal tissue in its circle of destruction, producing fatty degeneration of blood-vessels and interstitial tissue, reducing the renal functions to a minimum, and mostly fatal, as restitution is impossible. Remedies to be tried are: Thuja, Sabina, Nitr.-ac., Aurum, Cuprum, Arsen., Tart.-emet., Lycop., Petrol., Sepia, Natr.-sulph., Ac.-benzoicum, Kali bichrom.

V. *Dropsy.*—He warns against the use of diuretics, which only increase the fatty degeneration and atrophy of the kidneys, and recommends Digitalis, Aurum, Lycopod. in dropsy from cardiac hypertrophy; Phosph. and Phosphoric-acid in dropsy from diseases of the right side of the heart; Arsen., Dulc. after colds; Lycop. and Aurum in hepatic diseases, etc.

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9. *Lectures, Clinical and Didactic, on the Diseases of Women.* By Prof. R. LUDLAM. Part II. Chicago: C. S. HALSEY, 66 Lake street.

The opinion which we gave of the first part holds also good for the con-

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tinuation of it. We do not expect in clinical lectures a full treatise on every subject. We deal here with individual cases, and base our remarks on the case in question. Students frequently acknowledge that they find more benefit from clinical teaching than from exhaustive lectures; and the reason is plain: the mind becomes exhausted from the continuous strain put upon it by several hours' attentive listening, and a clinic or a clinical lecture gives rest by its variation.

Ovaritis and ovarian neuralgia takes up these lectures, clearly and justly showing that the ovarium is the keystone of the female sexual organs in health as well as in disease.

Prof. Ludlam, like many of us, has been reared in the allopathic ranks, and we may just as well acknowledge there remains in us a hankering after the fleshpots of Egypt, and external applications will be thus more or less advised, where men, like Guernsey, profess to exterminate the whole trouble by internal medication, being convinced that nearly all diseases originate from constitutional defects; still there are local diseases from local causes, and we do not see why local applications ought to be too severely condemned. Take for example the case of trichiasis in pruritus vulvæ, and even the most thorough opponent would agree that borax, etc., would not avail without skilful removal of the cause. The only thing which we totally condemn is the long interval between one part and the next. Prof. Ludlam wets our appetite more and more with every lecture, and then makes us wait for several months for the next course; but most probably he believes in slow eating and a thorough digestion, and after all he may be right, and so we will curb our impatience while looking for the next issue, where we would request him to give us his ideas on false pregnancy.

Miscellaneous Items.

1. *Editorial.*

"So, Doctor! you also now belong to the editorial fraternity," said to me not long ago a patient of mine, himself an editor of one of our daily papers. "Yes," I replied, "but you are just the man to tell me what is needed to make my journalistic debut successful and our quarterly popular." "Common sense," he said smilingly, "nothing but common sense." And common sense I have had on my brain since that time. What is common sense? What is opposite to it?—Uncommon sense or nonsense. Webster defines common sense as *sound practical judgment*, and indeed therein lies the whole secret of successful journalism.

That newspapers and journals are made to be read, is a plain fact; and the more readers, and thus the more subscribers, it has (for publishers love, as

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well as anybody else, a paying business), the more worthily they will fill their place in the literary world.

Now, most of the readers of medical journals are practising physicians of the country, devoting their days to their professional duties; and instead of giving their evening hours to relaxation, employ this time in studies, to keep themselves posted in every department. By giving thus freely time and money, they have a right to expect an equivalent.

After all that has been said and written, nothing is better acknowledged than that medical art and science rest on experience. What are our provings other than practical manifesfations experienced on so many provers from different remedies? What else are our clinical cases but practical proofs of the soundness of our diagnosis, and of a successful or unsuccessful application of hygienic laws and of therapeutic measures, be they medical or surgical? We all work together for one common end—the elevation of our profession. The medical beehive allows no drones, and does not need a queen. No! we are a truly republican organization, acknowledging no authority, and swearing allegiance to no man's ideas. As co-workers, it is the solemn duty of every physician to add his mite to make others partakers of the experience he has gained, in order that, as friend Jones said, "we may be enriched even as he by his harvest, and he who provides so bountifully will be none the poorer. Thus can we bear one another's burdens, and enrich others even while enriching ourselves."

Readers, the medical journals will be thus made by you, no matter who the nominal editor may be; and it is your duty to make them "excelsior" in every department. We, your editors, are only your collectors: we gather the honey and spread out before you at a regular time what we consider worthy to find a place on the pages of our journals.

"But," says another, "for practical cases our monthly journals suffice, we wish theoretical questions discussed in the quarterlies; we wish to prove, if the *a* potency is matter or force or spirit? we want to know the primal cause of life in its normal and abnormal state; is it the nucleus of the cell which takes on disease, or is it that nameless fluid, be it mesmeric, electric, spiritual, or by whatever name you choose to call it, which, becoming changed, alters the whole constitution? What are the relations between the brain fibre and thought? Show us by your researches the poison of Zymosis and the living miasma."

I answer with Goethe: "Grey, my dear friend, is all theory, and green the golden tree of life." Volumes have been written and shelved, dissertation after dissertation follow each other in the journals of the different nations. Metaphysical Germans and astute Americans vie with the Spanish scholar and erudite Frenchmen to solve problems which never can be solved. Science for ages past has endeavored to trace the cause, the origin and the development of the body as well as of the soul, but all that has been said, or that can be said, is at most mere conjecture. The human mind will never be able to penetrate to that central point, whence we would be able to see everything as so many irradiations from it. Such metaphysical studies may be welcomed as proofs of deep philosophical researches, as living witnesses of the great lore possessed by so many scholars in our ranks, but *cui bono?* We

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have again uncommon sense versus common sense; how many read these long articles, and how many have the time, even if they had the inclination to fathom their depth?

Sandwiched in between practical articles a theoretical dissertation will do very well once in a while, for variety's sake; as the practical question of the dose, of the repetition of medicines, of primary and secondary symptoms, and thus of high and low dilutions, of prophylaxis, of adjuvantia, of palliatives, and a host of others, can only be answered by the gathered experience of a host of careful observers. Physiology and pathology are still beset with doubts and misgivings, and even to try to bring light on any point, veiled in obscurity, is an object worthy of the men of our age. All such researches we would hail with unfeigned pleasure, and we trust that they may frequently brighten the pages of the North American Journal of Homœopathy. Such will be our aim, to the support of which we cheerfully welcome every true-hearted physician, and let all aid, even if not *cito*, at least *tuto et jucunde*.

S. L.

2.—*Three Cases of fatal Poisoning by Mercurius-vivus, used as Salve for the Cure of Scabies.* Reported by the Coroner, Dr. Leiblinger, of Tarnopol.

W. K., J. K., and T. K., were found dead in bed one morning, being well the day before, during which they anointed their whole bodies with a mercurial salve, given to them by a quack for the cure of scabies. Post-mortem examination showed the same state in all three cadavers.

a. External state. The skin of the whole body is in many places of a dark violet color, and shows on the hands, feet, chest, abdomen, and back, morbidly altered spots of the size of a pea to a lentil, with a brown crust wherever the acarus had burrowed itself.

Mouth. The teeth coated with yellowish tartar; the neck of every tooth denuded of gum, the gums of a slate color, bluish, greatly swollen; the mucous membrane of the upper and lower lip greatly swollen, of a bluish tint, deprived of its epithelium; fœtid, unbearable stench from the mouth.

b. Internal state. 1. The cerebral membranes filled with blood, swelled, and compact; the dura mater and all sinuses full of dark, black fluid blood; the pia full of blood; the large and small brain everywhere, in all its blood-vessels, full of dark fluid blood, so that even they appear of a dark, red color; sections of it show large quantities of miliary blood points interspersed in the substance of the large and small brain; on the base of the cranium accumulation of some fluid blood.

2. The thyroid gland, the mucous membrane of the larynx and trachea full of blood.

3. Both lungs slightly glued to the pleura, filled with the same dark fluid blood, and discharge, when cut into, large quantities of foamy black blood.

4. The pericardium enlarged, containing several drachms of serum; the heart relaxed, containing large quantities of dark fluid blood.

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5. The liver gorged with black blood, also the spleen.
6. The stomach full and large; contents given over for chemical analysis.
7. The bowels show no alteration.
8. Both kidneys full of blood.
9. Bladder too full.

Death was therefore clearly caused by acute apoplexia cerebri et pulmonum. The analysis showed in all organs metallic quicksilver, and the quack confessed to have mixed nine ounces of the metal with the ointment.—*Wien. Med. Wochenschr.*, No. 96.

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3. *Imperial Society of Homœopathists of St. Petersburg, Russia.* Dr. C. HEMPEL, the distinguished President of this Society, writes:

The Society is to consist of active and honorary members.

A candidate for honorary membership must be recommended and endorsed by three active members of good standing. The election to take place at a meeting of the active members.

Meetings of the active members to be held from the middle of September to the middle of May every two weeks.

General meetings to be held twice in each year.

The Executive consists of a President, Secretary and Treasurer.

EXTRACT FROM THE STATUTES OF THE POLICLINIC.

The clinic is founded by the Society of Homœopathic Physicians of St. Petersburg.

The poor to receive treatment gratis.

The management of the clinic is under the control and direction of a committee of four of the Society.

Its functions are executive, and accountable to the Society at its meetings.

F. S.

OBITUARY NOTICES.

ALBRECHT VON GRAEFE.—Three score and ten is the allotted time of man, and if sages, ripe in years and honors, pay the debt of nature, we feel thankful that they have been spared to us so long; but when the angel of death cuts down extraordinary men in the bloom of their years, just when they unfold the knowledge which it took years to accumulate, and from which we hope to gain untold blessings for a suffering humanity, then we stand mournfully round the freshly made grave and our sorrow knows no bounds.

Albrecht Graefe succumbed to a pulmonary disease at the early age of 42 years; and at such an age to be everywhere acknowledged as the great master of his art is more than blind chance or good luck, it is the just tribute paid to high merit. From every part of the world patients took up their pilgrimage to Berlin, and Graefe's house was the shrine from which they expected the restoration of their sight.

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Before his advent in the scientific world Glaucoma was considered not only incurable, but such patients were doomed to life-long misery from their continual pains. Graefe proposed and performed iridectomy at an early stage of the disease, and, as if by magic, patients are restored their sight and the pains are gone. Such a discovery alone would render his name immortal for all time to come, but in the last years of his life he worked out a new operation for cataract, which promises equally favorable results. He could also pride himself, that he has performed more successful operations for strabismus every year, than all the ophthalmologists of Vienna together; but then strabismus was known to be one of his hobbies.

Fifteen volumes, from 1854–1869, of his Archives for Ophthalmology, are the treasure which he leaves to us. He has given new life to the intricate study of eye diseases, and although we cannot hope to have a Graefe again, let us hope that his mantle may fall upon worthy shoulders.

PROF. MAUTHNER.

JOEL R. ANDREWS, M. D.—To know him, was to love him. This was our great privilege for the last 10 or 12 years, as living in one neighborhood brought us frequently together. He was earnestly devoted to his profession, and as he had no children of his own, he considered all his patients as his children, and indeed he was beloved by them like a father. He had a kind word for every one, and his magnetic smile was as good a medicine to alleviate sufferings as anything he could give from his case. Though ailing for several years, we still hoped that he might be spared to us for a little while longer; and, against the admonition of many of his friends, he never neglected last winter to deliver his surgical lectures. He was the students' friend, and in the whole college (N. Y. College for Women), he was only known as Father Andrews. A trip to his brother, residing in Minnesota, improved his health greatly last summer, and we all hoped it might be the same again this summer, but death overtook him at Winona, before he reached his destination. Requiescat in pace.

GUNNING S. BEDFORD.—Bedford's "Principles and Practice of Obstetrics," and "Diseases of Women and Children," have been since their first appearance favorite and standard works with the American profession. Their author has now gone to his long home, to receive the reward, sure to him of whom may be said: Well done, thou good and faithful servant.

Prof. Bedford was born in Baltimore, 1806, and graduated at the Rutgers Medical College in his 23d year. He then visited Europe and spent two years in the different hospitals, devoting night and day to his profession. At the age of 26 he was appointed Professor of the Charleston (S. C.) Medical College, but after remaining a year or so in Albany, he moved to New York, where he became one of the great promoters of the University Medical College, and held the chair of Obstetrics in that college till 1862, when ill health forced him to resign.

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Edward de Cabarrus, the beloved physician, the son of Madame Tallien, is no more, breathing his last on the 18th of May. All ranks of society, the physicians of both schools, hastened in large numbers to the funeral, to pay their tribute of respect to the remains of their lamented friend.

Always ready to aid his friends in all their emergencies, Cabarrus was once asked by a physician, who was afraid he could not make headway in Paris, how a man, and especially a physician, could hope to succeed in Paris. Smilingly Cabarrus replied: "Il faut tros choses: du savoir, du savoir-vivre et du savoir-faire. (It needs three things: knowledge, to know how to live, and to know how to make money.) The first two he possessed in the highest degree, and he cured many a mental complaint as much by his spiritual influence as by physical means. He had a friendly word for every one, and being a great friend of music, we need not wonder that he counted Patti, Nilsson, Faure, and other musical celebrities, among his patients; and the whole *personnel* of the opera could be seen at his funeral, testifying by their presence the love they bore to their departed friend.—*Liberte & Temps of Paris.*

We also have to deplore the loss of Arthur Lutze, who died at Koethen Germany. The Augsburg *Allegemeine Zeitung* speaks of him as a true nobleman, and a humanitarian in the best sense of the word. Lutze went to Rome in 1869, and though a Protestant, was decorated by the Pope (who is a believer in Homœopathy) for his great services to humanity; and he richly deserved it, for we candidly believe that there is no other physician now living who has given his time and his money so freely to God's children, and not only in his office, but just as much by correspondence. In the last year of his life he treated over 150,000 patients, and he kept constantly twenty persons, including his assistant physician, employed in his office.

Scotland has to deplore the loss of three eminent men in the medical profession, who followed one another in quick succession. Syme, one of the greatest of modern surgeons, is no more; the genial, kind-hearted Simpson is gone, and now Sir James Clark, the friend and medical counsellor of Queen Victoria, has paid his last tribute. Their names are indelibly inscribed in the annals of medical science, and Scotland may well mourn the loss of such sons, a trio hard to replace even in our age of steady progress. Requiescant in pace.

Spain has lost one of its brightest ornaments in the death of Dr. Leandro Gonzalez, member of the Hahnemann Society of Madrid. He was for may years Director of several military hospitals in Corunna, Vigo and Valladolid, and the Cross of Charles III. was awarded to him for his faithful services. His great and fruitful labors during the cholera of 1854 will never be forgotten. He was an ardent enthusiast of Homœopathy, a kind physician, a whole-souled man.—*El Criterio Med.*

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PROSPECTUS.

THE SIXTH VOLUME

OF THE

Hahnemannian Monthly

COMMENCES AUGUST 1st, 1870.

In announcing the Sixth Volume of the Hahnemannian Monthly, the Editor an d Publisher desire to return their sincere thanks to those who have thus far supported and encouraged them in their efforts to present a FIRST-CLASS Homœopathic Medical Journal. A rapidly increasing subscription list, and the many encomiums bestowed upon the Journal by its readers, have determined the Publisher to attempt to still farther merit the support of the Profession, and he takes great pleasure, therefore, in announcing for the Sixth Volume

An Addition of 8 Pages to each Number, without Additional Cost.

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THE LARGEST HOMŒOPATHIC MEDICAL JOURNAL PUBLISHED IN AMERICA.

The Editor desires to say that even greater care than has marked the conduct of the Journal in the past, shall be exercised in the future, and that no efforts shall be spared to preserve the high character it has attained.

It will be perfectly IMPARTIAL and INDEPENDENT; and as each writer will be held to be alone responsible for his own article, no communication of value will be excluded solely on account of views therein expressed. At the same time, it shall be the object of the Monthly to disseminate, advocate, and defend Homœopathic principles, in their purity and simplicity.

The many able writers, whose papers have from time to time appeared in its issues, will continue to write for the Journal; and others of note in the Profession have promised their valuable assistance.

Papers on the Practice of Medicine and Surgery; Provings that would not otherwise soon reach the Profession; the results of Clinical Experience in Medicine and Surgery; articles promotive of the best interests of Medical Education; Reviews and Notices of new and valuable Medical and Surgical Works, Homœopathic and Allopathic; Transactions of Medical Societies; valuable Papers appearing in Foreign Journals, etc., etc., will, it is hoped, fill the pages of the Monthly with acceptable matter.

The Editor trusts that, with the valuable assistance he has secured, the Journal will be made in the highest degree PRACTICALLY USEFUL, and indispensable to every practitioner.

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Original and Translated Papers.

ARTICLE XXXIII.—Diseases of the Pharynx.

By Prof. Ruehle in Bonn.

The great frequency of pharyngeal affections, though frequently only local and slight, still deserves our full attention, as they so often become the cause of other more dangerous diseases; and furthermore, we know that diseases localized in the pharynx may be connected with severe general phenomena. Recollect only, my friends, what a high fever we see in simple pharyngeal inflammations, not only among children, but even in adults; that diphtheritis may even be accompanied by a fatal fever, although remaining localized in the pharynx without any hindrance to respiration. Yea, even when the fever was only of short duration and the inflammatory process has run its course, inexplicably severe manifestations follow this disease. The paralysis of the velum and of the pharyngeal muscles might be ascribed to nutritive disturbances of the muscular fibre in the vicinity of the inflammatory seat. With less confidence we can apply this to the paralysis of the glottis; but how shall we explain the consequent paralysis of the body and the suddenly appearing palsies of the heart? I treated only recently a boy of ten years, who passed through a faucial diphtheritis, removed by

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inhalations of lime-water. Fever lasted five days, appetite and well-feeling had returned, so that the boy was allowed to get up; but that same morning he looked pale and dejected, his pulse remarkably small, breathing high and sonorous, extremities cold, all excitantia remained without effect, and in a few hours asphyxia did its work.

The importance of the pharynx as the seat of the disease is clear, as we find it either constantly affected in most acute febrile diseases, as scarlatina, variola, or at any rate frequently, as in typhus, erysipelas, etc. In all emotional affections and in nearly all cases of narcotic poisoning a feeling of dryness, a scratching in the throat is observed, although the mucous membrane itself is not always dry, as we see in Atropia injections.

Perhaps it is the neighborhood of important branching out nervous tubes, which produces such effects and which become irritated or paralyzed by the local morbid state of the pharynx.

Another cause of the importance of pharyngeal diseases lies in their diagnostic signification. Just as we recognize the scarlatinous process immediately in the pharynx, so also its inspection gives us good points for the diagnosis of scrofula, syphilis, and sometimes for tuberculosis. Even with the constitutional disease this is the case. The pale granular swelling of the velum and pharynx, with its usual accompaniment of hypertrophic, cicatrized, shrunken tonsils, belongs to scrofulosis; from the state of the faucial ulcers or their cicatrices we diagnose the presence of frequently incurable syphilis, and there is one kind, showing itself only by continually recurring faucial affections. Neither Mercury, nor Iodine, nor its combinations are of any avail; relapses will appear, and only at their very beginning are they amenable to treatment. During phthisis we see also the pharynx affected, though I do not consider as characteristic the circumscribed redness of the anterior faucial arches, nor the well-known red edge of the gums on the incisors, nor the crooked form of the nails. But we find ulcers, emanating from yellow nodes, surrounded by a red and swollen halo,

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which run together and form irregular ulcers. In one case I saw them continue to the gums and lips, and even the tongue may be similarly affected; and in all such cases we have a mixture of miliary tubercle and infiltration with ulcerating detritus in the lungs and other organs. Some authors consider all such cases as originating in syphilis, which may be hereditary or originating in the individual. That pulmonary foci arise through syphilis cannot be disputed. I treated a patient suffering from hectic fever, perfect aphony, extreme emaciation and anæmia, where the apex of the right lung was totally infiltrated. The throat was full of radiating scars; the larynx showed clearly syphilitic ulcers. The inunction cure was ordered, the ulcers healed, the infiltration shrunk, and nutrition became better, although full recovery was out of the question. There is a diseased state of the pharynx making itself known by great dryness of the dark hyperæmic, but little swollen mucous membrane; ulcerations gradually arise and spread to the epiglottis, consume it totally, penetrate into the larynx in spite of antiphlogistic or astringent treatment, without being in causal connection either with phthisis or with syphilis. I saw only once in my life chronic glanders in the palate and fauces. When I saw this peculiar nodular form with cheesy foci, increasing steadily in size and forming large ulcers with callous edges, extending to the choanes with considerable swelling of the lymphatic glands, I asked the patient immediately if he had been engaged with glandered horses. Iodine and Arsenic failed to do any good; nourishing diet and Creosote, locally applied, prolonged for one year his life.

In studying the local affections of the palate and fauces we find catarrhal inflammations prevailing with more or less coaffection of the submucous tissue and of the tonsils, and the participation of the latter leads the way from a mere local affection to general disturbance. Faucial affections from mere local causes, in perfectly healthy persons, never show any swelling of the tonsils. We all know the different degrees of redness, of swelling, of secretions, or how frequently the mucous membranes, the glandular apparatus, and the sub-

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mucous tissue suffer lasting alterations, giving us these obstinate forms of chronic faucial catarrhs. The usual name of pharyngitis granulosa for it is not well chosen. Granular swellings appear in the different forms; and for itself are not of paramount signification. But these catarrhs, where we find in the fauces several flat, pale-red elevations of the size of lentils, show a greater obstinacy, and secrete more copiously. These hypertrophic spots emanate from glandular hypertrophy. They are frequently quite hidden from view, so that they can only be discovered by a thorough inspection with deeply depressed tongue, and during an inspiratory dilatation of the fauces; or they may be posted above or on the posterior wall of the velum palati, toward the posterior aperture of the nose, where only the laryngoscope can expose them for examination.

Aside from general diseases, acute (scarlatina, variola, diphtheritis, erysipelas) as well as chronic constitutional ones, pharyngeal affections frequently arise from and are kept up by local irritations. Tobacco, wine, and song are frequent causes, and among preachers and teachers it is a very common affection. Then we have the direct and indirect ways of catching cold. Not only that the neck itself may be exposed to such noxious influences, but often it is transmitted from other parts of the body, especially the lower extremities. The mucous membrane of the pharynx comes next to the nasal mucous membrane in the frequency of such ætiological connection. The catarrh frequently spreads from the nasal mucous membrane to that of the pharynx, or *vice versa*. After frequent relapses acute catarrhs become chronic, in the course of which acute exacerbations set in again. The pharyngeal mucous membrane gives us a good example for the doctrine of locus minoris resistentiæ.

A thorough examination with a good light is therefore of the utmost importance, for only thus can we judge of the degree, the seat, the acute and chronic form, the special character of the disease, and of the quality of the secretion. The more puriform secretion frequently causes the fetid breath, especially when the secretion lies deeply imbedded in the

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folds found at the sides of the epiglottis, or ozæna may be caused by a faucial affection, situated high up. We need hardly mention that such secretions accumulate during the night, especially in persons used to cigars and liquors, and who keep late hours, and the exertions of expectoration produce in them vomiturition and vomiting, caused by the irritation of the copious and sticky secretion. Accumulating during day-time, it causes frequent motions of deglutition, which may also happen during the night, and thus large quantities will be carried into the stomach; the swelling of the mucous membrane alone may sometimes cause vomiturition. I have seen cases where, in chronic catarrh of the fauces, the mere opening of the mouth produced vomiturition; but it appears improbable that an elongated uvula, so frequently present in faucial catarrh, might be the cause of stubborn nausea, vomiting, hoarseness, and cough. The elongated uvula is, just like worms, or being tongue-tied, more frequently a disease in the brain of the observer than in the body of the patient.

When thus large quantities of secretion are swallowed and accumulate in the stomach, we need not be astonished to find digestion injured. After removing the copiously secreting affection of the pharynx the appetite returns, and vomiturition and pressure in the stomach from food ceases, even when only local treatment is used, and I recommend, therefore, such treatment for dyspepsia which is connected with faucial catarrh. The frequent irritation from motions of deglutition carries also with the secreted matter a great deal of air into the stomach. He who experiments with dogs, and lays open their stomachs in order to study the act of vomiting, knows how frequently the entrance of air expands it to a large extent before vomiting sets in. This air enters by the motion of deglutition, caused by the copiously secreted faucial mucus, when suffering from nausea. We observe this best in hysterical patients, where the rapidly changing diameter of the stomach lets us frequently suspect the secretion and absorption of gaseous substances from the gastric vessels. A state of temporarily increased extension of the stomach cannot but cause disagreeable, and, in irritable persons, unbearable sen-

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sations, which may increase to anguish and apparent dyspnœa, and certainly produce vomiturition. I would like to mention a case in point. I was once consulted about the chronic vomiting of a young lady, which had obstinately withstood all the usual remedies, and a well-selected diet. I found a moderate catarrh of the fauces, and the lady continually complained of steady disagreeable sensations in the fauces, but she does not recollect that she tried to swallow more frequently than usual. Catching a severe cold soon afterwards, she was attacked by an acute catarrh of the fauces, complicated with painful tonsillitis; the severe pains now prevented the act of deglutition, and vomiturition and vomiting ceased immediately. This sufficed to show to our patient the cause of this stubborn gastric difficulty. The faucial catarrh was the object of our treatment; her own observation strengthened her to overcome the bad habit of swallowing air, and the chronic vomiting ceased.

I acted somewhat differently with a boy of 14 years, the spoiled pet of the family. By his terrible paroxysms he kept not only his mother and sisters, night and day, in continual anxiety, but even physicians mistook his case. The paroxysms consisted in different convulsive motions, with screaming, his features full of anguish, and the fit always ended in vomiting. Naturally enough the boy looked pale, as he usually vomited after every meal.

Feeling convinced that the introduction of the paroxysm began with swallowing of air, I succeeded in breaking up this habit by earnest reproach, and thus in keeping the paroxysm at bay; but as the negative authority of the mother failed, he enjoyed his otium cum dignitate, and school and labor were unknown to him: so that I considered the boy as an expert in the production of the act of vomiting, and in the illustration of his disagreeable sensation caused by the swallowing of air, whereby he frightened every body around him, which seemed to give him great satisfaction. It won't do always, gentlemen, to be ruled by our feelings, for I am sure that you have repeatedly occasion to observe this irresistible impulse, especially among hysterical and hypochondriac

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patients; and I am not afraid of uttering an absurdity when I say that children may die from wrong education, and grown up persons from—well let us call it—wilfulness. They have not the power of will to do what is needed or to leave off what is injurious. Have we not repeatedly seen persons who act unreasonably from fear of pain, who, from fear of discomfort (or from love, as we read in novels) partake of less and less nourishment, and thus fall into a state of inanition or die in a roundabout way from phthisis.

My first business in our case was, therefore, to get my young patient out of the house, and he was sent to a cold-water cure, where I knew the superintendent. Suffusione aquæ frigidæ, metu baculi, the paroxysms were removed, the morbid desire removed by kind instruction, and now the young man is the pride of his mother.

Such and similar cases tend to draw your attention to the evil consequences caused by the swallowing of air and secretions into the stomach, and which, though frequently overlooked, simulate other diseases, although originating in only a slight affection of the fauces.

Pharyngeal diseases extend themselves otherwise in the tubes and respiratory organs. It is out of place here to treat the frequent catarrhal affections of the middle ear, and the consequent vibratory resistancy on which are based so many cases of hard hearing wandering from one ear to the other. Nobody denies at this day that they are mostly transmitted from the fauces or choanes, and I am convinced that a sufficient and timely treatment of faucial catarrhs during infancy would greatly reduce the number of persons suffering from hard hearing; and I am not an adherent of the common opinion which blames the pressure on the tubes caused by the hypertrophied tonsils, as the frequent cause of hard hearing. The connection of pharyngeal diseases with affections of the respiratory organs is exceedingly frequent. I remarked already that the disease may extend from the nares to the fauces; and I would remind you that the air, sweeping, during expiration, over the foul secretions of the fauces and the nares, and becoming impregnated with the foul odor, is per-

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ceived by the patient himself, and the idea torments him that others may also perceive it, and thus diseases of the fauces may produce melancholy and desire to remain alone. That they frequently cause hypochondria we will show afterwards.

There is only one disease of the fauces, which especially, and nearly exclusively, follows the way in the œsophagus; this is the soor. When in other cases the œsophagus becomes morbidly affected, it is caused by the deglutition of the corroding secreta.

Inflammatory and ulcerative processes migrate to the glottis and further down. The road into the œsophagus must always be first opened by the act of deglutition; that to the larynx is always open, and only momentarily closed during deglutition. Such a transient contact as the swallowed secretions have with the mucous membrane of the œsophagus, is perhaps not sufficient, and furthermore the thicker epithelial covering and its greater poverty of blood-vessels diminish its vulnerability. Nothing, on the contrary, prevents particles of secretion from running down on the posterior wall of the pharynx to the cartilagines arytenoideæ and to the posterior wall of the fauces, spreading to the ligaments and impregnating the epiglottis, pressed downwards by every deglutition. The arcus faucium stands also in immediate connection with the ligaments and the mucous membrane at the entrance of the glottis. Inflammatory swelling, œdemata, and abscesses spread, therefore, in that direction without any resistance.

I would also remark, *en passant*, that swallowing the wrong way is often injurious and dangerous to the respiratory organs; that a large morsel, a piece of meat, a potato, either by its size or by wrong swallowing, prevented from entering the œsophagus, remains lying on the entrance of the glottis, and may immediately produce suffocation. But such sudden death may also happen when from below upwards substances are regurgitated or vomited, and flow over and pass the entrance to the respiratory organs, especially when persons have lost their consciousness either by chloroform or by intoxication.

Acute pharyngeal inflammations, in which the submucous

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tissues participate, produce frequently stenosis of the glottis (œdema glottidis).

We found once a young man dead in his bed, who left late at night his comrades apparently well and in the very best of humor. Although suffering from a pharyngeal catarrh he could not deny himself the pleasure of a party, and slightly dressed he exposed himself to the cold night-air. The consequence was a rapid increase of the faucial inflammation to the ligg. aryepiglotticis, when considerable swelling produced suffocation. The alcoholic intoxication must have prevented the patient from becoming conscious of the danger of suffocation.

Respiration is certainly encroached upon in many ways by pharyngeal affections. By observing children with hypertrophic depending tonsils during their sleep, we convince ourselves that respiration, encroached upon either by an improper position or by something else during a sleep which may last for hours, must be more injurious to the respiratory organs and the circulation, than a merely insufficient ventilation of the bedrooms.

Œdematous stenosis of the glottis is now more frequently observed, thanks to the laryngoscope. The beginning of this œdematous swelling is frequently observed on the mucous membrane of the cartilagines arytenoideæ and the ligg. aryepiglotticis. Dyspnœa is only noticed in the severest degree of swelling; the preparations to the danger to life are frequently present long before. Laryngoscopy shows us plainly these dangers, and allows us to act successfully in preventing a fatal result.

The extension of scarlatinous and variolous pharyngeal inflammation, as well as that of diphtheritis and croup, causes many cases of death, and it is meritorious that we are able to prevent such an extension. Syphilitic affections of the fauces may also reach the glottis by inoculation from running down secretions. Morgagni already was of this opinion, and the syphilitic destructions, placed at the entrance of the glottis, give some color to it, although they may be explained in different ways.

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In the course of chronic pharyngeal affections, manifestations in the respiratory organs are of frequent occurrence, as the laryngoscope too plainly teaches. The secretions in their downward course may already incite coughing and alterations in the voice, characterized by their evanescence, and showing themselves prominently when awaking from a long sleep. But when the mucous membrane of the larynx partakes of the catarrhal affection, the symptoms manifest themselves more constantly, and sometimes even with some severity, caused by the secretions forming on the affected parts themselves. The coughing spells, appearing especially in the morning, produce after a few paroxysms an expectoration of variously looking secreta, either in masses and lumpy, or puriform, or mucous, and containing but little air, and which increases the tendency to vomiturition and vomiting. The voice is sometimes considerably altered, the swelling of the false vocal chords suffices already in moderate cases with perfect integrity of the proper vocal chords to cloud the sound of the voice. The swelling of the posterior wall of the glottis may also, according to Gerhard, injure the voice, inasmuch as by the closing up of the cartilagines arytenoideæ a tense fold is produced, and thus the approximation necessary to a clear sound prevented; the oscillatory motion of the vocal chords, however, must not be ovorlooked, which depends again on their proper tension, and a sufficient freedom in their motion. We see it in other cases, that in spite of a sufficient approximation a clear sound is not produced; the vocal chords, by the expiratory current turned rather aside, give, instead of free, clearly-sounding oscillations, only coarse vibratory motions. We have, therefore, here to do with muscular paralysis; and I am sure that such palsies play a chief part in laryngeal catarrhs connected with aphony. As now a moderate chronic catarrh is frequently connected with faucial catarrh, it will be easily understood that it will cost more labor to produce the necessary tension of the vocal chords against so many obstacles. This increased labor, as well as the quicker fatigue of the suffering muscles, produce the rapidly setting-in exhaustion of the vocal organ. Ora-

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tors, and especially singers, become, therefore, easily affected, and singers lose at first their high tones, and cannot hold out enough. The laryngoscope frequently fails to discover any thing morbid on the vocal organs, and still the voice lacks metal, height, and steadiness. Here muscular debility can only be blamed, and a therapy based on such grounds ratifies our judgment. I mentioned already the paralysis of the vocal chords after diphtheria. Even common croup has frequently as its sequel a weak, soundless voice; and although it is not so frequently taken notice of among common people, still it will be always a matter of complaint with persons who need a clear voice for their avocations. Just as alterations of tissue and thickening of the mucous membrane take place in pharyngeal affections, so we will also find the same in laryngeal catarrhs, migrating there from the fauces, and producing an obstinate affection, which, although secondary, appears of the first importance to the sufferer, and only by taking care of the fauces can we remove both affections.

It pays well to become thoroughly acquainted with these chronic pharyngo-laryngeal catarrhs and their frequently recurring acute exacerbations; for it is well known that patients suffering from this affection consider themselves frequently as consumptives, and depressed in mind ask for medical advice and the alleviation of their cough, hoarseness, hæmoptysis, pains in the chest, general malaise, and expect to have their death-warrant read; but in their very appearance they contrast with a genuine consumptive, to whom cough, considerable spitting of blood, expectoration, are only "metastatic hæmorrhoids." I frequently remark to the class that from the appearance and the expression of the patients, especially about the spitting of blood, they may justly consider the subjective consumptive person for an objective hypochondriac or hæmorrhodariac, and the subjective hemorrhodariac for an objective consumptive. And in fact an inclination to pharyngeal catarrhs is often connected with those functional disturbances which we call hæmorrhoidal disease. Especially ectatic veins, loose swellings of the intensely reddened mucous membrane, are more frequently found in such

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persons than in the other forms of pharyngeal catarrhs. After severe hawking, coughing, or gagging, we may find a streak of blood in the expectoration, causing a great fright to the careful patient. Copious hæmorrhages, as they appear even at the very beginning of phthisis, are never seen from the fauces, neither do I believe in those bronchial hæmorrhages which might be compared to an epistaxis, and of which we are told that they form the final act of phthisis. Where should, in such a case, the hæmorrhage come from? Such spontaneous bronchial hæmorrhages are at any rate not yet proven. Even the ulcerated larynx does not give any copious hæmorrhage, and the axiom of Louis is still correct, that hæmoptoe denotes phthisis, except when based on a trauma, cardiac disease, or as a metastasis from other physiological bloody discharges which were suddenly stopped (menstruation).

But aside from this anxiety and fear which patients suffering from pharyngeal affection have on account of phthisis, there is really a frequent form of hypochondria connected with pharyngo-laryngeal affections. Hypochondria produces a sensation awakening a close attention; in consequence of this attention conceptions arise about the cause and the importance of such feelings. The disposition to look at everything from its dark side engrafts on these sensations the character of a severe and dangerous disease, and in proportion as the patient is acquainted with dangerous diseases in the regions where he feels the pain, the fear and conviction will preponderate in him that he also suffers from this incurable disease. Naturally enough such a patient may require a perfect virtuosity in his sensations, and then there is hardly any organ more in his body which does not suffer from such sinister forebodings; but still, next to the general forms of hypochondria from indigestion, we find the sexual, the syphilitic, and the pharyngeal prevailing. The latter probably runs such a course; the morbid mucous membrane and the secreta present on it produce the morbid sensation; the impediment in swallowing with the want to swallow, the hawking and coughing, the production of yellow or glassy expectoration, give rise to the idea that such a patient suffers from laryngeal

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phthisis; more rarely they are troubled with the idea of suffering from cancer. Sometimes it is the acute intercurring fear of suffocation which awakens such patients during their first sleep, as soon as they perceive the motions of the pharyngeal mucous membrane. Their fear they translate in oppression, and they report of nightly paroxysms of suffocating dyspnœa, so that they had to jump quickly out of their beds.

Pharyngeal catarrhs, whose secreta spread a foul odor and taste badly, may give rise in patients, whose minds are already affected, to hallucinations of the taste and of the smell, so that they consider themselves poisoned or possessed of demons or of the devil. The patients taste the foul odor of the poisoned food and remedies, or they smell the sulphurous odor of hell, etc. Of neuroses in the pharyngeal region we witness hyperæsthesia, anæsthesia, spasm, paralysis, and increased reflex irritability. The forms of irritability are usually combined together, and the same is the case with those of depression. The former accompany the hyperæmic diseases of the mucous membrane, but may also appear without it in general nervous irritability, especially when the medulla oblongata becomes irritated; I mention only hydrophobia. To the latter belong the secondary diseases of inflammation, or the diseases of the central organs. Connected with the latter, atrophies are sometimes found, which can be especially observed in the muscles when the mucous membrane is thin and pale.

It is easily understood that hyperæmia and inflammation act as incitors on motility and sensibility, and that we find, as in acute laryngeal affections, spasm of the glottis or severe paroxysms of coughing, and similar manifestations, pain, contraction or increased reflex irritability accompanying also the same state in the fauces and pharynx, but we meet them also, and sometimes even in a higher degree, where neither hyperæmia nor inflammation can be detected; still, in such cases I always observed analogous increased irritability in other regions, and thus these neuroses are only part and parcel of more general functional disturbances of the nervous system.

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The best known of all paralytic states are those following diphtheria. Nasal voice, food or drink going the wrong way, difficulties of swallowing, return of fluids through the nostrils are also found, with pale, dependent velum palati, where even the touch fails to produce motion. But if gagging also sets in after titillation of the fauces, neither fauces nor pharynx take a part. Muscular atrophy is also frequently noted in the mouth. In two cases of aged people, a man and a woman, they suffered from a steadily increasing paralysis of these parts, and in both cases the muscles of the tongue were also affected. The tongue in constant fibrillary motion lay flat and deep at the bottom of the cavity of the mouth, and in one case could not be carried to the incisors, in the other case difficulties of deglutition prevailed. The woman could still swallow the first morsel or the first spoonful of soup, but then the small remnant of muscular power was exhausted, she swallowed the wrong way and had to wait, till, after a while, she was again able to make a few motions of deglutition. In both cases there were also present at other places muscular atrophy, as on the hands, lower extremities, muscles of the back, but nowhere as outspoken as in the muscles of the tongue and of the fauces.

I would wish to mention here a case, remarkable from its rarity, relating to a robust man of about forty years, who was then ailing for about six months. He said that he observed at first increased salivation, then difficulty of swallowing; he could not execute any more the motions necessary for smoking, nor clearly articulate, and, as swallowing constantly grew more difficult, the continual salivation became very troublesome. He requested therefore admission to our clinic, where we found him suffering from a paralysis, fully developed on both sides in the nervi faciales and glossopharyngei, but not complete; as the faciales responded still in some manner, and most probably appeared at a later period than the paralysis of the faucial muscles. Atrophy of the paralyzed tissue could not be observed in a great degree. The velum hung down and could hardly be set in motion when touched or when incited by gagging motions. The patient

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could swallow morsels with some difficulty, but fluids would not go down, and thus he discharged all saliva by the mouth, the quantity of which I did not consider increased. As he could hardly pronounce any consonants, his speech was indistinct, whereas the sound of his voice seemed to be of full power. He suffered also from great moral depression.

This case reminded me immediately of the observation on diplegia facialis with progressive paralysis bulbaris, recorded by Wachsmuth. Here also all symptoms developed themselves gradually, and there was neither another central disease of the brain, nor did faucial or pharyngeal inflammation precede it, nor could syphilis or any other paralytic state be proved. Electricity was therefore of very little use, although the constant current was assiduously applied for six weeks. Whereas in the other cases paralysis harmonized with muscular atrophy, and muscular affections could be observed everywhere, we had in our case the paralysis fully developed, but only slightly the atrophy, and this palsy attacked apparently at first the glossopharyngeus, and then advanced on the faciales and most probably on the hypoglossus, and was caused by an affection of the medulla oblongata, where only the centre of these nerves became affected, but not the inductive tubes for the spinal nerves coming from the brain.

The therapeutic means for pharyngeal affections are not very great. I limit myself to local application and to the prevention of everything injurious. Smoking and drinking wine, etc., must be strictly prohibited, but if carried out, pays well in the end; and local applications then give better success, especially by using inhalations of solution of salt, of salt with alum, or alum, or of tannin. Too exquisite prominences of the mucous membrane better be touched with Arg.-nitr. 1.20-40, or with the caustic in substance. Constitutional treatment may be conjoined, for which I prefer hot sulphur springs, which are found in every part of the world.

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ARTICLE XXXIV.—An Exquisite Case of Morbus Basedowii (exophthalmic goitre).

By Dr. Hirsch in Prag.

Among the many enigmas which, by peculiar combinations, the morbid organism offers for solution to a studious physician, none is more puzzling than Basedow's disease. Staring, protruding eyes, swelling of the thymus gland, surring and purring in the carotids and in the arteries of the thymus gland, strikingly quickened activity of the heart, a perplexing mixture of symptoms, and still all these morbid manifestations, apparently so heterogeneous, must stand in a certain causal nexus to one source. Niemeyer explains them as arising from disturbances of innervation of the vascular walls. He deducts from a paresis of the vasomotor nerves the dilatation and the increased pulsation of the carotids and their branches, as well as the swelling of the thymus and of the orbital pad. Respecting the increased action of the heart, Niemeyer believes that also there a subparalytic state of the vasomotory nerves of the cardiac vessels, by which they become dilated, and the blood in increased quantity is carried to the heart, essentially modifies the action of the heart. We totally object to such an explanation, especially as all therapeutic measures, based on such a rationale, have failed to succeed. The supposition that anæmia, a blood deficient in red blood corpuscles, causes such pathological manifestations, led naturally to the use of iron; but success corresponded nowise to these expectations, and where ferruginous mineral springs gave some relief, we might just as well ascribe it to the invigorating effects of fresh and pure air, a regular diet, and the change of life. Allopathic authorities recommend also Secale cornutum, as it has the peculiar power to produce contractions of the vascular walls, and a constriction of the dilated lamina.

But to our case: A lady 30 years of age, delicate constitution, middle size, black hair, and dark eyes, passed through all the usual diseases of childhood, only remembering that it

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took her always a long time to get well, and that at that age she was greatly troubled by worms. Hence we may conclude that she was, as a child, of lymphatic constitution, and that this was still the case we could see from the diseased state of her scalp. Frequent and severe itching on the hairy part of the head, scabs coming off in large quantities when combing her hair, these were the complaints of my patient, who at that time enjoyed otherwise good health. Examining more closely, I found on the scalp numerous infiltrated, slightly reddened spaces, covered with groups of small vesicles, some still closed, others already burst, containing lymph, which when dried up formed yellow scabs. Against this eczema rubrum I used for eight months Rhus, Graphites, and especially Calcarea carbonica, and though succeeding in the removal of the itching and the vesicular eruption, still the skin continued to peel off in the form of small, thin scales of a remarkably white color; for this remnant she took Kali carb. $^{2\,tr.}$, a few grains morning and evening, and washed the head once a week with a strong alkaline soap. A few years passed now in moderate health, until about December, 1868, I was again consulted on account of frequent palpitations, and the gradual change in her usual manners, observed by herself as well as by her friends; she became irritable, easily offended, and quarrelsome. Physical examination failed to show any abnormal state, either in the frequency or in the rythmus of the heart's motion; the heart's beat was not stronger, nor the pulse any quicker. Examining closely now the abdominal cavity with the same negative result, my patient suddenly exclaimed that she is again attacked by severe palpitation, revealing itself to me by auscultation, where I found greatly increased frequency and intensity of the heart's beat, sometimes without any regular rythmus. It was also remarkable that as soon as the beats of the heart lost their rythmus, a purring murmur set in, disappearing again as soon as the rythmus became normal. A similar increase of frequency showed itself in the pulsations, which were also from time to time irregular, being during the paroxysm 112–115 a minute, and only 78 at other times. Such a paroxysm of palpitations

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lasted sometimes two or three hours, perfectly independent of external influences, and without any reaction on the otherwise favorable state of her health. I consoled my patient that such palpitations are merely nervous affections, still I felt uneasy in my mind, as I could not find out any thing on which to base the selection of the remedy. My patient lived in the very best of circumstances, surrounded by a doting family, able to satisfy every caprice, and anæmia, with its train of Ferrum and China, was therefore out of the question. I prescribed Spigelia[6], especially on account of the purring noise, a few pellets morning and evening. A week afterwards I found everything *in statu quo*, only she drew my attention to the swelling of the right side of the thymus gland. We continued Spigelia; the menses, which ought to have appeared about this time, failed to show themselves, and the disease kept steadily on. I now changed to Iodine[6], which apparently benefited her, and as menstruation did not appear she supposed herself pregnant. The medicine was continued, a dose every third day. The next few weeks passed off with great amelioration of all symptoms. The time for the reappearance of the menses approached again, and with it reappeared the palpitation and the emotional irritability in increased severity, and only a week after her regular time menstruation set in copiously, discharging dark blood for four days. I repeated now the Iodine daily, and ordered a nourishing, light diet, to the exclusion of farinaceous food. After two weeks the paroxysms of palpitations appeared, only at longer intervals; she was in better humor, still the swelling of the thymus gland increased rather than decreased, and the staring gaze of the patient was not only observed by myself, but also by her friends, and from that moment the diagnosis was clearly established in my mind.

Relying on a former successful case, where I gave, by the advice of my friend Dr. Hofrichter, *Natrum-muriaticum*, I concluded to try this remedy for a few weeks. She took it steadily for three weeks, but the result was anything but favorable. The palpitations were not so severe, but continually present, or rather there was a steady, dull, hasty pur-

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ring with constant irregular beating of the heart. The pulse showed considerable frequency, and could hardly be counted on account of the irregularity. The swelling of the thymus gland had lately not much increased, but the staring eyes were more perceptible. After two periods had passed by without even a show, a copious menstrual discharge again took place on the tenth week, during which time she was steadily kept under the influence of Natr.-mur.

Spring came. A clinical Professor, called in consultation, spoke of anæmia, and recommended country air in a healthy neighborhood, full of woods, and the use of a light ferruginous spring with good nourishing diet. Returned from the country, our patient really looked better; the menses had during that time appeared more regular, but the other symptoms of the disease were *in statu quo*, and the swelling of the thymus gland had considerably increased. Winter passed moderately well, all morbid phenomena were lessened under the use of Arsen., Spong., and Veratr., but it did not last long, and they resumed again their former height. I became impatient with my failures, whereas the patient remained perfectly apathetic about it.

About this time some news were communicated to me, giving me some clew about the cause of my failures. At the very beginning of my treatment I urgently requested my patient, in consideration of her highly lymphatic constitution, to regulate her diet and to carry strictly out the orders about it; but she steadily adhered to old pernicious habits, living nearly exclusively on saccharine and farinaceous food. Such erroneous diet naturally produced a deterioration of the circulatory fluid, and secondarily an injurious influence in the sphere of the sensitive as well as of the motor nerve action. But the consulting Professor insisted on his diagnosis of anæmia, and necessarily on his treatment with iron, and our patient was packed off a second time to use ferruginous springs, and eat as much as she and what she pleased. Returned from Franzensbad our patient had great cause to be dissatisfied with the result. Increase of the swelling of the thymus gland, remarkably stormy, irregular

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palpitations with purring murmurs in the heart as well as in the carotids and in the arteries of the thymus gland, and the large staring eyes were now too palpable even to a casual observer. Still country air was considered the great panacea, and she was sent to Switzerland, whence she returned remarkably changed. The thin long face gave place to broad and bloated features, and between the lymphatic swollen eyelids protruded the large staring black eyes. The circumference of her whole body had considerably increased, inasmuch as a soft fatty tissue was deposited in the connective cells of the skin, and thus the neck also partook of this general increase. The cardiac motions, accompanied by a dull murmur, were considerably increased, and the pulse was 115 to the minute. The humming sounds in the carotids and art. thyreoideæ existed in the same degree, but the patient was less irritable and in better humor. Expectant treatment was now in order to insure all the good effects of the country and of the air, but already after three weeks I was again summoned to my patient, who was apparently suffering from a bronchial catarrh with high fever, threatening capillary bronchitis or pneumonia. The cough was severe, painful, dry, frequently spasmodic, especially at night and preventing sleep; frequent chills followed by high fever and congestions to the lungs and brain, with delirium at night, painful intercostal neuralgia lasting several days, and a total loss of appetite formed an undesirable complex of symptoms. Percussion gave nothing abnormal; auscultation revealed during the first days a clear-sounding whistling, gradually passing over in crepitation, then in small vesicular, and finally in extensive coarse vesicular rattling murmurs. The period of the dry, fatiguing and spasmodic cough, accompanied by vomiturition, and even vomiting, lasted already a whole week in spite of Acon., Bell., Ipec., and Veratr., till expectoration set in, gradually becoming more copious, and we hoped to see amelioration now setting in; but now the copious greenish-yellow expectoration was thrown out in masses and at all times; it really seemed as if the bronchial mucous membrane had been altered to an inexhaustible

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source for the production of mucus, keeping steadily on in spite of Pulsatilla, Scilla, Stannum, Lycop., and Sulph. The little appetite she had gained was now suddenly lost; the tongue had a white coating, the gastric region bloated and sore to the touch; qualmishness and nausea set in; in short, all the symptoms of a gastric catarrh, and finally the intestinal mucous membrane took part in the morbid process, and a severe diarrhœa with painless stool of a yellowish color, and slimy, mushy or watery consistency, prostrated our patient. During that time the bronchial catarrh decreased essentially, but all the symptoms of the original disease existed in the same degree, perhaps only the eyes were not quite so staring. Antim.-tart., Sepia, and Puls. relieved the diarrhœa, when a painful catarrh of the bladder necessitated the use of Dulc., followed by Lycopod., which diminished the large quantities of mucus in the urine, so that it did not look anymore quite so murky or like whey. One day in examining the urine the nurse remarked that she observed some small worms in the urine, and in spite of my incredulity I soon convinced myself of the truth of it, as I found 5 worms of the size of 1 to 1½ Cm. swimming lively about in the urine; they were of a white or of a very light-yellow color, pointed at one end, and at the other end of a brown color. This pathological phenomenon must be seen also by other witnesses, and therefore a consultation was again called. The look and the features of the Professor immediately showed his astonishment when he saw how reduced our patient was. The Professor thought that the worms might have passed in the usual manner from the rectum into the vagina and become dislodged during micturition: but suspecting the very same thing I had ordered already to have the vagina carefully cleansed before urination with a moist linen rag, and no worm was ever found on the rag, and even the naked eye could clearly discern that these worms do not belong to the family of filariæ; but to remove all doubt, we handed some worms to Prof. Stein, an acknowledged authority in miscroscopic examination, and awaited his decision. According to my original idea, that the whole complex of symptoms, including the

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worms, which increased daily in number in the urine, arose from one source—abnormal assimilation, I tried to choose a remedy which acted especially on the depressed and alienated vegetative life, which, according to all symptoms, was unable to provide sound and normal blood, but only a lower degree of organism, namely, mucus.

The cause of this abnormal assimilation certainly could in our patient be laid to the injurious diet, offering only material which nourishes the mucous membranes, whose glandular apparatus becomes thus overloaded, and the material for the preparation of blood remained therefore deficient. Experience shows that such qualitative anomalies in the assimilation produce, on account of the altered anomalous irritation, morbid and abnormal manifestations in the sphere of the ganglia and in that of the cerebro-spinal system. To prove such a hypothesis let us examine some morbid phenomena in the sensitive sphere as well as in the motor one. How often do we hear children, affected with more or less of scrofulosis, complain of abdominal pains, ascribed by common custom to helminthiasis, and purgantia and anthelminthica are given, frequently with relief to the pains, but worms are hardly ever discovered. Pressing, contracting pain in the gastric region with bloatedness is a frequent complaint, even with grown-up children, although we are unable to ascribe the pains to any real cause. There are families whose children receive scrofulosis as an heir-loom, and they suffer for years from spasms, from morbid affections of the glands or cutaneous eruptions, and frequently complain at times of nervous headache, whose usual seat is the forehead or the temples, which, although easily removed, always returns again. Photophobia, in consequence of morbidly increased sensibility, does not appear in scrofulous children always as a secondary affection, but frequently as primary, as the very cause of the inflammatory irritation of the visual organ, a circumstance of great influence in the choice of our remedies. Such anomalous phenomena in the sensitive sphere of the nerves appear in manifold ways in children suffering more or less from scrofulosis. I would especially like to direct your

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attention to the frequent presence of morbidly dilated pupils as observed in children with scrofulosis or verminous diathesis. Whereas the sphincter of the pupil receives its nerves from the oculomotorius and trigeminus, the dilator of the pupil receives its nerves from the cervical part of the sympatheticus, which clearly explains how certain abnormal processes in the vegetative life, standing under the guidance of the sympathetic nerve may produce a change on one or another party of its motor fibres and thus abnormal action, one of which is this very dilated pupil. Another morbid manifestation in children is the too frequent and even involuntary micturition. The layman considers also this symptom as produced from verminous irritation, and in as much as we consider the production of worms and abnormal assimilation as closely related pathological manifestations, we do not intend to fight such an opinion. So much is certain, that such an abnormal micturition is caused by the disturbed equilibrium of two polar forces whereby the activity of the sympathomotoric nerve fibres (which act involuntarily) gains the upper-hand over those arising from the spinal cord.

It would be an easy matter to adduce more cases of altered relationship in the polarity between spinalmotory and sympathomotory nerves; but let us return to the examination of the exophthalmic goitre. Let us begin to study the increase of the action of the heart and blood-vessels with its humming murmurs in the heart as well as in the carotids and art. thyroideæ. According to the latest physiological investigations the muscular layers of the blood-vessels receive their nerves from two sources. The one centrum is formed by the spinal cord and the medulla oblongata, the other by the sympathetic nerve with its numerous ganglia; and whereas the innervating fibres of the one centrum lead to the circular fibres of the blood-vessels, the conducting fibres of the motory action of the longitudinal fibres arise from the other. I am, therefore, justified to conclude per analogy, that this symptom of the Basedowian disease rests on a disturbance of the normal and regular action of these two motory factors, which influence so greatly the action of the heart and of the blood-vessels. We

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know now that the longitudinal fibres of the muscular layers of the blood-vessels are governed in their actions by sympathomotoric nerves, whereas the circular fibres receive spinal-motory nerves. Budge and Walter have shown that the dilator pupillæ receives its nerves from the sympatheticus; the sphincter pupillæ, as its antagonist, from the cerebro-spinal nerve fibres. In the normal and regular movement of the blood within its system of channels closed on all sides, we have not only to consider the contractility of the muscular fibres of the heart and arteries under the influence of the motory nerves, but also the elasticity of the arterial membranes and the pressure of the blood as moving factors, but all of them become essentially changed by the altered quality of the blood. If we direct our attention especially on the two motory nerve fibres of the circulatory system, emanating from two different centres, which must not be disturbed by counteracting influences in their normal antagonistic function, keeping up a kind of equilibrium, we find that such a disturbance necessarily produces abnormities in the circulation. Physiology lays great stress on the discovery of *checking nerves*, which was only lately put forward; and by critically examining this discovery, we clearly establish the proof, that everywhere where motory nerve fibres exist a certain antagonism will be observed during their normal action, between the two motory powers—a kind of polarity. For how could we explain it otherwise when we read in the latest physiological works, *e. g.*, in relation to the innervation of the heart, that the two nerves which send branches to the heart, namely, the vagus and the sympatheticus, show opposite action on the motion of the heart, inasmuch as the sympatheticus is inciting to action and the vagus checking? We get a similar result in the physiological examination of the intestinal motion, where we have also nerves inciting to motion and others which check it. We find exactly the same relation in all muscles, subject to the will, where each has its antagonist. In the Basedowian disease this so necessary equilibrium between the two different motory nerve fibres is disturbed, although we must consider also the altered pres-

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sure of the blood, produced by the anomalous qualities of the blood and the diminished elasticity of the walls of the blood-vessels. If the comparison would not be too far-fetched, we might say, that in the exophthalmic goitre, the muscular fibres of the blood-vessels act as irregularly, as in chorea the muscles subject to the will. And, as it is well known that in the circulation the impulse upwards is far stronger than downwards, we easily understand also why the motory morbid phenomena are more visible in the carotids and art. thyroidea. In relation to the swelling of the thyroid gland, also belonging to the complex of symptoms forming the Basedowian disease, we will only mention *en passant*, that this gland consists of groups of perfectly closed vesicles, imbedded in stroma of connective tissue, filled with a clear fluid, containing mucus and leucine. Considering now the greatly sunken vegetative life, and hence the qualitative alteration of the blood, whereby the colorless lymph corpuscles so much increase; considering also the elasticity of the walls of the blood-vessels, so much reduced under these circumstances, and the increased dilatation of its pores, produced by it, we have to acknowledge that thus, with a prevailing homogeneity of the fluids, the procedure of endosmosis, of diffusion through the porous organic walls, must be greatly precipitated, especially as we observe also a greater impulse of the fluids towards the thyroid gland. Thus, at least I consider the formation of the swelling of the thyroid gland. And still more the big, staring eyes, from which, in connection with the other symptoms, the Basedowian disease may be fully diagnosticated. Fatty tissue, which is not only found in the skin of well-nourished, healthy persons, accumulated here in the subcutaneous connective tissue; but even in the orbita we find the bulb of the eye resting everywhere on this fatty cushion. The Basedowian disease is greatly inclined to the production of mucus and fat, as the products of a lower stage of organization, and in the case before us, where, in consequence of the predilection for saccharine and farinaceous food, a considerable contingent of hydrocarbons were furnished, sufficient opportunity was given for their production. If

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now the normal proportion of fat in the blood is increased with a simultaneously increased permeability of the vascular walls, a slight increase in the supply of fluids to the blood-vessels of the eye will then suffice to deposit through a brisker endosmosis homogeneous masses in larger quantities in the orbita, an organ at all times rich in fatty deposit, and thus by the increase of this fatty cushion the bulbus is necessarily pushed out. We have now only to examine the small worms in the urine, microscopically examined by Prof. Stein, who declared them to be mites of the bottle-fly, and to satisfy us, he showed us large plates containing pictures of this fly in different magnified sizes, and we compared them, the little worms before us, with the figures on the plates. On my question, how these ascarides migrated into the vesica, he thus replied: "Either a small bottle-fly must have passed through the urethra into the bladder and deposited there its numerous ovuli, or we may suppose a very small ulcerated surface in the vagina, where these mites, originating from the *musca carnaria*, originally settled and have found their way to the bladder."

Neither explanation could be considered plausible, and as I also believe in the axiom, "Omne animal ex ovo," further physiological researches showed that animal germs and ovuli are able to migrate in manifold ways through endosmotic processes, and thus we might conclude how such germs, entering the body in the food, or by other means, wherever they find a suitable soil, may develop themselves either by the direct way, as in the intestinal canal, or by indirect way as *e. g.* in the liver, kidneys, and thus also in the bladder. The consulting Professor proposed an injection of decoct. Quassiæ in the bladder, but I had already, for experiment's sake, put a few living and vivacious ascarides in a decoct. Quassiæ, and found that they moved therein about for hours, finally only dying from want of nourishment. More fortunate was another experiment, as by dropping some oil on some ascarides, which were in continual motion, they immediately ceased to move, and remained in such a state; but the Professor felt astonished to hear from our patient that

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since a few days the cough had greatly decreased, the expectoration less copious, and that she passed also less ascarides. The tongue was much cleaner, the appetite better; stool, though tardy, yet fully corresponding to the nourishment taken. Pulse remarkably more quiet, 80–90; the motion of the heart not much accelerated, still the purring in the carotids and thyroid arteries remained at the old state, as also the swelling of the thyroid gland, and the protruding eye. The ascarides were less in number, showed a brownish yellow color, were of less vitality, as they perished in less than half an hour, whereas formerly they moved about for hours in the urine. All these changes were produced by the third trituration of *Calc.-carb.*, of which she took a few grains mornings and evenings, as this remedy stands especially and *par excellence* in specific relations to a depressed and alienated vegetative vitality, and by producing thus a better state of assimilation and formation of healthy blood, the disease necessarily must decrease, and eventually give way entirely to a better state of health. After two weeks' steady use the cough was entirely gone, a few mummified ascarides were the last which passed from her, and, with returning appetite, she was soon able to leave her bed. Four weeks' steady improvement under Calc.-carb had passed, but still the eye protruded, and the gland remained swollen—all indications for *Spongia*, which she steadily also took for four weeks, by which time the exophthalmos on the left side was gone, the right eye still remaining protruding and staring. The pulse was also more quiet, as also the actions of the heart, and the purring murmurs gradually decreased in the carotids and thyroid gland. Animal food and judicious diet, with the moderate use of strengthening malt liquors, soon produced such a change that she was strong enough to undertake a journey to the Alps, where the refreshing mountain air will invigorate her, and where she may also use the salt baths: for Natrum-muriaticum has also specific relations to depressed vegetative vitality; and if she only desists from the predilection for sweets and farinaceous food, she may be still able to get perfectly well.

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Prof. Chisholm, of the Maryland University, relates the following case in the *Phil. Med. Times* of Oct. 15th:

Miss A., aged 19, stout and strong, has noticed for the past five months that her neck was getting large, and that the right eye was acquiring an ugly stare. These symptoms were not connected with any special bodily derangement, nor has she suffered in any way. Her present condition is as follows: She looks pale, although she is very stout and never complains of fatigue; her digestion is good, she has a good appetite, is not troubled with constipation, and menstruates with great regularity, with a uniform loss and without pain. She has never suffered from cardiac palpitation; her heart-sounds are clear, pulse full and strong, 85 to the minute. She has never had flushings of the face, nor unusual sweating; the thermometer, carefully tried, detects no increased temperature. The right lobe of the thyroid gland is double the size of the left, although it is not conspicuously prominent. The right superior eyelid is pinched up, which prevents it from covering the protruding eyeball. When she looks up to the ceiling, the right superior lid is pinched up, which prevents it from covering the protruding eyeball. When she looks up to the ceiling the right superior lid is hidden completely by the orbit; when she turns the eye toward the floor, the lid does not cover more than one-half the exposed portion of the eyeball. When she tries to cover completely the protruding ball, the right superior lid quivers incessantly. The movements of the eyeball are somewhat impaired, the pupil is enlarged, but sight, for both near and distant vision, is perfect. Ophthalmoscopic examination shows no abnormal fulness of the retinal or choroidal vessels.

In the above case the exophthalmos and goitre of the corresponding side of the body appeared and progressed simultaneously, but all the other symptoms so marked in by far the majority of cases, viz., cardiac, uterine, gastric, and cerebral complications, and debility, were wanting.

Trousseau, Remak, Recklinghausen, Friedricks, Graefe, and other recent observers consider exophthalmic goitre a disease of the sympathetic nerve, either excited by reflex dis-

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turbances from distant organs, as the uterus, etc., or by organic changes in its cervical ganglia, or by paralysis of the vasomotor fibres coursing with the sympathetic. In autopsies, careful examination has exhibited the cervical ganglia of the sympathetic sometimes enlarged, at other times atrophic, and again apparently devoid of pathological changes, even under high magnifying power. In some of these bodies the eyes have after death assumed their normal position, whilst in others the eyeballs continue to protrude, and in such the connective tissue, which fills the posterior position of the orbit, has undergone hypertrophy.

The first prominent symptoms—often the precursor of all the others and said to be always present—of this insidious and very chronic disease is rapid and forcible cardiac action with tumultuous palpitation from the least excitement (pulse rarely below 100 per minute); and the great nervous excitability of those affected, with the accompanying irritability of temper, nearly doubles the heart-beats upon trivial provocation. The persons afflicted are young chlorotic women, with irregular or suppressed menstruation (Chisholm). If we ask the question, what is chlorosis, and what is the cause of it? we may certainly reply, that there is some hinderance to the assimilation of the digested food to blood and tissue, and the nutrition of the body remains at a lower stage. What the first cause of this faulty innervation is, will in many cases be impossible to elucidate or to find out; we know it produces through malassimilation a leucocythymia; the circulating fluid is wanting in some of its life-giving principles, and thus is unable to nourish and to strengthen the different systems of the body. Calcarea, with its analogues, Baryta, Iodium, Phosphorus, Silicea, and Sulphur are the remedies to which we have to look to eradicate this faulty nutrition and to procure a better assimilation.

Excessive obesity of young people is in no remedy so perfectly specified as in Calcarea. So far it has not come to

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fatty degeneration, where Phosph. would come into play, but only fat is deposited in too large quantities to the detriment of other tissues. Calc. gives us early these nervous heart symptoms, still merely functional, with excessive anguish and uneasiness, with dyspnœa, and pain in the back. We find among its symptoms: oppressive anguish of the chest, spasmodic breath-checking contraction in the præcordial region, with subsequent violent shocks. Vital heat is wanting; such persons feel worse in open air and from cold water; their circulation, though it may show an accelerated, weak pulse, is still languid, and their feet are constantly cold and damp, as though they had on cold stockings; and their hands are cold, although the heart may work hard to keep them warm.

What Calcarea is to young people, Baryta is to old, especially to fat, phlegmatic old people; still we find it frequently useful in glandular diseases of children, especially with those of rachitic tendency. Baryta patients also feel constantly weak and weary, and their vital power is at a low ebb.

Iodine and its salts may be considered the very antipodes to Calcarea: for it finds its chief indication in emaciation, which may sometimes be even sudden and extreme (and certainly therefore contra-indicated in the disease in question, and neither do we wonder, therefore, at its frequent failure when applied for the cure of goitre). Hughes (Pharmacodynamics, 317) considers its true action of a depressant character upon the lacteal vessels and mesenteric glands: "Given "a sluggish taking up of the fatty elements of the food by the "lacteals, and an insufficient elaboration of their contents by "the mesenteric glands, and we have at once a most important "channel of nutrition choked up and rendered useless." Although we find, especially in the heart symptoms, a similarity between the symptoms of Iodine and those of Calcarea, still the cause which produces them is different, and their application must also, therefore, be different. Whereas in Calc. the secretions are mild, they are corrosive in Iodine.

In Phosphorus we have not fatty accumulation, but rather

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fatty degeneration. For Phosphorus the blood, although perhaps originally in its normal condition, has been poisoned by some of its excrementitious substances, which failed to be eliminated, whereas in Calcarea no true animal poison exists in the blood, which is only deficient in some of its normal parts, possessing at the same time a superfluity of others.

A remedy, containing nearly equal properties of its two constituents, is Calcarea-phosphor. It suits more delicate, thin individuals, and as the general beneficial use of the Hypophosphites has given it a well-deserved reputation in pulmonary diseases, so the lime holds its own in softening of the bones as in rachitis, and in the glandular affection of childhood with its tendency to emaciation and marasmus.

Whereas in Calcarea the want of normal nutrition has yet only produced functional disorders, for Silicea organic changes have already taken place. According to Teste it is also suited to leucophlegmatic fat persons, and like the individual, so also the remedy is slow, but deep in its action. Thus we find it one of our best remedies after the inflammation has passed over into suppuration, or, still further, into ulceration; in the nerve-centres, the irritation has given place to depression and atrophy, as in tabes dorsalis, the place of former congestion and irritation.

Before closing these few remarks, allow me to produce the reason why Iron and ferruginous springs fail so often to give benefit in chlorotic and even anæmic diseases. Hughes (*Pharmacod.*, 232) truly says that in these diseases the malady lies further back, in the blood-making organs rather than in the blood itself. In the group of remedies, of which Calcarea and perhaps also Sulphur are the type, nutrition is at fault, but in Ferrum, Manganese and its congeneers, sanguification fails, the blood contains too much serum, the red globules perish without being reproduced in sufficient quantity, and not only anæmia, but also hydræmia is the consequence. Where Iron does good we are apt to find a pale skin, puffiness of the face and eyes, a loathing of food, frequent diarrhœic stools, fulness of the chest, difficult breathing, copious micturition, languor, tremulousness, faintness, headache and

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humming in the ears, dread of movement, with loss of muscular tone and debility, because the nervous batteries are unable to perform their respective duties when not supplied with the necessary pabulum. S. L.

ARTICLE XXXV.—A Case from Practice: Bromide of Potassa and Croton Tiglium in Chronic Infantile Diarrhœa.

By E. M. Hale, M. D., Chicago.

The subject of the following case was a child two years of age, of good physical constitution, and very bright and intelligent, the son of C. M., residing on Michigan Avenue in this city.

About the first of July the parents took their usual summer visit to Saratoga, and a week or so after their arrival the child was attacked with dysentery, lasting a week or more. The family then went to Newport, where, from exposure and injudicous bathing, the child had an attack of diarrhœa, which has continued, with intervals of apparent improvement, up to the date of my first visit.

On the first of September, in the evening, I was called in consultation with Mr. Dr. Gross, under whose care the child had been for several days. (For several weeks previous the child had been under the treatment of an eminent homœopathist of this city.)

I was informed that for the two weeks prior to my visit the child had averaged fifty evacuations daily, and had failed rapidly in strength, with great emaciation. The evacuations were like *thin rice-water, with a bran-like sediment*, without odor, and occurred after swallowing the least portion of food or drink, sometimes with tenesmus and pain, and at other times without; no vomiting, great thirst, and excessive irritation of the nervous system; constant crying and moaning; sleeplessness, bloodshot eyes, hot head, cold feet and hands,

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and bloated abdomen. The only nourishment the child could take was arrow-root and beef tea.

After some deliberation and a consideration of the fact that nearly every remedy had been prescribed, it was decided to give the following:

Kali brom., $\frac{1}{10}$ trituration, 2 grains every 2 hours, alternate with *Croton tig.*, 6th dilution, one drop every 2 hours.

It may be well to give the reasons for selecting these two remedies. Arsenicum and Veratrum naturally present themselves, but they had been tried again and again; Camphor had been used, but only palliated; Phos. ac. had been used unavailingly. I could not ascertain if Cuprum had been tried.

In the following columns will be found the symptoms which appeared to indicate the two remedies:

Kali Brom.	*Croton Tig.*
Great weakness, emaciation, anxiety, nervousness, irritability, sleeplessness, heat in head, fulness with pale face, pupils dilated, eyes sunken, eyes congested blood-shot, dry mouth, intense thirst, colic and frequent evacuations, rice-water discharges, cold limbs, and body, and hands.	Frequent evacuations, "coming out like a shot," aggravation while *drinking and eating*, constant urging to stool, stool not always painful.

It will be seen that while the general symptoms and many of the special characteristics are covered by Kali brom. (see Proving in *American Observer* by the writer), there were a few which were only found under *Croton* (see Bell on Diarrhœa). The bromide was eminently indicated for all the symptoms of the nervous and mental sphere, by its purely pathogenetic symptoms, while the curative effects of the remedy, as observed by Dr. Caro and others, myself among the number, during the last few years, justified us in selecting this remedy.

I am frank to admit that I am sorry the one or the other remedy was not tried singly; but the case was desperate, and it was no time to experiment. Croton, although it corresponded beautifully to two characteristic symptoms, did not with the totality. It is well known that croton has little

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or no influence over the brain and nervous system, and we did not feel like allowing the nervous irritation to go on unchecked.

But the result of the administration of the remedies in alternation was everything that could be desired.

September 2.—In the morning, about 10 o'clock, the child was much better; had passed a quiet night, had but ten evacuations, the head was less hot, extremities warmer, eyes looked better, expression less anxious.

At 7 P. M., improvement continued; a stool about every hour, less in quantity—a little *thicker;* the unnatural thirst gone; he wants some toast; a few drops of wine of pepsin was added to the beef tea—ten drops to the ounce. Continue the remedies the same.

September 3, 9 A. M.—Had a good night; slept two hours at a time, which he had not done for weeks; had but six evacuations—thicker, yellowish green; no thirst, appears hungry. At 7 P. M., was quite bright but quiet and sleepy, all traces of anxiety gone, from his demeanor; five stools to-day. No change in the remedies except to give them two hours apart.

September 4.—Slept half the time last night; had only four stools; they were "formed," about the size of the little finger—appeared of a gelatinous consistence (undigested arrow-root?). Dare not try any other beverage, for at every attempt to change, the child has been worse. In the evening the child still improving; takes considerable beef tea and toast.

September 5.—Had a good night; took the remedies but twice; stool the same as yesterday except one, which was papescent and brown, with some odor; thought we would advise mutton broth instead of beef tea. In the evening found that the mutton broth had caused *vomiting*, and the child appeared to have *wandering* pains in the body and extremities. Suspended the other remedies and gave two doses of *Pulsatilla.*

September 6.—No vomiting last night, or pain after the second dose of pulsatilla; had a good night and a light brown evacuation this morning—three last night.

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Evening.—No evacuations to-day, but frequent inclination to stool, some distension of the abdomen, morose; gave Nux-vom. 6th, a dose every two hours.

September 7.—Had but one evacuation last night; feels quite well, lively, and hungry.

Evening.—One very slight evacuation, a little piece about an inch long, brownish. Continue Nux-vom. every four hours.

September 8.—Last night was exceedingly hot and sultry. About 11 o'clock the child was attacked with loose brown stools and sour vomiting. Two doses of Iris. v. 2d arrested both.

Evening.—Several brown papescent stools in the forenoon; since morning has taken Kali brom. and Croton as at first; had but one stool this P. M., and is quiet.

September 9.—The mouth is quite sore, looks red, tongue red, corners of the mouth sore, lips dry and bleed from his picking them, stools dark brown (three last night, four to-day), of the consistence of pap, almost in form, bowels bloated, tympanitic. Prescribed Nitric acid 3, and Terebinth 3d.

September 10.—Mouth and lips better, only three stools last night and to-day, more consistent, less tympanitis, appears better in all respects. No change in medicine.

September 11.—Ten stools to-day, brown mucus mixed with dissolved fæcal matter, excoriation around the anus, an eruption on the skin of small pustules running together with very red areolæ. Sulphur 30th every 2 hours.

September 12.—Much better. From this time on, the child gradually improved under the use of Kali brom., Croton, and occasionally other intercurrent remedies.

P. S. At this writing (Oct. 20th) the child is quite well. Although this was an obstinate case, it illustrates the usefulness of the Bromide of Potassa in diseases where the excessive irritability of the nervous system seems to prevent the curative process.

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ARTICLE XXXVI.—Laryngismus Stridulus.*

W. S. Searle, M. D., Brooklyn, N. Y.

Gentlemen of the Class:

Having been invited to address you upon this occasion, and permitted to select my own subject, I have chosen that of Laryngismus Stridulus; or, as it is otherwise termed Miller's Asthma, Kopp's Asthma, Thymic Asthma, Spasm of the Glottis.

It may appear somewhat strange that I should have deemed it a suitable theme for a preliminary lecture, but it is nevertheless appropriate for several reasons. In the first place, the great number of more common diseases which must be brought to your attention by your regular instructors, will prevent a full discussion of those which are more rare. Again, though comparatively infrequent, it is an important disease, and one which is quite too summarily disposed of in your text-books. But I have chosen it, more than all, because its consideration will serve an important purpose in giving a proper direction to your study and thought during the course upon which you are about entering.

If it is the bane of the physiological school, that it directs the attention of its students too exclusively to those sciences which serve as guides in making up a diagnosis in each case of disease, leaving to therapeutics a minor place, and basing the little they are able to afford of the latter upon the symptoms which decide the diagnosis, it may be considered that it is a tendency of the studies most actively pursued in some, at least, of our homœopathic colleges, to lead the student to depend too much upon a pure symptomatology in the treatment of disease. (By a *pure* symptomatology I mean one which is not analyzed, explained, illustrated by pathology; not comprehended as to the relation and modality of its parts.)

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* Delivered before the classes of the N. Y. Hom. Med. College and the N. Y. Med. College for Women, Oct., 1870.

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To run, in a word, to a therapeusis based on symptoms solely to the disregard of diagnosis.

Not that we can have too good a knowledge of Materia Medica, nor too great practical power in its application, nor yet too thoroughly appreciate the fact that diagnostic symptoms are not the ones which generally determine the specific homœopathic remedy in each case. No; I do not mean that, but our therapeutic ability is too apt to become unbalanced by a lack of diagnostic skill. However the fact may be as to our colleges, certainly those of my colleagues in the profession who hear me will testify that this is a tendency of homœopathic practice. We get into the habit of asking the patient's symptoms with a therapeutic rather than a diagnostic purpose. Daily necessity compels us to the Materia Medica mostly; and this is so imperfectly worked out as yet, and access to its treasures is so difficult, that every moment of professional leisure is occupied in finding the much desired similar. We have, or take, too little time to study our cases from a pathological stand-point. True, the former is the "weightier matter;" it is of greater importance to cure a disease than to ascertain its seat and nature. But they do not properly stand in the relation of less and greater —rather in that of antecedent and subsequent, premise and conclusion. "This ought ye to have done, and not have left the other undone." The older you grow in practice, the more clearly will you see that diagnosis is often a necessary element of therapeusis as well as of prognosis.

Now, the pure symptomatologist may and does succeed in curing a large majority of his patients, for our law of cure often supersedes the necessity for a diagnosis. But the time will come, and not seldom, when such a practitioner will stumble and fall, to his own discredit, the disgrace of homœopathy and the loss of his patient.

You must know that there are cases in which a pure symptomatology leaves us in the lurch. You will come upon cases where neither the patient in his prostration, nor friends from their absence or lack of observation, can give you the phenomena of the disease; you will see children from whom you

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can get objective symptoms only; nay, you will meet with certain diseases, like the one we are to consider to-day, which sometimes cannot be treated efficiently from the best obtainable symptomatic schema alone, and in which empiricism can only be banished from the bedside by a full and complete pathological knowledge.

Do not understand me to decry the earnest and careful study of the Materia Medica. Not at all. That a homœopath is a good therapeutist is his very glory and crown. Given an ordinary diagnostician, but a fine therapeutist—let him stand beside the most splendid pathologist of the physiological school, and the former will beat the latter out of sight in the cure of disease. I would have you not the less therapeutists, but better pathologists than our school now generally affords, and I am happy in the belief that such provision has been made in the curriculum of this college, at least, as will meet this demand; such as will start you on your medical career, not only with a full freight of knowledge, but one which is well balanced and ballasted, so that, guided by the rudder of discretion, you will ship seas of disaster neither on larboard nor starboard; fall neither upon the Scylla of allopathy, nor the Charybdis of symptomism, but with favoring gales make a successful life voyage.

But I must have a care lest "my front door be bigger than my house." So we will return to our subject.

You are sitting in your office, we will say, on some gloomy day of your young doctorhood, meditating upon your unappreciated knowledge, when Bridget, from the great house over the way, bursts in with just breath enough to gasp out, "Doctor, come quick, our baby has a fit." In that delightful state of mental confusion which, I presume, always attends a physician's visit to his first case of "fits," you pocket your pellets and arrive at the bedside "dusty and deliquescent" both in body and soul. Nor is the scene of confusion and grief which awaits you there at all calculated to quiet and calm your mind. The little darling, sole pride and joy of her mother's heart, lies in the arms of the nurse, pallid and exhausted. Whatever the doctor may be at other times, he

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is now invoked as a very god by the anxious parents. "Will she die?" is the first question. "Oh! save her," the first demand.

But you must have premises before you can reach conclusions. The only information you can at present obtain, however, is that the child awoke from sleep suddenly, unable to breathe, turned pale, then livid, was convulsed, and at last recovered her breath with a whooping sound. Perhaps whooping-cough is prevalent, and you jump to the conclusion that it is a case of this disease. Older heads than you have done the same thing. It is narrated that one of the most eminent English physicians of his day, on arriving for consultation in the hall of the house where the patient lay, and hearing the crowing sound, at once said, "that is whooping-cough or I never heard it." Unluckily for the patient, he stuck to his opinion, either for the sake of consistency or from ignorance.

And here let me warn you, gentlemen, against getting the habit of "taking snap judgment," as the lawyers say, at the bedside. It sounds smart, and takes well often; some great reputations have been built upon it, but like Chatham street clothes, they don't wear, gentlemen, *they don't wear*. You might make a worse diagnosis than that I have named, but let us question this anxious mother a little further before we deal out our doctrine or our dose.

How long has baby been ailing? A week or two. Has she had cold in the head? No. Any long spells of cough? No, but she wheezes and coughs loose a little. Any fever? No. No loss of appetite? None. Is she teething? Perhaps. Stomach and bowels right? Yes. She looks fat and stout! Oh! yes, she is as lively as a kitten. How did she act in the fit? Why, she bent backward, turned her hands in, gasped, and grew stiff, and black in the face.

Well! well!! you commune with yourself—Is it croup? No; it has lasted too long. Is it whooping-cough? No; for the catarrhal stage has not been seen, and the cough is unlike it, except the whoop. It certainly can't be bronchitis.—My dear doctor, you have your first case of laryngismus; and I

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wish you joy of it, in current phrase; for you will find, if you study the disease, as you surely ought, that there is a great variety of opinion as to its nature, and very little reliable for its treatment given in your text-books. Besides, to add to your anxiety, the patient is never free from great danger of sudden death till she is cured, or—quite a different and not uncommon thing—gets well.

Remember, then, these two points: 1st. It is a disease which it is often difficult to diagnose. And 2d. It is a deceptive and often suddenly fatal disease.

It is by no means an affection of recent date. It has been observed and mentioned by medical writers as far back as Hippocrates, with the most varied views as to its nature and treatment. It is not worth our while to trace its history in full here, but you may find it in a work entitled, "Ley on Croup," published in London, in 1836. A valuable book, by the way, and one which will amply repay its purchase, when you can find it. Some of these authorities have regarded it as a general convulsive affection, dependent upon inflammation of the brain in the neighborhood of the pons and medulla; others, as a spasm of the glottis, due to local causes; others, as a paralytic affection of the larynx and trachea. At the present day, however, it is universally recognized as a disease of the laryngeal nerves, and the only controversy is in regard to how they are affected.

In order to a clear understanding of the subject, it will be well now to recall to mind some of the anatomical characteristics of the laryngeal region, with especial reference to the nerves which supply it.

I trust you have not come to a medical college without, at least, a general knowledge of the structure of the larynx. You know the form of the organ: that it is composed of the epiglottis, the thyroid, cricoid, and arytenoid cartilages, and the muscles which move them; of the vocal cords, and the muscles which control them. The nerves which supply the various muscles, and endow the larynx with sensibility, are derived from the vagus—one of the divisions of the eighth pair. Just after the issue of this great nerve trunk from the cra-

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nium, it gives off a branch which is called the superior laryngeal. This divides into two parts: one supplying the crico-thyroid muscle, and the other the arytenoid muscle, while its sensory filaments are distributed to the mucous membrane of the epiglottis and the upper part of the larynx.

What are the functions of these two muscles? The crico-thyroid elevates the cricoid cartilage under the thyroid; thus approximating the two, and weakening the efficiency of the opening muscles of the glottis, by bringing their extremities nearer together. This motion takes place whenever we swallow, and insures the perfect closure of the glottis by the arytenoid muscle during that act, by weakening the power of the opening muscles of the glottis.

The arytenoid muscle is attached to the two arytenoid cartilages, passing directly across from one to the other in front of them, and serves to draw these cartilages together, and thus close the rima or chink of the glottis.

The function of the superior laryngeal nerves, then, is to give sensibility to the upper part of the larynx, and, by reflex or direct action, close the rima glottidis.

When the trunk of the pneumogastric has passed within the thorax, it gives off the other laryngeal nerves, which are called the recurrents. They turn around the arch of the aorta on the left, and around the subclavian artery on the right, and, proceeding upward by the side of the carotids, are distributed to the muscles which complete the tracheal rings; to the mucous membrane of the trachea and lower larynx; and also to the muscles which open the larynx.

Perhaps you will ask, how do we know so accurately the distribution and functions of these nerves? I reply, not only by tracing their course, but also by various experiments. For instance, if the superior laryngeals are cut in the living animal, we find paralysis of sensation in the upper larynx and the rima glottidis. If now we galvanize the distal end of the cut nerve, the crico-thyroid and arytenoid muscles contract, and the rima closes.

On the other hand, if the recurrents are cut, we find the opening muscles of the rima paralyzed and its edges fall

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together, while it opens again under the influence of the galvanic current. Similar results are seen in the muscles which complete the tracheal rings. Sensation is also abolished in the trachea when the recurrents are divided. If we perform tracheotomy upon a dog and introduce through the wound any foreign body, a violent cough ensues; but cut the recurrents, and foreign bodies have no effect except to mechanically obstruct the passage of air.

In regard to the function of the muscles at the back of the trachea, there has been much discussion. It is now, however, acknowledged, I believe, that they serve, among other purposes, the important one of ejecting the mucus or other matters which may be in the trachea, assisting or assisted in this labor by the ciliated epithelium of the mucous membrane. Now, when the recurrents are cut, and these muscles thereby paralyzed, the mucus secreted remains to a great extent in the trachea, causing no distress, because the sensory filaments which should take cognizance of its presence have been severed. Thus accumulating, it produces the rattling and wheezing which is heard in animals which have been subjected to this experiment, which is also heard in those cases of laryngismus which consist in paralysis of the recurrent nerves, and which again is the ominous sound that has received the name of the "death rattle."

It is interesting, and may prove useful to you to know that this is also the condition of affairs in the so-called "roaring horse." This has been proven by a division of the recurrents in that animal.

In confirmation and illustration of those facts, I will quote the experiments of the French physiologist, Le Gallois. Having exposed the glottis to view in the living animal, he observed that the rima opened during inspiration and nearly closed during expiration. Dividing one recurrent, he saw the glottis on the same side deprived of opening motion; the arytenoid cartilage of that side remaining fixed in the central line while its fellow still continued its movements. He then severed the other recurrent, when the edges of both cartilages came into contact and the rima appeared entirely closed.

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The animals operated on finally died of asphyxia; all the sooner if they attempted muscular exertion, since this necessitates more rapid breathing.

You are now in possession of all the anatomical facts necessary to an appreciation of the pathology of this disease. I may, however, properly advert here to the following well known principles of general nerve pathology:

1. If injury or disease affect the trunk of a nerve, the principal effects will be observed at the remote extremities of its filaments.

2. Morbid affections of the nerves resolve themselves into those of excitement, and those of defective energy—spasm and paralysis.

3. Excitement and consequent spasm may result from mechanical impulse, vascular congestion, or inflammation, structural disease, reflected irritation, and simple functional disorder.

4. Defective energy, and consequent paralysis are results of extraneous pressure upon a healthy nerve, of atrophy of the nerve itself, or of reflected influence.

5. A constant cause affecting a nerve may produce intermittent peripheral phenomena.

This last is a very curious, instructive, and not easily explicable fact; an important one, too, in explaining the phenomena of the disease under discussion. To fix it better in your minds, I will narrate the outlines of a case which fell under my notice while one of the Government Pension Surgeons.

Daniel E. Gardiner, of Co. F, 2d Regiment N. Y. S. V., was wounded by a bullet which passed through the right thigh, injuring the sciatic nerve. Among other results of this wound was swelling and pain in the foot, which continued a long time after the wound was healed. Now, both the swelling and the pain varied greatly, and often suddenly, in intensity. At times they were so great that he must constantly dip the foot into cold water; again, a marked remission of both occurred. Other similar instances might be cited did time permit.

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Bearing in fact, now, these principles and facts, as well as the anatomy and physiology of the larynx, I ask, what pathological states of the nerves we have been tracing are capable of producing the phenomena of closure of the glottis, with the consequent breathlessness and whoop, which characterize laryngismus?

Why, manifestly, first, a condition of excitement of the the superior laryngeal nerves, with consequent spasm of the crico-thyroid and arytenoid muscles.

And, second, a condition of depression of the recurrents, with consequent paralysis of the opening muscles of the glottis.

Theoretically, then, there are two entirely different diseases usually confounded with each other, under the name of spasm of the glottis. Diseases, too, which, if they really practically exist, demand entirely different treatment, to say nothing of an appropriate nosology. I propose, then, that we call the disease *Laryngismus*, and its two divisions, respectfully, *spasm* and *paralysis* of the glottis.

Let us see now if such a difference does not practically exist.

CASE I. The first instance of this disease which occurred in my practice, was in a child of about one year. Every one, two, or three days, and more lately every week or ten days, she would suddenly lose her breath, gasp, struggle, become livid, and finally recover her usually healthy condition with a crowing sound. There was no cough, no mucous rale, in fact no other symptom except that the teeth seemed to be troublesome. Remedies were addressed to this condition. Belladonna and Creosote were the only ones given, and the child recovered in a few weeks.

Now after what has been said, I think you will have little difficulty in entitling this form of the disease spasm of the glottis. But, in contrast with this, let me give you my last case.

CASE II.—It is that of a female child, who, a few months after birth is said to have developed marasmus. She was getting over this and being well nourished when she came

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under my care at the age of four months. Now, though constantly gaining in flesh and strength, a mucous rale with a wheezing sound began in the trachea. It was more violent at times, and again would cease entirely, but was most severe at night or while sleeping; then she would rattle like a dying person. There was very little cough and no fever nor catarrhal symptoms at any time. Appetite was good, the bowels regular, and the child lively and playful. Not till these symptoms had lasted several months did the attacks of breathlessness set in, and even now a mere hint or suggestion of them occurs. I have no doubt that this is a case (I say *is*, for it is not yet cured) where there is pressure upon one of the recurrents only, and consequent partial paralysis. And, considering the precedent marasmus and the general *habitus* of the child, I believe this pressure to be due to enlarged thoracic or deep-seated cervical lymphatic glands.

Ley, in his work on Croup, contends that this *rationale* explains every case of laryngismus, and that all previous writers have been mistaken in talking about spasm of the glottis. But his view is just as far from the truth as that of those who call all cases of laryngismus spasmodic. It is true that the cases I have selected as typical are extreme ones, but they are genuine cases which can be paralleled to a large extent, and no argument can show them both to be either spasmodic or paralytic. If you study a large number of cases with the pathological changes which autopsy has revealed, you will indeed find a border land, as it were, where the spasmodic shade off into the paralytic. In fact there are cases originating in inflammation of the brain, and here, as the whole pneumogastric is involved, you will find the spasmodic and paralytic symptoms alternating or combined. So convinced were some of the older pathologists that the seat of the disease was always in the brain, that they called it cerebral croup. But this will not do now, for we know other forms of the disease.

Hood, an Irish physician, in 1827, developed a theory that laryngismus is due to pressure from an enlarged thymus gland, since such a condition of this organ was discovered by

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him in several fatal cases of the disease. But the soft and spongy nature of this gland, even in its hypertrophied state, renders it very doubtful whether it is capable of exerting sufficient pressure to produce it. Moreover, the largest thymus on record, weighing 865 grains, was taken from an infant of 5 months, who had never had laryngismus. When, however, this gland has become indurated, as well as enlarged, from scrofulous deposit, there can be no doubt that it is competent to produce paralysis glottidis, and has produced it.

The evidences of enlarged thymus are distension of the veins of the neck and head, unusual fulness of the throat-pit, elevation of the top of the sternum, and extraordinary dulness on percussion on each side of the upper part of the sternum. Fulness of the veins about the head and neck, without obvious cause, or an increase of that fulness when the head is bent forward, should, therefore, excite a suspicion of this complication; and if laryngismus should exist in a patient of scrofulous constitution, presenting these symptoms, you would be justified in referring it to this cause.

I will now quote two other cases in order to illustrate more fully the difference between spasm and paralysis of the glottis. The first is from the experience of Dr. Carroll Dunham, and may be found on p. 20, Vol. II., *Am. Hom. Rev.*

Case III.—A female infant, seven months old, well developed and large, the fourth child of healthy parents, was brought to me with the following history. She was seized three weeks ago with a spasmodic affection of the respiratory organs. Suddenly and without warning she would make a long inspiration, with a slight crowing noise; an attempt to exhale would follow, but without success; another crowing inspiration, with ineffectual effort to exhale; and this would be repeated till the child became blue around the mouth, and sank into partial unconsciousness, when free respiration would take place, and the child sink into a deep sleep. Frequently, towards the close of an attack, convulsive movements would be noticed, and once general spasm occurred. At first these attacks came on only after excitement; they frequently occurred during sleep, arousing the

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child suddenly, and were most common from midnight to 7 A. M. Within the week before I saw her, they had become very frequent—as many as thirty or forty occurring during twenty-four hours. She had begun to emaciate rapidly; had lost appetite, strength and playfulness; the face was pale and bloated, and the eyes had a dull and glassy expression. During the previous year the parents had lost an older child with the same affection, under allopathic care. The autopsy in that case had revealed no organic lesion. On careful examination of my little patient, I could discover no sign of disease that was not fairly attributable to the frequent recurrence of these spasms, and the consequent venous congestion. It was evidently a case of spasmus glottidis.

This case, gentlemen, was cured by the remedy discovered by the author (Dunham), which is Chlorine. A slight relapse, due to teething, was at once relieved by lancing the gums, and entire recovery followed.

I will now give you an instance of paralysis glottidis, quoting a condensed statement from "Ley on Croup," p. 21.

CASE IV.—A child, when a few months old, became subject to a wheezing in the trachea. This could be easily heard from one end of a large room to another, and its tone was much deeper than could be expected from the size of the trachea in a child of that age. For a long time this was unaccompanied by any other disturbance than occasional hurried breathing when excited. In this way the child would wheeze during nearly the whole day, with little cough or dyspnœa, and was as playful as if nothing ailed it. There were frequent intervals when the *rale* would entirely cease. Some weeks after, the wheezing became more violent, with severe cough in paroxysms, with a disposition to retch, which seemed to dislodge from the trachea a portion of the phlegm. At length it awaked suddenly from sleep, and had a convulsion. The child was described to have been breathless for awhile; pale; trunk and extremities rigid; hands clenched; eyes staring, and rolled up; and the countenance expressive of agony. At last the breathing returned, with crowing inspiration. In spite of all Dr. Ley and his counsel could do,

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the paroxyms persisted, and soon after, in one of them the patient expired. The autopsy revealed a cluster of greatly enlarged glands at the root of the lungs, and around the arch of the aorta, pressing upon the recurrents.

Could anything be more evident, gentlemen, than that these two instances of disease do not belong to the same category? I dwell upon this point because it is the most important one in the diagnosis—important both for prognosis and treatment. Besides, though some writers hold all cases of this disease as spasmodic in their nature, and others contend that they are all paralytic, I know of none that acknowledge that some are of the former and some of the latter class.

Let us compare the two instances just given, and see if we cannot establish a reasonable differential diagnosis. The first case opened with easy inspiration, but inability to expire. The recurrents, then, according to Le Gallois, and Magendie, also, were not in fault; for inability to inspire marks their paralysis; and spasm, through them, couldonly open the glottis. The second case opens with a loud and large mucous *rale* in the trachea—a condition which no disease that is devoid of fever is capable of producing, except paralysis of the recurrents. This symptom, too, did not at all occur in the former case. In the latter instance, in spite of violent efforts, no air could be inhaled; in the former none could be exhaled. Again, in one case, these paroxysms of breathlessness were the incipient symptom; in the other, they did not appear till the disease had lasted for months. In one, the post mortem revealed enlarged glands pressing upon the recurrents; in the brother of the former, who died after manifesting the same symptoms as his sister, no organic lesion was found.

Surely here is ground for a broad and useful distinction. But you may ask, and pertinently too, if the pressure of these glands was sufficient to cause paroxysms of breathlessness, why the effect did not persist with the constant cause. I refer you for explanation to the case of Gardiner, and Principle 5, above given. And, furthermore, a deep inspiration,

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which is especially likely to occur during sleep, might at any time suddenly increase the pressure to a degree sufficient to bring on a paroxysm, while the interval of breathlessness and partial asphyxia would afford opportunity for the nerve to resume its functions. So also the effort of sucking, straining in defecation, fright, or, in case the pressure is due to enlarged cervical glands, a sudden turn of the head may and will excite the paroxysm.

In spasm of the glottis, the asphyxia itself is the cause of the cessation of each crowing fit, for that condition of affairs always brings about muscular relaxation throughout the whole body.

How this differential diagnosis affects the treatment and prognosis, we shall see by and by; but, I think, enough has been said to prove a real difference in the cases which have hitherto been classed together, and that this difference is so great as to warrant and demand a division of them under the titles of spasm and paralysis of the glottis.

Here I must warn you that you will at times have difficulty in distinguishing spasmus G. from whooping-cough, and paralysis G., in its onset especially, from bronchitis. You will remark here that bronchitis has fever, loss of appetite, and more constant cough. Of course, when the crowing inspirations begin, you have no farther trouble on this score. But you will have more difficulty in diagnosing the spasmodic form from whooping-cough. A mistake here is of less consequence as to the treatment, as both diseases have much in common in that regard, but it would be awkward, gentlemen, to have your patient die suddenly in a paroxysm which you had pronounced that of pertussis, a disease which involves comparatively little danger.

So I will narrate another case and then point out the distinctive symptoms. This is also from Ley. He says:

CASE V.—A child under my care had occasional attacks of breathlessness, from which it recovered with a crowing inspispiration. He suffered also from fits of cough resembling pertussis, except in the absence of vomiting or retching. About twelve months previously he had had both whooping-

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cough and measles. These left him much weakened and emaciated. The cough was unattended by expectoration, sometimes a mucous rale would precede it, however. But he had many attacks of breathlessness without cough, and only attended by a whoop at their close. Upon the death of this patient, Dr. Ley found the characteristic enlarged glands pressing upon the recurrents.

The diagnostic points to which I would call your attention, and which will generally prove sufficient, are these: In pertussis, the cough is gradual in its approach and accompanied with catarrhal symptoms, as a rule. Weeks are often needed for the complete development of the whoop. But spasm of the glottis is generally sudden in its invasion, with no apparent warning. Indeed it is so sudden that parents often have thought that some foreign body must have entered the windpipe. Again, in pertussis the child is conscious of the approach of a paroxysm; it runs to its nurse to be held during a fit; or, if too young for this, it is seen to be struggling against it and grasping objects within reach for support. In spasm of the glottis the patient has no such previous warning. The breathlessness seizes him instantly and unexpectedly.

Pertussis rarely ceases and then recurs, while this is often the case with spasmus glottidis. Generally we can trace the former to contagion; the latter is not dependent upon it. Finally, a close observer will notice that the cough is quite different in the two diseases. The strangling connected with the fit of cough does not appear so markedly at the very outset of the paroxysm in pertussis as in spasm of the glottis. It is also apt to be out of all proportion to the violence of the cough, in the latter disease; while the victims of pertussis cough violently before the strangling is prominent.

We come now to the causes of laryngismus; and first, to those which may be called predisposing. Infancy is most liable to this disease, and it grows less and less frequent until the third or fourth year; after this date examples are quite rare, but still do at times occur, even in adult age. There seems to be an hereditary tendency to it in some families.

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Those who are of a scrofulous diathesis, who are insufficiently nourished, or live in close, unwholesome air; those "brought up by hand;" the delicate and reared with difficulty; those whose sutures are long in closing, and whose digestion and assimilation are weak and easily disordered, are most prone to its attacks. In such individuals a simple cold may suffice to precipitate the disease.

Perhaps the most frequent *exciting* cause is difficult dentition; the irritation from the inflamed and swollen tissues here is reflected upon the laryngeal nerves, and the disease thus produced.

Another exciting cause is derangement of the digestive organs. Here, of course, the reflex action may be direct, through the other branches of the vagus. On p. 17, Vol. V., *Am. Hom. Rev.*, you may find an instance of this kind, which was cured by Nux-vom.

Reflected irritation from the heart has also been known to excite the disease. In short, where a predisposition exists, a large variety of exciting causes will develop it. These it is not necessary to dwell upon, but I advise you to search them out diligently in practice, for they must influence your prescription.

The prognosis is sufficiently grave in both forms of the disease, but I believe it to be most so in paralysis glottidis, although these cases do not look so formidable at the outset as those of the spasmodic form. It is especially so in cases which depend upon pressure from enlarged glands, for these are due to deep-seated constitutional causes, which it is hard to eradicate. As yet, we have no homœopathic statistics to show the proportion of deaths under our treatment, but we do know that a large majority of those who suffer from this complaint die, under allopathic care.

TREATMENT.—This may be divided into the treatment of the paroxysm and that of the disease as a whole. Should you be present when a fit of strangling occurs, it will not do for you to sit calmly down and await its termination. Although there is very little which you can efficiently do, parents and friends will expect you to do something; so call for a sponge and hot

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water, not too hot, however; squeeze the sponge out in this and apply it to the throat, changing it often. If the case is one of spasm, it will do good; if it be one of paralysis, it will do no harm. Take the child to the open window, for it needs the purest air when it can get so little. Quiet the agitation of friends as much as possible, for excitement and fright on the part of the patient are quite likely to bring about a recurence of the paroxysm. A dash of cold water on the face or chest will sometimes restore the respiration when it seems beyond recall. It has not been mentioned by any author, to my knowledge, but I do not see why Marshall Hall's or Sylvester's methods should not be resorted to with success, even after apparent death. Many an asphyxiated person has been restored to life twenty minutes and even half an hour after the vital spark seemed to have fled. I would never neglect these processes then. They can do no harm, and if they should restore some darling child and your remedies should afterward cure the disease, what blessings would be showered upon you! What reputation would you not achieve!

As to the medical treatment—our law of cure enables us to select *a priori* quite a number of remedies which will be indicated under varying circumstances. Unhappily, however, our clinical records afford but few data from which we can derive curative confirmation of their actual value.

When called upon to treat a case of laryngismus, your first care should be to discover whether it is reflex in its origin or not. One question will go far toward determining this, viz.: was the child in good health when the disease first made its appearance? If you find that it was not, inquire closely into the condition which then existed. If you have reason to believe that dentition is the exciting cause, do not hesitate to lance the gums freely; for whatever grounds there may be for avoiding this operation under other circumstances, the perilous nature of this disease ought to decide you in its favor at once. You can prescribe the proper remedy for the deranged dentition afterward. The condition of the bowels and the character of the stools should be carefully investigated and taken into account in prescription. But remember

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with regard to all these concomitant disorders, if they have appeared since the inception of the laryngismus, that they are quite as likely to be consequences as causes of it, and govern yourselves accordingly. If you can discover no diseased condition which either was or may have been the cause of the disease, then endeavor to settle it in your mind whether you have to deal with spasm or paralysis of the glottis. Many times this will be easily determined, but, if it is not, observation of one circumstance during a paroxysm will settle it. If the patient can inspire but not expire, it is spasm; if he can expire but not inspire, it is paralysis.

If the form of the disease be paralytic, consider carefully the question whether it may be due to enlarged thymic, cervical, or thoracic glands. Look at the neck; feel of it; press your fingers deeply under the sterno-cleido-mastoid muscles; for this is the location of the deep-seated lymphatic glands which are most likely to give rise to the trouble. Inquire into the history of the parents and grand-parents for scrofula. Has the patient had glandular disease elsewhere? is it well nourished? is its belly tumefied and hard? If you find good reason to apprehend scrofulous glandular enlargement, you will need to institute what one school calls constitutional, and the other, antipsoric treatment. The nutrition remedies, as Grauvogl aptly calls them, will come in, as well as function remedies for the laryngeal symptoms. You may give Calcarea, Sulphur and their Iodides—whichever is most appropriate—say twice daily, and repeat your function remedy as seems best.

I have left myself little room for the specific treatment of the complaint, and, as I have said, this is mostly theoretic. However, I will tell you what has proved useful, and when, as well as give you a few therapeutic prophecies as to what may be of service.

REMEDIES FOR SPASM OF THE GLOTTIS.—Most prominent of these is Chlorine gas, in a weak watery solution; and we owe the development of its relations to this disease to your respected Dean, Dr. Carroll Dunham, to whom the whole profession owes so much in many directions. Its symptoms are as follows:

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"Spasm of the glottis, which interferes but little with inspiration, giving to it a crowing sound, but which prevents expiration. The respiratory acts consist of a succession of crowing inspirations, each followed by an ineffectual effort at expiration; the whole serving to inflate the chest to a most painful extent. This finally results in more or less complete asphyxia, with or without convulsion, during which the spasm relaxes, and free respiration takes place." These are the symptoms given, but you will note that they are those which occur in every case of spasm of the glottis, to a greater or less degree. The characteristic and distinctive symptoms of the drug have never been evolved.

This remedy, gentlemen, has cured several cases of this disease promptly, and a large majority of instances of simple idiopathic spasmus glottidis may be expected to yield to it. You will find the mode of preparing it in Pareira's Materia Medica, or in works on Chemistry.

The remedy which most closely resembles Chlorine in its action, according to the proving of Lippe, is *Mephitis*. It has the suffocative feeling, with inability to exhale; the bloated face and convulsions; but I am not aware of any characteristic symptoms which indicate it in distinction from Chlorine, nor has it ever cured spasm of the glottis, to my knowledge.

Sambucus, you know, was the remedy selected by Hahnemann for this disease; but its signal failure to cure the large majority of cases has led some to question whether the usual sagacity of the master did not desert him on this occasion. The fact, however, does not prove that the remedy is not homœopathic to some modalities of the disease, and the trouble lies in our failure to discover these modalities—not in Hahnemann nor in the remedy. This is made evident by its prompt cure of some cases of spasmus glottidis. One of the most marked of these you will find numbered "Case 504," *Am. Jour. Hom. M. M.;* but, unfortunately, the characteristic symptoms are not stated. You will find in the pathogenesis of this remedy the usual symptoms of spasmus glottidis, but the determining ones for its employment are these: "Burn-

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ing, red, hot face, hot body, with cold hands and feet *during sleep*. *On awaking*, the face breaks out into a profuse perspiration, which extends over the body, and continues, more or less, during the waking hours. Then, on going to sleep again, the dry heat returns.

Should you ever meet with a case presenting these peculiarities, you may be sure Sambucus will cure it, and nearly as sure that it will fail, if these symptoms are absent.

Moschus has similar symptoms to the foregoing remedies, and is said to have cured laryngismus. It was probably hysteric in character.

You may meet with cases for which *Lachesis* will be indicated. Of course, the sensitiveness of the larynx and trachea to touch will be its leading indication, and a distinctive one.

Besides these five, I am unable to find any remedies that have cured, or are likely to cure, a case of true spasmus glottidis.

TREATMENT OF PARALYSIS GLOTTIDIS.—*Plumbum*. — Bäehr says that the symptoms of closure of the rima are more marked in the pathogenesis of this drug than in that of any other. It has the mucous *rale*, with sudden difficulty of breathing, and asphyxia, but I do not know that it has ever been tried as a remedy for this disease.

Cuprum presents similar symptoms. Cases demanding it should have cold perspiration at night, and any accompanying cough should be relieved by a swallow of cold water.

Spongia and *Iodine*, bearing, as we know, a relation to scrofula, should be studied when we have reason to suspect enlarged glands as the cause of the disease.

Ignatia has the eminently characteristic symptom of difficult inspiration, with easy expiration.

Gelseminum has long inspiration, with crowing sound; expiration sudden and forcible.

Corallia rubra will be serviceable in cases which it is difficult to distinguish from whooping-cough.

Of the other remedies which have been recommended for this disease, perhaps Ipecac., Hydrocyanic acid, Opium, Ver-

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atrum, and Arsenicum deserve some attention; but I am unable to discover their homœopathicity to any form of it, nor have they ever cured a case to my knowledge. Perhaps this may be said of all the remedies I have named for paralysis glottidis; but at least these have this merit, that their symptoms correspond closely to the disease.

In conclusion, gentlemen, I can only express the hope that you may cure every case of laryngismus which falls to your lot, and with this wish I bid you farewell and Godspeed.

ARTICLE XXXVII.—Before, During, and After Parturition.*

By Henry N. Guernsey, M. D.

How many anxious thoughts have arisen, and ever will continue to arise, from a contemplation of this important subject. It is a theme so weighty that the pen shrinks almost from the task imposed upon it, of writing upon a subject so important to the health and happiness of the race. It is true that volumes have been written on it, and that possibly nothing new can be said about it; but novelty is not a prerequisite of medical truth, and medical truth will bear reiteration, especially when, as in this case, a thorough conception of its revelations is fraught with so great an import to the welfare of mankind.

In considering these subjects, I shall take them up in the order mentioned above—before, during, and after parturition.

Before parturition, embraces the whole period of pregnancy, commencing with conception and terminating with the insetting of labor.

In order that this period may be gone through with in a thoroughly physiological manner, all unphysiological and

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unphilosophical habits must be laid aside, and all pernicious practices abandoned. The pregnant woman should strive to cultivate for herself the utmost cheerfulness and tranquillity of mind; she should strive to be at peace with all the world and at peace with herself, for her mental and moral state will surely be engrafted upon her offspring, *the education of the future being commencing while yet in utero.* And in this effort she should be seconded by her husband, whose responsibility is very great at this period; whose conduct towards the wife of his bosom, at this period, acting upon her mental organization, will be transmitted to their joint offspring, for weal or for woe. Medical men cannot be too particular in urging this point on all suitable occasions, as it falls to their lot not alone to *cure* diseases, both mental and physical, when they exist, but, as well, to prevent their occurrence when it is at all possible to do so.

A pregnant woman, during the whole course of her pregnancy, will require more sleep than at other periods; and an ample allowance of "tired nature's sweet restorer" should always be indulged in. And yet, at the same time, habits of slothfulness are to be deplored and decried. "Early to bed and early to rise," applies with additional force at this juncture, and nine or, at the latest, ten o'clock at night should always find her in bed, and six or, at the latest, seven o'clock in the morning should find her up. Habits of regularity in all things should be cultivated—regularity as to hours for sleeping and waking—regularity as to meals, exercise, stool, etc. As much exercise in the fresh air as is possible, should be taken. Walking is indispensable, and every day should find her taking a walk leisurely and with the mind at ease; and this rule should be observed even in cold and, *cæteris paribus*, unpleasant weather, excepting when the walking is dangerous from snow or ice. A walk is often an excellent remedy for the slothfulness and heaviness that sometimes steals over the pregnant woman like an incubus; a much better remedy than taking a nap, or even than a prescription from the doctor. Useful employment, reading, or useful and agreeable conversation, should engage the waking hours not

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otherwise employed. In fact, the physician should enjoin upon his pregnant patients the importance of cultivating a proper condition of mental vitality as well as physical. How important is it that the expecting mother, as a new thread of life is being spun within her, should *think* and *do* that alone which is good and right; for of a certainty her offspring will have woven into the tissue of its existence the resultant of what she *is* and *does* during her pregnancy.

It is a fact worthy of notice, that as pregnancy advances, the fluids of the body are increased in quantity, and, of course, an increase of circulating capacity is demanded. This has, in connection with other points a decided bearing on the question of dress during pregnancy. Unusual looseness about the waist is requisite, and, as well, about the neck, wrists, and lower extremities; even an elastic garter spanning the leg may be injurious, and everything that can retard or in any way interfere with free circulation should be, if possible, avoided. The proper warmth of the clothing should be studied with great care. It should be composed of such fabrics as combine lightness with warmth, so that proper heat of body may be maintained without the discomfort of oppressive clothing. In the latter months, particularly, the clothing should not be tightened about the waist at all. The dress should be allowed to fall loosely and gracefully from the neck and shoulders, showing but little waist; and this will be found not only most becoming, but far better for the mother and the fruit of her womb. One fact in connection with this question of dress is here noteworthy, viz.: that women in the latter months of pregnancy, often complain of and really suffer from *coldness of the abdomen;* the protruding abdomen causing the clothing to set off to the extent of almost completely exposing that part of the body to direct contact with the air. In view of this the clothing should be so adjusted, or an extra garment worn, to obviate the difficulty. Physicians will greatly benefit their patients by giving strict directions in regard of all these matters which are so apt to be regarded as minor and insignificant points.

The diet during pregnancy should be generous in meats,

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vegetables and fruits, and at the same time simple. The less tea and coffee are indulged in the better, for both mother and fœtus, as these have a tendency to produce nervousness, and even convulsions. Sugar, salt, and spices should be taken in moderation. *Stimulants of all kinds should be most strictly and religiously avoided.*

Very many of the discomforts arising at this period may be promptly relieved or removed by a strict conformation to the laws of a rational mode of life. If, however, they should persist, and help seems necessary to adjust and properly balance the deranged vital forces, help is to be sought within the pale of homœopathic medication, and the law of the similars—here, as elsewhere, applicable—should be brought to exercise its wondrous health-giving powers. Thus pregnancy, judiciously managed, prepares the way for the act of parturition; and, it may be remarked, just as pregnancy has been free, or freed, from sufferings and from complications, will, *cæteris paribus*, the act of parturition, and its *post partem* consequences, be likewise free from dangers and disorders.

During parturition, embraces the period commencing with the first onset of labor, and ending with its termination in the birth of the product of conception.

When this grand function commences, the pregnant woman comes into a new physiological state, and if harmony exists throughout her entire organism, her labor will be comparatively free from suffering, and parturition will be accomplished as speedily as is consistent with safety. If a *want of harmony* should exist, *symptoms* will be developed and manifested in some way, by means of which the follower of Hahnemann will be guided to make that selection from the great storehouse of the Materia Medica, which shall at once relieve and remove the disarray, and re-establish harmonious action. *Anæsthesia should not be resorted to;* oblivion should not be courted at the risk of safety—for, the symptoms masked and suffering suppressed—crushed under the ponderous action of chloroform or ether—what guide has the physician to the selection of a remedy for disorder, or to a knowledge even, that disorder has arisen?

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During this entire period, the comfort of the patient should be the consideration of the accoucheur. The room should be well ventilated; the temperature never rising above 70° F. The patient should be allowed to choose her own position, provided it be compatible with safety. Her clothing and the bed coverings should be so adjusted as to make her comfortable; so light as to be not cumbersome, and yet sufficient to insure agreeable warmth, even to her feet. Bright light should not be permitted to strike the eye, as being liable to induce nervous irritation. Cold water should be allowed "*ad libitum*," as well as other beverages of a cooling and refreshing nature. Particular care should be taken that the feet are comfortably warm, not alone for the sake of personal comfort, but the pains of labor will be more apt to be natural; and the same is true of whatever may be done to put the patient in a comfortable and natural condition.

The accoucheur should visit his patient early, and then occasionally, until his continued presence at her bedside is demanded. During all this time he should be ever on the watch, and quick to grasp at deranged conditions and abnormal manifestations, and as quick to select and apply, in accordance with true Hahnemannian principles, the required remedy, or to afford such manual aid as may be needed. Especially should his ear be open to her complaints, and the slightest deviation from the natural should call forth its appropriate antidote. In this particular too little has been done in our school (and, apart from anæsthesia, nothing in any other school) towards lessening, by medication, the pains and perils of childbirth. We *have* done *something*, but *but much more* yet *remains;* it is yet one of the *richest* and most *promising* fields in the domain of our science and art.

The accoucheur should determine the position and presentation as early as possible; and if it be one of the usual and natural ones, he has little to do but watch and wait—*watch* the conditions, note the symptoms, and apply the homœopathic remedy when needed, and *wait* for nature to complete

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the process she has incepted, in her own best manner. It is well to cheer the patient, at this period, by telling her that "all is right" (if so it really be), as such a communication rarely fails to add to her comfort of mind and her contentment to bear the pangs to come. While labor is at its height, the bed coverings should be reduced as much as possible, according to existing circumstances, thus compensating, in some degree, for the accumulating heat of labor. There is no obstetric apothegm carries with it greater weight of truthfulness than this, that "meddlesome midwifery is bad," when applied to *natural* labor. All fingering and manœuvring, with the hope of bettering the process of nature, is uncalled for and injudicious. Parts that, under the severest tax laid upon them by a provision of nature quickly rally to a normal condition and tone, may be seriously injured, and give rise to much after-suffering, by being subjected to "manipulation." Interfere judiciously, where interference is necessary, but trust to nature where she is sufficient of herself; seeking aid from benign homœopathia, where aid seems requisite.

After parturition embraces that period of time commencing at the moment of childbirth (the completion of reproduction), and terminating when the child is nine months old. This subdivision assumes a twofold aspect—the one referring to the mother, the other to her offspring. As the mother is, under all circumstances, the first consideration, I shall treat of what relates to her first.

Immediately after the child is born, the mother should be enjoined to remain perfectly passive, and she should not be subjected to a disturbing influence of any kind. A pleasant chat with the patient after "all is safely over," is very enticing, and apt to be indulged in by the nurse and friends, and, *sometimes, even by the physician;* but too much cannot be said against this most cruel and injudicious practice, and it is almost impossible to calculate the amount of mischief that has been done by a deviation from the rule enjoined. It is to be remembered that the mother has just emerged from a condition of the highest mental and physical excitation; and, if this be borne in mind, the necessity for perfect passivity

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becomes at once apparent. The room should be darkened somewhat more than during parturition, and talking and whispering should not be allowed. Additional covering should at once be applied, and if she desires water she should be allowed to have it in plentiful quantities.

In fifteen or twenty minutes after child-birth, traction should be made on the cord, and if it seems to yield easily, should be delivered at once. If not, the suitable homœopathic remedy will cause its detachment; after which the patient may, in most cases, be at once placed into a dry and comfortable position, and allowed to rest and sleep. *No abdominal bandage or binder should be applied.* The accoucheur should carefully note the patient's pulse for a half or three quarters of an hour, and be governed accordingly. He should *not* press upon the abdomen *to keep the uterus down*, nor to make it contract; nature provides for all this, or if nature seems to fail, homœopathy, the handmaid of nature, should be appealed to for aid.

Until after the secretion of milk has been well established, the diet should be very simple and the room should continue to be well shaded. During convalescence, commencing after the secretion of the lacteal fluid has been well established, the diet may be made more generous in both meats and vegetables (eggs, oysters, and fish being strictly prohibited), and the light of day should be allowed to enter the chamber freely, rejoicing the woman's sight and strengthening her in every way. The bed covering and her own clothing should provide a sufficient degree of warmth, and yet be so light as to be not burdensome. Heavy, close, and thick material not only weighs down and swelters her, but prevents the carrying off of the effluvia arising chiefly from the profuse transpiration of effete material so desirable to be rid of at this period. Let the accoucheur, at a subsequent visit, turn down the covering in cases where he finds the patient heavily blanketed, and the heat and stench escaping from that bed will suggest to him its occupancy by some offensive carrion, rather than by a living human being, and perhaps by two—the mother

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and her child. Can it be wondered at if such cases make a slow recovery?

The room should be ventilated every day, the thermometer never rising above 70° F. The patient should be allowed plenty of pure cold water to drink, and her lavements should be sufficient for cleanliness, but always performed *under cover*. The feet should be sponged almost daily, one foot at a time, which should be rubbed perfectly dry and covered before the other foot is touched. The water for external use should be tepid, and free from alcohol, bay rum, cologne, or anything of that kind. It is better to have the atmosphere pure than charged with bay-rum, or other artificial and abominable odor.

The patient's clothing and the bed-linen should be changed frequently, having been previously well aired before a hot fire, in another room than the lying-in chamber. For two weeks she should keep the recumbent posture, using a bed-pan when required; changing frequently from one side of the bed to the other, to rest herself, and permit the vacated side to be shaken up and prepared for her return to it with increased satisfaction; or she may be transferred to another bed or a lounge for a few hours daily, after the first few days. At the end of the third week she will be the stronger and better for having spent the first two weeks in a recumbent posture. Physicians should be particular in urging this point, as very much of the comfort, health, and happiness of a woman's after-life depends on the care she takes of herself during convalescence after parturition.

After the second week, other things being equal, the woman may take a sitz bath, the water being at a temperature of 65° or 70° F. While sitting in the tub, water may be poured over her shoulders and washed down for a few moments, which should then be rubbed dry and covered while the limbs are being washed and rubbed dry. The process being completed, she should go at once to bed. *In no case should she go out immediately after a bath.* Extra caution must be observed in bathing in cold weather. During the third week she may

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drive out in fine weather; in cold weather during the fourth week, other things being equal.

During the entire nursing period the diet should be plain and simple, but abundant and nourishing. All abnormal conditions should be carefully attended to, and the proper remedy given. The room of a lying-in woman should be light and airy, and when the proper time comes she should *walk* out every day in the air and sun, when the weather is suitable; riding being entirely insufficient.

The underclothing should not in any instance be allowed to hang upon the hips, but should be suspended from the shoulders. No woman can hope to remain well who allows the weight of her skirts to drag upon her hips and loins; and complaints of great magnitude may arise from this apparently trivial cause.

If a woman should feel weak "after she gets about the house," she should not be recommended or permitted to fly to stimulants of any kind for relief, but, the physician being consulted, should seek the appropriate remedy, which may be found under the law of the similars.

The office of the physician is a sacred one. It is his to *prevent* as well as to *cure* disease and suffering, and he should ever be ready to give good advice, and medicine when requisite, to disperse a trifling ailment, and thereby, perhaps, ward off a formidable malady. He should encourage his patients, and particularly those who are mothers, to consult him freely and early, even upon apparently trifling occasions. I trust that no one who hears this paper read will impute improper motives to the writer in thus urging this point. I urge it solely in the interests of humanity. The homœopathician has, under God, the key to health, and by accepting and acting under the advice of such men, particularly mothers for themselves and their offspring, not only is the individual benefited directly, but in the same proportion is the *race* bettered likewise; for the production of the sound mind and the sound body in the individual, benefits the individual's successors, and thus healthfulness is perpetuated, until ultimately the race is regenerated. The largest tumor had a beginning;

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there were some symptoms somewhere that foreshadowed its coming. Had the advice of the disciple of Hahnemann been sought at this early period, the condition would have been cured, and, most probably, the growth of the tumor would not have commenced. And this is true of all the ills that flesh is heir to, in a greater or less degree.

I shall now consider that part of "After parturition" having particular reference to the child. As soon as the child is born, its face, mouth, and eyes should be cleansed with a soft napkin, and it should be permitted to lie undisturbed for some five minutes, or until respiration is fully established. By that time, in most cases, the cord will have ceased to pulsate until within three inches and a half of the abdomen. It should then be cut; care being taken that the blood does not spurt over the bed or one's own clothing. The child should then be permitted to lie for about five minutes longer, to allow the remainder of the effete blood to ooze away, just such quantity as would otherwise have been returned to the placenta. This blood is loaded with effete and noxious material, and, on its way to the placenta for such purification as it could there receive, was arrested in its course, and if permitted to enter into the general circulation of the child, or to lie congested in that part of the cord between the ligature—when applied—and the bifurcation of the iliac arteries, may do great harm to the general health of the babe, and, I am convinced, often does. In two minutes the flow from the cord will have ceased, when the child should be handed to the nurse, wrapped in a blanket, and as soon as convenient washed and rubbed dry. Should a little oozing from the cord interfere with the cleansing of the child, a little raw cotton applied temporarily will suffice. After it has been properly washed and thoroughly dried, a piece of raw cotton or cotton batting, of the size of the palm of the hand, should be laid on the abdomen just above the navel, the remnant of the cord laid on it—the cotton being worked so as to embrace the base of the cord,—and another piece of cotton of the same size placed over the cord, the whole being kept in place by the usual belly band. On the next day a slight stain of

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blood *may* be perceptible on the bandage, but not enough blood will have escaped to saturate the raw cotton. So well convinced am I that this is the best plan of treatment for the navel—nonligation of the funis and raw cotton dressing—that I do not think I shall ever change my practice to go back to old methods.

After mother and child have had some rest, the child should be applied to the breast to obtain its first supply of nourishment; but if none can be had there, and it is clamorous for food, milk and water—one part milk to two parts water—should be given; but it should always be borne in mind that as soon as possible it is to depend solely upon the breast for support.

Great care as to dress is requisite throughout babyhood; no *flannel* should *ever* be *worn* by a *healthy* child; and while "high-necked" and "long-sleeved" clothes should be worn, the babe should not be kept too warm, as too much covering interferes with natural transpiration by the skin, and we have resulting what is commonly called "the gum," or some other rash, sore mouth, intertrigo, etc. Let it be properly washed in pure water daily—unless the child be too weak and feeble to endure daily ablutions, which the doctor must decide—the water not contaminated by alcohol, bay rum, or other abominations, and afterwards thoroughly dried before being dressed, never using dusting powder of *any kind*. Let it have plenty of fresh air and the light of day—not kept in a dark room or smothered under the bed-clothes—and my word for it the health of the infant, all things being compatible, will be assured. I have never known a case of "gum" or "sore mouth" result where the above precautions have been duly observed.

For the sake of both mother and child the infant's diapers and other articles in use should not be allowed to dry before the fire in the lying-in chamber, as is too commonly done, as the air is thereby rendered extremely impure, and serious illness may result from such poisoning of the atmosphere.

Proper food is of the greatest importance to babes. No children do so well, none grow up so free from disease, as

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those who depend for sustenance entirely upon the mother's milk during the first eight or nine months of life. The infant should be accustomed to take nourishment at regular intervals; every two, three or four hours, as may seem necessary. It should not be allowed to sleep at the mother's breast at night, which is a most pernicious practice, of no good to the child and of great harm to the mother, and one, too, that once acquired is very hard to be rid of. If the mother cannot afford sufficient nourishment, which may be immediately suspected if the child seems well and yet cries much, one part of cow's milk to two parts of water, with a pinch of salt and a little sugar added, makes a most excellent substitute or adjuvant, and is, perhaps, the nearest approach to mother's milk for all practical purposes. The milk thus given should not be thickened with flour, as the flour does not get properly cooked, is indigestible, and by and by occasions sickness. If neither mother's nor cow's milk agree with the babe, it is because of some derangement of its organism, and the proper homœopathic remedy should be selected and applied. Crackers of all kinds are particularly injurious. Preparations of wheat, barley, oatmeal, or arrowroot, all of which should be pure and fresh, may be used if *properly cooked*. The early use of animal food by infants is very objectionable.

When the child is a few weeks old, if the air be suitable it should be taken out daily; not under a vail, but with its face exposed to the air and sunlight. It should not be taken out too early in the morning, and never after sundown. As soon as it is strong enough to hold playthings and to take notice, it should be placed on a thick quilt on the floor, supplied with playthings, and thus at an early age be taught to amuse and take care of itself. It gains strength and preserves its health in this manner more certainly than by being for ever in its nurse's arms, or lifted and carried like a mere machine. Let it creep and move about of itself as much as possible. This is a matter of great importance to the health of the child, and physicians cannot too strongly represent it to parents. Happily the "baby jumper" is a thing of the past,

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but there are, unfortunately, too many human baby-jumpers to be found in nurseries.

The advanced physician should discountenance the use of the time-honored cradle, or crib on rockers. The babe should not be put into one of these abominable machines, and rocked and rocked until its brains are addled and it goes to sleep through mere stupidity. If the babe is uneasy its position should be changed, when lying, and if it does not want to sleep it had better be on the floor playing, than rocked until stupified and thus forced to sleep. Such practice is exceeded in cruelty and wickedness only by that other device of the devil—*the use of soothing syrups.* Babies should be treated like human beings and allowed to be rational if they will be so.

A few words about changing its diapers; and I would beg pardon for mentioning the subject were it not for its importance, and one about which physicians should be very explicit, if they deem it necessary. I have seen so much suffering engendered by carelessness in this particular, even in the highest walks of life, that my regard for infants compels me to speak out. The child should be changed immediately upon its being discovered that its diaper has been soiled or wet; and this should be observed by day and night, in summer and in winter alike. To pin on three or four diapers in the evening, and allow the babe to lie in them until morning, as is too frequently done, is a filthy, abominable practice, and very detrimental to the infant's health. I have seen the buttocks covered with sores, solely from this cause—and this in families of the upper rank of life, even—which got rapidly well after the vile practice had been discontinued, on my remonstrating. If an acrid or irritating substance is used to cleanse diapers, great care should be taken that it is well washed out of them before they are used; and they should likewise be well aired before a hot fire.

Circumstances might exist which would make it advisable that a child should be nursed longer than nine months, and the physician should give his advice on such an occasion. As a general rule, however, nine months is the proper age for

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weaning. This process being determined upon, it should be done in a proper manner—not abruptly, and at once, as is the custom with some persons, nor by the mother absenting herself at a time when her infant needs, more than at any other, a mother's watchful care; but it should be done judiciously, and under the mother's supervision, as follows: Let the child be first taught to feed, and then let it gradually learn to depend entirely upon artificial food during the day, and to nurse only at night. This is a great point gained, and this advance made, after a time, the child should be fed well before going to bed, and again during the night, as often as it awakens and needs it, and soon it will cease to want the breast at all, and it can soon be weaned from the night feeding afterwards. Thus, by this process, a double point is gained: the child is not suddenly deprived of its accustomed nourishment, and thereby made cross and sick, and the gradual reduction of the demand for milk produces a corresponding diminution of the supply, so that, at the time the child is completely weaned, the breasts are quite, or nearly, "dried up," and there is no trouble resulting therefrom.

For all the troubles pertaining to dentition, the proper homœopathic remedy should be sought for and applied, and I refer with confidence to my treatise on that subject published in Volume IV. of the *Hahnemannian Monthly*.

ARTICLE XXXVIII.—Dry Cupping the Bowels, for Strangulated Inguinal Hernia.

By Ralph Blakelock, M. D.

Mrs. B., æt. 82, in carrying a piece of ice up stairs was taken with severe pain in the pubic region, sickness at stomac, with a disposition to evacuate the bowels; three hours after these symptoms occurred I visited her and found her in a collapsed condition, cold sweat standing in beads on her face, vomiting and great prostration; after making an exam-

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nation, diagnosed strangulated hernia; gave Nux-vomica 3d, and endeavored to reduce it by taxis, but was unable to accomplish it by that process, and having read in Hill and Hunt's work on Homœpathic Surgery of a case where the doctor melted off the spout of a pewter pitcher, and placing cotton in it, fired it; then after emptying out the cotton, placed it over the abdomen, and soon had the bowels in the pitcher, and the hernia was reduced; on this hint I procured an earthen jar nine inches deep and seven inches in diameter at the mouth, larger in circumference in the middle of the jar than at the bottom or top, and filled it with hot water, then dashed it out, and placed it over the abdomen. As the vessel cooled, the bowels were drawn up into the jar, and she exclaimed, "Oh! it is out." The hernia was reduced, and I ordered her a truss.

ARTICLE XXXIX.—Provings of Iris Fœtidissima.

By E. W. Berridge, M. D., London, England.

The fresh acrid roots were macerated in alcohol 60%, for about ten months and then pressed. *The lower potencies must be made with strong alcohol,* otherwise there is a precipitation.

Proving 1.—Dr. J. H. Croker, Great Malvern, England, chewed a piece of the root. In ten minutes great burning feeling in mouth and fauces, extending into the stomach, not relieved by cold water or anything else.

Proving 2.—Mr. ———, a patient, took half an ounce of a mixture of two drachms of tincture with eight ounces of water three times a day. It caused the following new symptoms: burning as from vitriol in stomach; when the pain occurs, great weight in vertex; cannot sit to his business (office work) in the morning; pain at vertex sometimes reaches down to over eyes.

Proving 3.—Mr. ——— proved the 72d centesimal potency, prepared by me.

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1st Day.—Took five drops in water.

3d " Desire to evacuate contents of bowels felt whenever he thought about it, lasting a few days.

5th Day.—11 A. M., pain in second bicuspid and first molar of right upper jaw, both of which are stopped. Towards evening a small swelling on outer side of the corresponding gums.

6th Day.—Right side of face swollen in morning, increasing during day. In afternoon cold air out of doors increased the pain, which was relieved by slight pressure of hand; pain worse on laughing; in evening it became very painful. Took one drop in the morning.

7th Day.—Not much sleep last night, restless towards morning; swelling increased; slight pressure of hand and cold water relieve the pain; urine last night and to-day much increased, passed much at a time but not more often than usual. Took one drop in water. In afternoon urine pale.

8th Day.—Another dose. Afternoon, urine high-colored; in evening, pulse very soft, more compressible than usual; afterwards soreness on pressure under jaw on right side, from angle half way towards symphysis; cheek less swelled. 10.30 P. M., a rather severe, continuous, lancinating pain behind right ear, on a level with meatus, and about one inch distant, for two or three minutes. Urine, after standing, considerably loaded with lithates (it was tested).

9th Day.—After midnight, gum boil burst with great relief to pain, and towards evening the swelling of the face nearly disappeared. Morning, urine high-colored. Evening, urine high-colored and a thick deposit.

10th and 12th Days.—Took a dose. 12th day a slight deposit in evening and night urine.

14th Day.—A dose. Urine rather high-colored, no deposit.

15th Day.—A dose. Urine rather more high-colored, very slight turbidity. (Last dose.)

16th Day.—Urine somewhat high-colored, slightly so next day.

20th–27th Days.—Urine slightly high-colored, but quite clear. For six weeks afterwards urine occasionally high-colored.

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Proving 4.—Miss ——— took ten drops of 71st centesimal potency, prepared by me. In fifteen minutes feeling of a piece of ice on centre of vertex, with feeling of coldness of both external ears; this lasted a few seconds, then suddenly they became warm again; in thirty minutes cold feeling beginning at back of cervical vertebræ, coming down spine as far as lower dorsal vertebræ, then it spread over back causing shivering; then in a few seconds feeling of coldness at both elbows. It felt like a douche down the back. (All this was in a moderately warm room.)

Proving 5.—E. W. Berridge, M. D., proved 71st centesimal, prepared by myself.

1st Day—11 A. M., took five drops in water and at 4.15 P. M. ten drops. 10.10 P. M., slight pain in left lumbar region for a few seconds; had it before during the evening, lasting a longer time. 10.30 P. M., again a momentary pain as before. 10.47 P. M., took several drops in water, also a deep inhalation.

2d Day—4.20 A. M., directly after rising from bed staggering to the left twice when walking in room. Took six drops in water.

3d Day.—Woke on back with clammy feeling in mouth and slight perspiration. 8.45 A. M., took four drops in water. 9.40 P. M., when rising from kneeling, slight staggering to the left.

4th Day—8.20 A. M., took two drops in water, also a deep inhalation. 10 A. M., took three or four drops in water.

5th Day—12.50 P. M., took sixty drops in water. (Last dose.)

7th Day—8.25 A. M., when washing face with right hand, sudden pain about inner border of *left* scapula as if sprained, leaving a dull aching pain there. The pain was worse in putting *right* arm round to back in order to touch the spot; slightly so with *left* arm; worse on rubbing face with *right* hand; exercising with *left* arm does not affect it; the further I put *right* arm around to back the more severe is the pain; when in the stooping posture it is much better or altogether gone; worse immediately after rising from stooping; not influenced by expiration or inspiration; putting *left* arm in

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front of chest does not affect it; *right* arm very slightly so; hitting straight up with *right* arm and bringing it straight down again somewhat aggravates the pain, but not with the *left*; the pain feels as if it would prevent inspiration just as a heavy weight would, but in reality respiration is quite easy; pain is worse on bending *right* shoulder round to front as much as possible, with left not so much. 8.50 A. M., the pain is not noticed when at rest; aggravations less severe. 9:30 A. M., stitch in left lumbar region during the act of stooping. 10 A. M., pain not felt at rest; not nearly so bad on touching back with right hand. 4.10 P. M., while walking in open air, sudden stinging in a spot in outer side of left thigh for a moment. 7 P. M., pain at shoulder-blade mostly gone. 10.45 P. M., still some pain in putting right hand back to scapula.

8th Day.—The same this morning as yesterday at 10.45 P. M.; also on brushing hair with *right* hand; it went off in course of day.

9th Day.—In morning, slight pain as before on touching *left* scapula with *right* hand; it went off in course of day.

11th Day.—Various dreams last night, among others that I had epileptic fits.

13th Day.—Occasional pain in left side of neck when moving neck, in afternoon; on inner side of upper thigh (*left*) rather posteriorly, is a rather large red pimple with some redness around, tender to the touch and painful to the friction of the clothing while walking.

15th Day.—Pimple has become a pustule, which I opened and squeezed out pus; woke last night lying partly on back, partly on right side, with hands placed flat on chest, the right being higher up than the left and left leg partly drawn up.

16th Day.—4 A. M., woke on back with arms placed horizontally across chest (the left arm being highest up); slight perspiration, lips dry, disagreeable taste in mouth which lasted some time.

17th Day.—Woke three times on back; position of hands not noticed.

18th Day.—Woke on back with arms folded and entwined across chest.

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19th Day.—Woke on back with hands under back of head, the palms being directed towards the head and the right hand between the left hand and head; afterwards woke on back, inclining to right side, right hand under back of the head, as before; afterwards woke on back with arms folded across chest, the right arm resting *upon* the left in a vertical direction.

20th and 22d Days.—Woke on back, position of hands not noticed.

23d Day.—Woke on back, hands flat on body.

24th, 25th, 26th, and 28th Days.—Woke on back.

29th Day.—Woke on back, arms lying across body transversely, the right being highest up.

31st and 32d Days.—A feeling at right outer canthus, as if it had been bruised; it is felt on working or rubbing that part; the pain is in the integuments, not the eyeball.

33d Day.—A small stye on inner surface of right upper lid near external canthus; broke the stye, after which the former pain gradually subsided.

34th Day.—When using right arm while dressing, this morning, sudden pain as if sprained at inner border of left scapula (just as on the previous occasion); worse on putting right arm round to back so as to touch left scapula with right hand; it left a dull aching pain there worse, as before; not worse on touching right scapula with left hand; slightly worse by hitting up perpendicularly with either hand, especially right, also worse on brushing hair, especially with right hand. 5 P. M., pain only felt when putting right hand to back, as before, and then it was less.

35th Day.—Only slight pain, as yesterday afternoon.

Proving 6.—Mr. ——— proved 147th centesimal potency, prepared by me.

1st and 2d Days.—Took six drops.

3d Day.—Stitches in a decayed second left upper molar, occasionally, especially when touching tooth with cheek or tongue, or biting on tooth. Took another dose at 10.30 A. M.

4th Day.—Last night in same tooth stitches, with dull pressing pain during the interval between the stitches; the

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pains were worse when lying on the painful side; when lying on painless side they went off and he fell asleep; when he awoke it was always lying on painful side; the pains continued at intervals to-day, not affected by hot or cold drinks; in evening, on entering a warm room the pain increased to a throbbing, with heat of face, especially left side; on going into a cooler atmosphere the pain ceased.

Proving 7.—Mr. ———, within an hour after potentizing Iris fœtidissima, had a transitory sensation of fluttering in right internal ear, as if opening and shutting; this was shortly followed by a similar sensation in left ear, and afterwards in both ears at same time; relieved by putting a finger in each ear. It disappeared in right before occurring in left, and in left before occurring in both.

Proving 8.—The same prover took 10 drops of 14th centesimal, prepared by me, at 10.25 A. M., after breakfast.

1st Day.—In evening, sensation as if he would fall to the left; in fact, he staggered a little to the left, when walking down a street.

2d Day.—Early morning, before day-break, was awoke by a violent aching pain below right scapula, as if he had previously received a blow there. The pain extended forwards into the right side of chest, causing a sensation as if the right lung was pressed between the back and the chest, with momentary oppression of breathing of right lung. The pain was relieved by lying on the left side and back, aggravated by lying on right side. It lasted about ten minutes. From noon to 2 P. M. right hip-joint feels dislocated, causing him to limp. Between 6 and 7 P. M. sensation in left cervical muscles, as if stiff from a cold or sitting in a draft, for ten minutes. 9.30 P. M., transitory stitch in left side, under last rib, arresting breathing. 10.30 P. M., sticking pain in sole of right foot, going through to instep, for about five minutes; it occurred when sitting with foot at rest; worse by pressing on ground with toes by means of action of calf muscles. 11 P. M., severe burningin forepart of the urethra during micturition, and for two minutes afterwards.

3d Day.—8.40 A. M., sharp pressure on right side of chest,

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as if the chest were pressed on right lung, for one minute; 9.30, sharp stitch through upper half of left lung, from before backwards. 4.45 P. M., shifting of flatulence in left side of abdomen, with audible rumbling when sitting still, going off after standing up, for fifteen minutes. 5.25 P. M., sharp pain, commencing at posterior part of left shoulder-joint, quickly shooting down ulnar side of arm to wrist-joint, continuing all along the arm for one to two minutes, then suddenly disappearing. The part where it commenced was tender to pressure during the pain.

4th Day.—10.40 A. M., painful throbbing on left posterior cervical muscles, for five minutes. 2.25, slight throbbing in left cheek-bone for one minute. 6.45 P. M., sensation in left internal ear, as if it opened and shut twice. 7.15 P. M., painful boring in right side of vertex, with slight pressure there, for ten minutes. 11.5 P. M., rheumatic, drawing pain in right side of vertex, aggravated by bending head down to read, for ten minutes.

6th Day.—10 A. M., continued stitch from left ear to left tonsil, along Eustachian tube, for ten minutes. 4.20 P. M., shooting in first left upper molar tooth, with sensation of coldness in it, for three minutes; makes mistakes in writing and speaking; puts right for left, and *vice versa;* and I for you. (The above-mentioned sides, right and left, I carefully ascertained to be correct.) 10 P. M., weak feeling across loins, as if tired, when sitting, with slight aching in region of right kidney, for ten minutes. 10.10 P. M., sharp shoot into brain on left side of vertex, leaving a little feeling of soreness there, but not sore to touch, for one minute. 10.45 P. M., transitory twitch in second left toe, causing the whole left leg to jerk. 11.15 P. M., jactitation of muscles on left side of neck, drawing head suddenly from right side (on which he was lying in bed) towards left—leaving a sensation as if right cervical muscles had been sprained. 11.25 P. M., jactitation of muscles of left lower leg, drawing entire leg up towards body.

8th Day.—5.15 P. M., pricking, as with a needle, in right temporal muscle, for one minute. 10.15 P. M., cutting pain externally, behind right ear (in mastoid process), going a little way down neck, for two minutes.

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9th Day.—During afternoon, sensation of sharp coldness in first left upper bicuspid, increased by drawing in air. On going out of doors, about 10 A. M., eyes very sensitive to sunlight; he had to close them, and walk on the shady side of street.

10th Day.—8.20 A. M., aching drawing on under side of sole of left foot, extending half way to corresponding side of left calf, increased by trying to cross left leg over right.

11th Day.—2.45 P. M., sharp shooting into heart, from before backwards, for one minute. 6 P. M., slight pinching and griping in bowels, as if diarrhœa were coming on causing, however, only an ordinary stool, but with passage of much flatus; all being relieved by stool. 11 P. M.; after getting into bed, much shifting of flatus, with slight pinching pains in bowels; both symptoms being removed by lying on back for a short time. 10.45 P. M., sharp shooting in right side of chest, worse on deep inspiration, for two minutes.

12th Day.—9.5 A. M., twitching in right glutæi muscles when sitting, for two minutes. 10 A. M., sensation in right little finger as if he had received a blow on it, making first phalanx feel stiff and the whole finger bruised, worse when trying to stretch the finger out straight, lasting all day. 8 P. M., when sitting at dinner, twitching in right glutæi muscles for one minute. 9.20 P. M., repetition of the twitching of right glutæi muscles while sitting on edge of the chair.

13th Day.—Woke with the same symptoms of little finger as yesterday; they went off at 2 P. M. 6.20 P. M., cutting pain in muscles of right leg just above knee, on inside, about the insertion of vastus internus and sartorius, for four minutes. 7 P. M., lancinating pain in hollow of right sole, leaving a sensation of heat behind for one or two minutes. 7.10 P. M., sensation as if a knife were being thrust into tip of right ring-finger for a few seconds. 7.25 P. M., tickling at right side of larynx, as if fine dust were collected there, causing a dry cough for three minutes.

14th Day.—12.30 P. M., a number of small, red, circular, not elevated, spots come out round lower part of left leg, one being close to ankle; they itched very much and after rub-

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bing became burning, lasting about three-quarters of an hour, and leaving a scab after scratching.

15th Day.—11.15 A. M., sharp sticking pain in right lung as if knives were being thrust into it from the front, for five minutes. 12.40 P. M., a sharp shoot up right side of body from right hypochondrium to middle of right side, causing him to start.

16th Day.—2.45 P. M., dull aching in first lower bicuspid and first upper molar, both of left side, slightly relieved by clenching teeth, lasting all day (molar is stopped, all other teeth which have been affected are sound). 6.45 P. M., sensation as if bruised in left posterior cervical muscles, for one minute.

17th Day.—5.45 A. M., after rising from bed, an itching raised red blotch on right side of forehead, increasing in size when rubbed, which relieved the itching; by 5 P. M. it was nearly gone. 10 A. M., pain in right groin as if inguinal hernia would protrude, when walking, for ten minutes. 11 A. M., when sitting bent over a table in the act of writing, very severe aching pain between shoulders, with feeling of tightness there, lasting fifteen minutes, going off gradually by sitting straight up. 4.30 P. M., slight twitching in external corner of left supra-orbital ridge for half a minute. 5 P. M., one of the pimples on leg, which was scratched to bleeding, is still to be seen as a red, elevated spot, without itching. 5.20 P. M., stitch in right internal ear, from jaw along Eustachian tube, when chewing on that side, for one minute. 8.5 P. M., momentary throbbing in right frontal eminence, immediately afterwards a momentary cessation, as if a heavy weight were being pulled over it.

18th Day.—Woke at 7.45 A. M., lying on right side, with saliva flowing out of right corner of mouth. 10 A. M., pimple began to form on middle of chin; it became a boil and was very painful, especially when moving the jaws. 11.30 A. M., whilst riding home in a carriage, a sudden stitch under last rib of left side.

19th Day.—Punctured the boil and squeezed out pus.

20th Day.—Still some remains of boil.

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21st Day.—1.30 P. M., twitching in right upper eyelid, at intervals during afternoon, till 7 P. M. 7.30 P. M., sensation on right side of top of forehead as if it were being cut open, about an inch from behind, forwards, for three minutes. 1 P. M., violent painful throbbing along bones of right thumb, for two minutes.

23d Day.—Woke about 7.30 A. M. with a bloody taste in mouth, which went off after cleaning teeth. 11 P. M., when lying on left side in bed, a painful, bruised, and empty sensation in upper lobe of left lung, extending into left axilla, only when expiring, for three minutes.

Proving 9.—Mr. ——— took five drops of seventy-first centesimal, prepared by me, at 7 P. M.

2d Day.—Directly after dinner (1 P. M.) pricking pain in right upper eyelid, with fulness of forehead, mostly on right side, for one half-hour.

Proving 10.—Mr. ——— took twelve drops of the same 71st, at 6 P. M.

1st Day.—9 P. M., when sitting in-doors, broke out in a warm sweat all over, feeling as if in a hot air bath; warm sweat stood in drops on forehead. 10 P. M., sharp pain all over forehead for thirty minutes.

3d Day—1 P. M., when sitting in-doors, again broke out in a warm sweat.

4th Day.—3.30 P. M., while walking in street felt light-headed; felt as if head were going round, and as if he would fall to left side; objects seem to run into one another; becoming confounded, had to stand still to recover himself; this lasted two or three minutes. 2.30 P. M. and 5 P. M., when sitting in-doors, broke out into a warm sweat for ten minutes.

6th Day.—5.30 P. M., when sitting in-doors, warm sweat all over for fifteen to twenty minutes.

Proving 11.—The same prover took some drops of 123d centesimal potency, prepared by me, at 6 P. M.

3d Day.—Morning, directly he began to walk, warm sweat broke out all over him, even on his head, for two days.

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We have here the provings of Iris fœtidissima before us, all made with high dilutions, and with one exception, all on males; still there is a great similarity between the symptoms of Iris fœt. and those of Iris versicolor, made with material quantities.

In the provings of Berridge we miss the coarse symptoms, produced by large doses, or even by the alkaloid; and although its active emetic and purgative qualities failed to appear in the former, still it sufficiently showed itself as an excitant of the salivary and biliary secretions. Prover No. 2 felt burning as from vitriol in stomach; prover 3, a desire to evacuate the bowels felt whenever he thought about it; prover 8 complained of shifting of flatulence in left side of abdomen, with audible rumbling when sitting still, going off after standing up, and on eleventh day again, slight pinching and griping in bowels, as if diarrhœa were coming on, causing, however, only an ordinary stool, but with passage of much flatus—all being relieved by the stool; and, again, after getting into bed, much shifting of flatus, with slight pinching pains in bowels; both symptoms removed by lying on back; again, on seventeenth day, pain in right groin, as if inguinal hernia would protrude, when walking. All these symptoms are found nearly in the same words, under Iris versicolor; and I have verified them also, clinically, from Iris sambucina (Yucca), showing that all the Iridaceæ deserve the name of vegetable Mercury, and that they all act more or less on the pancreas. Bilious and gastric headaches belong, naturally, to all of them, and the gastric migraine of the Versicolor finds its counterpart in the Fœtidissima. Miss ——— complained of a feeling of a piece of ice on centre of vertex, spreading downwards over the whole spinal cord. Berridge and others complained of staggering to the left after rising from bed, and nearly all felt acute shooting or boring pain, aggravated by violent motion, cold air; the same as in Iris versicolor. The neuralgic pains of the Iris fœtidissima extend over all the organs; we have pains in the head, face, teeth; in the chest; in the extremities. The pains are of a sharp, cutting nature, and relieved by rest and heat. The same pains are also found under Iris vers.;

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and both will, according to the provings, find frequent indications in cutaneous affections. Prover 3 found his urine, six weeks after taking his last dose, still high-colored (but we are sorry that he neglected to examine the deposits in it), and the Versicolor gives us, also, scanty and high-colored urine.

Very few provings have, so far, been made with the higher dilutions; still the frequent clinical verifications of Houat's provings indicate their great truth. Not every person is a good prover, nor will every constitution respond to the finer dilutions, and we feel ourselves, therefore, under obligations to all who work out the problems of our Materia Medica.

S. L.

ARTICLE XL.—Trismus and Tetanus.

By W. Eggert, M. D., Indianapolis.

The following lines are not intended to present anything new with regard to pathology or therapeutics of this terrible disease, but I hope they will serve the student as an index to assist in farther investigations. With regard to pathology, I have endeavored to unite all the principal opinions held by the best pathologists and observers of the present day, now and then introducing some of my own; and with regard to therapeutics, I did not repeat what every text-book may contain, but I tried to arrive at conclusions drawn from clinical experience, detailing the value of the remedies employed.

As a mere introductory, I shall refer to an interesting case, lately occurring in my own practice.

On the 11th of July, 1870, I was called to attend Mrs. H., pregnant with her third child. Labor progressed favorably, and she was delivered of a healthy male child. I did not ligate the funis, but squeezed the gelatine fluid gently out without pulling, and dressed the stump, as I now always do, with cotton batting. Mother and child doing well, the cord dropped off on the fourth day. On the eighth day I was summoned in great haste, and found at my arrival the child in

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convulsions. No cause could be ascertained. The attacks came on at intervals every 10 or 15 minutes, lasted only a a short time, but a certain distortion of the face, as well as some rigidity of the jaws, remained constantly. There was also constipation, had no stool for the last three days, with tenesmus urinæ. The mother, contrary to my advice, had taken coffee again. I gave Nux. v. 200 (Dunham), and in a few hours the child did well. Three days after, I was called again, and was informed that the child seemed to have a stiff neck, was very uneasy, could not take hold on the nipple nor swallow the milk freely. Pulse and temperature of the skin are normal. The navel had healed well; there was not nor has there been any perceptible inflammation about it, nor has the slightest one been observed. Face pale; at every noise the whole body jerked. I gave Cicuta vir. 200 (Dunham). On my visit in the afternoon trismus could not be mistaken, and in the evening opisthotonos was fully established. Believing Cicuta well indicated, I left the child on it for 36 hours, when I changed the potency with the 6th dilution. The symptoms had remained the same, only that the convulsions came on more frequently, lasted longer, and swallowing had become almost impossible. Thus the second day passed, and the disease progressed in severity. The face became puffed, bluish, and the rigidity became nearly permanent; the jaws tightly closed. The most careful study of the different remedies pointed to Cicuta as *the* remedy, but it failed to do any good whatever. The pupils gradually had become more and more contracted; the eyes were fixed and dim; pulse 92, regular but weak; respiration difficult, throat swollen. The case was a hopeless one, and, as a last resort, seeing no indication for any other remedy homœopathic to it, I resolved to try an experiment with the so highly lauded Calabar bean, and as swallowing was impossible, I prepared a solution from $\frac{1}{8}$ of a grain, and injected it under the skin of the neck. As in 30 minutes no change was noticed, I made a second injection; soon after, a very severe convulsion prevailed for 8 minutes, then stopped for half an hour for the first time in 36 hours; but the tonic contractions of the muscles did not

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cease. Another convulsion less severe came on, and of shorter duration. I made a third injection, containing $\frac{1}{4}$ of a grain. The effect was marvellous. Two minutes after, the extremities became lax, then the rigidity of the dorsal muscles, as well as those of the chest, ceased by degrees almost entirely; the head could be slightly moved, but trismus of the jaws remained. While examining the jaws, and particularly the lower one, I pressed perhaps too hard upon the masseter muscles, and, as if struck by lightning, such tetanic convulsions befell the body as I never have witnessed before. They lasted 15 minutes. I never thought the little sufferer would survive it. But he did, and I made a fourth injection, followed by the same happy result as the former, but slower. The rigidity left the extremities first, then the back and chest followed; but trismus remained. Pupils became more dilated, but respiration was heavy. Thus lay the child, seemingly unconscious, sleepy, until it died from exhaustion. Twelve hours after death I asked permission for a post mortem examination, which was denied; but as my attention had been particularly drawn to the fact that the lower jaw and the masseter muscles had been, from the very beginning, very sensitive to the touch, I took pains to examine the buccal cavity as close as possible; trismus had subsided, and, to my surprise, I discovered on either side a posterior molar tooth in the lower jaw, with the evidence of severe odontitis. And here the case becomes particularly interesting; no evidence of the progress of other teeth was perceptible, although the dental groove of the lower jaw was remarkably developed. I am aware of the many freaks of nature produced by the development of the infantile teeth; it may be that in years by-gone they were governed by a stricter rule than they obey nowadays. I have seen the lateral incisors, and even the canine teeth, appear before the middle incisors, and I remember well an infant born with the middle incisors well developed, and many others have made the same observations; but to see dentition commence with the posterior molar teeth, and that, too, in the first week after birth, is a fact I never heard of before. May I not with

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some justification suppose that the development of these molars first was the cause of the tetanus?

This case induced the writer to make some further remarks on tetanus, pertaining to pathology and clinical observations.

As clear, unmistakable, and characteristic the symptoms of tetanus are, as obscure and hidden is, strange to say, its pathology; and more than this, the more we see the number of remedies increase, and listen to their laudation—how they relax the rigid limbs, and make limber the curved spine; how the jaws yield and deglutition once more becomes possible; how the hard and stony surface changes to one of velvet softness—the more, I say, we seemingly make therapeutic progress, the further do we deviate from pathological knowledge. The diversity of circumstances, says Prof. Johnston, under which patients have recovered, has served rather to confuse than enlighten or guide the pathologist. And standing before the corpse of a man who had died from tetanus, Mr. W. King, of Guy's Hospital, thus addressed the audience: "Gentlemen, we will now proceed to give you a demonstration of a case of healthy anatomy, for there will be no visible morbid appearance, otherwise than congestion of the organs in various degrees, which are owing to accidental circumstances." It is indeed strange that a disease with so characteristic and violent symptoms during life, leaves, when death has closed the scene, no trace for detection for the scalpel or the microscope of the pathologist. And of those few changes which have been noted, it remains questionable if they have been caused by the disease, or by death alone. Most observers seem to agree on one point, and call tetanus a purely nervous affection—a designation too negative and unmeaning, as to inspire great thought and speculation. They consider it to be a peculiar kind of irritation affecting the excito-motor apparatus; the cause being eccentric without or centric within the spinal canal. This hypothesis, says Niemeyer, "is supported rather than contradicted by the fact that the results of post mortem examinations of the spinal cord usually are negative in cases of tetanus, and that real tetanic spasms are seldom observed in cases of grave organic disease of the spinal cord. It would

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be quite impossible for motor impulses to originate from a spinal cord reduced to a mass of *debris*, or whose elements were otherwise degenerate or destroyed, while experience teaches that the lesion from which abnormally active impulses proceed are insusceptible of anatomical demonstration. At the outset of the disease, tetanic spasms are generally produced by the action of trifling but still appreciable irritants, which, acting upon the extremities of the peripheral nerves, throw the spinal cord in a state of excitement, so that at this period, the spasms, also distinguishable from other reflex symptoms by their greater violence and longer duration, may be called reflex spasms. As the malady advances, however, such causes are not required in order to give rise to the cramps. The spinal cord then remains permanently in the condition of intense excitement into which it is thrown by the motor nerves. Reasoning in this way, we may likewise explain Erickson's observations when speaking of traumatic tetanus. He has always found an unhealthy state of the nervous branch or twig running from the wound; thus by reflex action tetanic convulsions are seemingly produced. When our learned author speaks so sweepingly, saying he had always observed such morbid condition of the nerve emanating from the wound, we will have to accept such statement with some degree of allowance; not that we doubt his truthfulness, but, to the credit of others, likewise acute observers, I will state that such diseased condition of the nerve-link is by no means established in every case. So far as I am concerned I have nothing to offer either in further support of such explanation nor against it; it may appear correct and applicable so far as traumatic tetanus is concerned, but how shall we explain these mysterious phenomena, when emanating from a mere cold, when the body had been exposed to wet and damp atmosphere, causes from which, it is supposed, originates a variety called the rheumatic tetanus? How shall we explain the order and process by which reflex action, if such exist, is carried to the spinal marrow? I have in vain searched for a tangible answer.

Other authors call tetanus identical with inflammation of

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the spinal cord and medulla oblongata. This being the case, I should the more expect the assertion verified by pathological anatomy; but such is not the case, although inflammation in these parts may have been sometimes observed. So we go on and meet nothing but contradictory statements and uncertainties; in many cases we will find great congestion of the brain and spinal cord, demonstrating clearly the presence of organic lesions; while in others is less congestion, but perhaps an effusion of bloody serum into the ventricles and in the subarachnoid space, demonstrating rather functional than organic disorder, on account of the absence of true inflammatory traces; and again we meet a large number of cases where we search in vain for any pathological condition, either in the brain, or in the spinal marrow, or in any of the nerves emanating from them.

We all know that tetanus is a disease mostly of very gradual development, in the adult, as well as in the child; and in every variety of tetanic spasms a certain kind of uneasiness, stiffness, and pain in the neck and back, with more or less severity, twitching, jerking of the muscles of the trunk and extremities, and various other symptoms are observed, often days before the first true characteristic symptom of tetanus, that is, trismus, or lockjaw, made its appearance. An interesting explanation of these early phenomena is given by Dr. Hilton, of Guy's Hospital. Experiments show that the gray matter of the interior of the spinal cord is probably the local seat of tetanus. The fifth nerve, or nerve of mastication—the one involved, and which must be the direct cause of trismus—has a longer connection, or continuity, with the gray matter of the spinal cord, than any other nerve in the human subject, and in this fact, perhaps, lies the explanation of the early symptom of lockjaw; and, no doubt, the firm closure of the lower upon the upper jaw depends on the relative greater strength of the muscles closing the mouth, as compared with those depressing the jaw. It is curious to observe the gradual ascent of the cause of tetanus—to see how the disease encroaches upon the higher or anterior nerves of the base of the brain, ultimately reaching the third cerebral nerve. Then

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the muscles which are supplied by this nerve become tetanic, and cause retraction of the eyeballs, deep into the bony orbits, so far that in some cases, especially animals, we almost lose sight of the eye as the tetanus goes on.

I shall now proceed, and dwell on some prominent symptoms of this disease, without giving the complete symptomatology—which the reader can find in any text-book on pathology and therapeutics.

The temperature of the skin becomes elevated, and ranges as high as 110° F.; and a farther rise, up to 112°, has been observed by Wunderlich, immediately after death. This symptom, although generally accepted as characteristic, is by no means constant; I can speak so from my own observation, as well as from that of other observers. In the case I referred to in these pages, there was no perceptible, or, if any, a very slight, rise of temperature; and in a case of a young man whom I attended in the far North, some ten years ago, at the city of Ottawa, Canada, I noticed rather a falling off than a rising of the temperature. But as the increase of heat seems to appear so frequently—for I also have observed it in some other cases, two of which I attended myself—the question arises, naturally, how is this condition produced? Niemeyer attributes this phenomenon to excessively active calorification, consequent upon the greatly increased destructive assimilation which is going on in the muscles, which are in the state of tetanic spasms. Lyden confirms this hypothesis on dogs, on whom artificial tetanus has been produced. But, on the other hand, M. Vernuil, before the surgical society of Paris, says that the increase of general temperature in tetanus should not be ascribed to the general muscular spasms, which have hitherto been considered as the sole cause of that phenomenon, but that it results solely from the excitation of the spinal cord. And again, Dr. Radcliffe (Reynolds' "System of Medicine") asserts that there is an absence of fever in tetanus, and explains the rise of the temperature and pulse, when they occur, by the dyspnœa, which urges the skin to take on compensative action.

As soon as trismus is established, deglutition becomes seri-

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ously impeded, often impossible, so that the poor sufferer dies almost more from hunger and thirst than from the disease itself. Every effort, even to drink or to swallow, will induce new spasmodic convulsions—showing, in this respect, a marked resemblance to hydrophobia. This symptom is caused by the spasms of the pharynx.

Dr. J. R. Coxe said in the *North Am. Journal of Hom.*, vol. v., p. 452: "Among the more striking phenomena of this disease, and which is an early concomitant, and thereby becomes one of the diagnostic marks of its distinction, is the pain of the sternum, shooting to the back, and producing spasms of the other parts. This is apparently owing to spasmodic action of the diaphragm, and is also a leading and well marked symptom in that direful disease, hydrophobia." I confess to have not observed this symptom in my observations, nor does any modern writer of any school even mention it, at least Marcy and Hunt, Hartman, Baehr, Kafka, Franklin, and Raue, on the one side, and on the other, Gross, Erickson, Da Costa, Niemeyer, Poland, Vogel, etc., don't mention it at all, and it seems the good doctor, with his high esteem for hydrophobia as a curative, lived more under the impression of its existence than that he was convinced of its reality. There are symptoms common to both tetanus and hydrophobia, for instance, severe pain in the pit of the stomach, and they often will tend towards the back; violent paroxysms of convulsions, excited by the slightest touch, or by the attempt to swallow, etc.; but it will be not difficult also to see where both diseases differ remarkably from each other:

Tetanus.	Hydrophobia.
Tonic spasms.	Clonic spasms.
Deglutition almost impossible.	Deglutition impossible.
Breathing may or may not be interfered with.	Breathing almost or fully impossible.

This, in connection with some other symptoms pertaining to hydrophobia, alone, would make the differential diagnosis easy.

Modern writers assert that the brain, during tetanic spasms, remains almost free. I beg leave to differ; two of

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my patients were entirely unconscious during each convulsion, and sometimes partly so during the intervening time; they do not seem to suffer at all, although the muscular contractions were of the most violent nature. Others have made the same observation; still, clearness of the mind is the usual attendance of a large majority of cases. The same remarks will be applicable to the frequently mentioned risus sardonicus. I only saw it in one of my patients, three of them had not the slightest trace of it. One of my patients suffered indeed very little pain, while the others lay tortured in fearful agony; one also had looseness of the bowels, commencing a few days before tetanic spasms made their appearance, lasting until death, while the others were completely constipated. Even the so generally observed rigidity of the body has been entirely wanting in some cases on record.

As regards the duration of the disease, we find the same uncertainties; some cases terminate fatally in a few hours, while others drag along for days and weeks, nay, even for years. The prognosis has very little material to rely on, and with the exception of one well verified fact, to wit, that a person seldom dies when the symptoms have lasted 12 or 14 days, we have nothing to recommend, and to draw attention to that will make the prognosis certain. I shall, during the progress of this paper, refer to this subject again.

Whence, then, all these diversities? Why no conclusive answer from pathology? As for myself, I don't hesitate to believe that the grave nature of tetanus, with all its variations as to symptoms and duration, depends less upon the number of muscles affected than upon the functional importance of these muscles.

Tetanus has been classified as follows:

1. With regard to the cause, it is called, *a.* Traumatic, or in consequence of injuries received; *b.* idiopathic, emanating from constitutional disturbances. This form is less dangerous than the former.

2. With regard to the duration:

a. Acute; tetanus following within nine days after the injury. *b.* Chronic; an interesting case of this variety we find

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in our literature recorded. Dr. J. H. Payne reports in *Am. Hom. Review*, vol. ii., p. 276, a case of 7 years standing, which he principally, in the course of a year, cured with Sulphur ^{100}.

3. With regard to the parts principally affected:

a. Orthotonos. The body lies rigid, straight like a statue; *b.* Opisthotonos. The body is bent backwards, resting almost upon his heels and the back of his head; hence the contractions preponderate in the posterior muscles of the neck and back. *c.* Emprosthotonos. The body is bent forward, which, by the way, is indeed a very rare occurrence; hence the contractions preponderate in the anterior muscles of the neck and trunk.

d. Pleurosthotonos. The body is bent sideways, to one or the other side; hence the contractions preponderate in the muscles of the side.

e. Trismus. The contractions only affect the head and neck, the masseter muscles, the jaws, and impede deglutition.

Pathologists designate a tetanus neonatorum or tetanus nascentium, considering it identical with the traumatic variety. I am in doubt about the correctness of such admission. Autopsies have no doubt shown marked alteration, such as dilatation, inflammation, ulceration of the umbilical arteries and veins; yet there are likewise quite a number of cases on record where such a diseased condition did not exist at all. I do not believe that the case reported above had suffered such alterations; for I watched the progress very closely, on account of the experiment I made by non-ligating the funis. The cord was not unusually thick, was severed after pulsation had ceased, then carefully and gently squeezed out, and tenderly dressed, so that causes like rough treatment, dragging, or compression of a nerve, find, at least in this case, no foundation. Tetanus neonatorum is the most fatal of all varieties, the tetanus puerperalis perhaps excepted; and in Vogel's admirable work on the "Diseases of Children," we read, page 66, that Golis and Heim, in all their extensive practice, have not seen one case recover. Hufeland puts the ratio of

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mortality as 50 to 1, and and Vogel himself did not save a single case. Thus much for admission, coming from foreign sources; I am sorry to say that I could find nowhere a statement calculating, with some degree of certainty, the fatality of this disease in this country. Tetanus neonatorum is, I think, *de facto*, the only variety which sometimes assumes a true epidemic tendency. Thus Dr. J. Clark stated that 1,782, in the Lying-in Hospital, of Dublin, from 17,550 children born, 2,944 died from this cause alone, within the first fortnight after birth.

I cannot close these remarks without expressing my surprise that our esteemed friend Dr. H. N. Guernsey, in his admirable work on "Obstetrics, and Diseases of Females and Children," did not mention this infantile disorder at all.

Next, we find three other varieties designated: Puerperal tetanus; its diagnosis deserves no further mentioning; it is the dread of the physician, for it terminates fatal in almost every case.

Rheumatic tetanus—mostly affects persons with a rheumatic diathesis, when, after exposure to wet or cold, an acute attack, associated with tetanus, mostly perhaps only with tetanic rigidity, made its appearance. Danger becomes here most imminent when the heart is involved.

Epileptic tetanus—is easily diagnosed; besides the knowledge of the affliction of existing epilepsy, we have the symptoms of screaming and the entire unconsciousness, to guide us.

Tetanus from poisoning with Strychnia—As it may occur that the physician is not aware that poison has been taken, we mention here two characteristics, rarely seen in common tetanus, in order to put him on his guard; it is the presence of opisthotonos, with absence of trismus, but spasms of the respiratory muscles. See Provings of Nux-vom.

The warm climate seems to be the most productive of tetanus, although we have witnessed many cases in the extreme north. With regard to the influence of the season, no settled opinion has been arrived at.

I shall now proceed to show, by tabular illustration, the

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influence which tetanus has upon sex and age, the situation and character of the wounds followed by tetanus, the date of invasion, and the duration of the tetanic symptoms. I feel sorry to state that, in doing so, I cannot point to a single homœopathic authority, nor draw from homœopathic literature satisfactory conclusions. The reports which come from our practitioners are meagre in the extreme, inducing almost the belief as if cases of this kind rarely or never came in our hands—an inference which I am, however, not inclined to accept. The reason lies in another direction. If tetanus would have been more successfully treated, cases would have been trumped up in abundance; but as the result is, in large majority, a failure, an impregnable silence is kept; and here the wrong becomes apparent. We forget, too often, "That death teaches a lesson to us all," and this in different senses of the word. We learn and profit almost as much from a failure as from a success, provided the case has been conducted with the best earnestness and skill of our individuality, and which the occasion calls for. The physician is not expected to be a death-destroyer, but only a life-prolonger and life-preserver. I, for once, shall state here frankly, that I failed in four cases which I have treated; and it is a consolation to me, sad as it is, to confess, also, that of the number I have seen treated, not a single one recovered. Others have been more fortunate, I know; but such is my experience. Dr. Franklin, in his work on Surgery, made a slight statistical mentioning, when he said: Only 363 cases of traumatic tetanus were recorded in the register during the war—which, in proportion to the large number of wounds is very small. Of this number 336 terminated fatally; which the circular "considers satisfactory in their details of symptoms, progress, and treatment." The latter, of course, was allopathic. In the Schleswig-Holstein war, Dr. Stromeyer reported six cases among 2,000 wounded; and amongst the British wounded in the Crimea, only nineteen cases occurred.

In my statistical illustrations and resumé, I shall avail myself largely of the researches made by Dr. R. O. Combling and Dr. D. W. Yandell, in preference to those of Mr. A.

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Poland, for which I refer the reader to Holmes' "System of Surgery," vol. i., p. 299. Dr. Combling has lately tabulated 415 cases of tetanus; of this whole number 299 recovered, and 182 died. He gathered the cases from foreign as well as domestic literature. Ley was stated in 75 cases; 80 per cent. were males; and in 34 cases of idiopathic tetanus, 70 per cent. were males. Among the male cases 44 per cent. were recoveries; among the female cases 58 per cent., or excluding the cases of puerperal tetanus, 63 per cent. were recoveries. 7 per cent. of the cases occurred in children under 10 years of age; 20 per cent. between the ages of 10 and 20 years; 52 of the cases being reported as adults, the percentage of the succeeding decades cannot be made out. After 50 years 15 cases are recorded; a single case at 89 is reported; 62 per cent. of the cases under 10 years died. Between 10 and 20 years the mortality fell to 38 per cent.; while in the general result 46 per cent. died. If we assume that so striking a difference in such large number of cases is not a coincident result, it would serve to show that while tetanus occurs comparatively but seldom in persons below 10 years of age, it is peculiarly fatal at that period of life—a fatality which would be immensely augmented if we added to the list the vast number of fatal cases of trismus nascentium. Prognosis, so far as it is influenced by age, seems to be most favorable between the years of 10 and 20, and least so in the first decade of life. The Tables confirm what is already known in reference to the character of the wounds which are followed by tetanus; namely, that they are of every character, stage, or condition. Punctured wounds and wounds of the extremities still rank first in this class of injuries. The popular idea has been that, as a cause of tetanus, injuries of the foot were far in excess of lesions elsewhere. The Tables sustain this opinion as to punctured wounds of the foot, the majority of such injuries being caused by nails run into the foot. Yet of the whole number of cases there were but 88 wounds of the foot against 90 cases of injuries about the hand. The Tables embrace 28 cases of wounds in the upper extremity, exclusive of the hand, and 67 in the

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lower extremity, exclusive of the foot. 20 cases arose from wounds about the head; 4 from injuries of the trunk; 1 from chancre; 1 from abrasion of the cornea; and 10 followed abortion. As elements of prognosis, neither the situation nor character of the wound appears to be of any weight. Forty per cent. of deaths followed injuries of the hand, and 44 per cent. injuries of the foot. It is worthy to remark that the deaths in puerperal tetanus rose to 90 per cent.

Date of Invasion.—A more important consideration than either of the preceding is the time at which tetanic symptoms first show themselves. In 196 cases the disease came on within twoweeks after the injury; of these, 62½ per cent. died. From the 14th to the 21st day inclusive, there were 81 cases, with 17 per cent. of deaths; from the 21st to the 44th day, there were 17 cases with 3 deaths, about 17 per cent. In cases occurring within the first 3 days after the injury, recoveries exceeded deaths as 14 to 11. In cases occurring from the 4th to the 9th day inclusive, deaths exceeded recoveries 73 to 33—69 per cent.; in cases beginning at the 13th day, deaths stood to recoveries as 7 to 3; but where the disease set in on the 14th day, recoveries were notably in excess of deaths—20 to 3.

It is a source of regret that in more than one-fourth of all the cases the date of invasion is not given; but it has been recorded in a sufficient number to show both the difference between acute and chronic tetanus—the difference between the percentages themselves, and finally how these differ from the standard of 46 per cent. of total deaths. It is true that the date of invasion is not the only element of dissimilarity between acute and chronic tetanus, but it is an important one; the degree of tetanic symptoms, the muscles involved particularly, pulse, temperature, are others which should not be lost sight of, but which our Tables do not show in sufficient fulness to warrant even an approximate conclusion. In 3 cases in which the temperature was recorded, the mercury rose to 106 and 107 degrees; they were all fatal. In 2 cases, also fatal, the pulse was 120 from the beginning of the attack.

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Duration of Symptoms.—The well known aphorism of Hippocrates, that tetanus is nearly always fatal within 4 days after it sets in, is well sustained by these Tables. Sir Thomas Watson suggested that this period be extended to 9 days. These Tables show that the first well-marked diminution in the death ratio occurred on the 14th day of the disease, and from that period the recoveries were progressively in excess of the deaths. Within the first 4 days we have 90 deaths to 9 recoveries; within the first 9 days 131 deaths to 39 recoveries. From the 9th to the 23d day there are 23 deaths to 82 recoveries; and from the 23d day on, there are 71 recoveries to 3 deaths, all of which occurred on the 28th day. The greatest number of deaths is on the 2d day—31. On the 4th day there were 21 deaths. There is a marked falling off in deaths on the 5th day, when there were but 11 deaths; from this time the percentage of deaths steadily diminished. The longest duration of symptoms is 240 days; the shortest ending in recovery half a day; the shortest ending in death is in a few minutes. Nine cases lasted 42 days; 18 cases lasted 30 days. Between these two periods we find 19 cases; 60 and 90 days are also represented.

Results of allopathic treatment.—In this schedule are only arranged those cases in which a single remedy had been used at the time; and only in some cases credit has been given to remedies which apparently could influence the result. Thus out of the 415 cases tabulated by Dr. Croling:

Calabar Bean—Was given in 39 cases, with 39 per cent. of recoveries. Of those reported cured, but one was acute tetanus; 5 others were in cases which recovered before the expiration of 14 days. *Per contra*, there were 10 deaths from chronic tetanus.

Cannabis Indica.—Used in 25 cases, with 64 per centum of recoveries; of which 3 cases were acute, and 6 recovered before the symptoms lasted 14 days. One chronic case died, and one after 14 days.

Chloroform—Relieved 70 per cent. of 35 cases; 9 of which were acute, and 8 recovered before 14 days; 3 chronic cases died, and 2 after symptoms lasted 14 days.

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ETHER.—60 per centum of 15 cases recovered; 5 acute; 7 inside of 14 days. One chronic case died.

OPIUM.—57 per cent. of 165 cases recovered; 22 acute; 29 before the 14th day; 26 chronic cases were lost, and 4 after the disease had contined 14 days.

TOBACCO—Relieved 50 per cent. of 41 cases; 6 acute, 6 before 14 days of the disease; 4 chronic cases died, and 1 after 14 days.

CHININ SULPHUR.—73 per cent. of 15 cases recovered; 1 acute; 3 before 14 days; 3 chronic cases ended fatally, and 1 after 14 days duration.

ACONITUM.—8 per cent. of 14 cases recovered; none acute; none recovered before 14 days. Death in 1 chronic case.

MERCURY.—57 per cent. of 75 got well; 8 acute; 12 before 14 days; 17 chronic cases were lost, and 2 after 14 days.

STIMULANTS.—80 per cent. of 33 cases recovered; 4 acute; 6 within 14 days; 6 chronic cases died, and 3 after 14 days.

BLEEDING.—55 per cent. of 58 cases recovered; 9 acute; 10 before the 14th day; 7 chronic cases were lost, and 2 after 14 days.

COLD AFFUSION.—73 per centum of 11 cases recovered; 3 acute; 3 before 14 days. Two chronic cases died.

ICE-BAGS.—77 per cent. of 9 cases recovered; 1 acute; 1 in less than 14 days.

AMPUTATION.—60 per cent. of 17 cases recovered; 4 acute; 4 in less than 14 days; 3 chronic cases died, and 1 after 14 days.

DIVISION of nerve relieved 75 per cent., of 3 cases; one acute, one before the 14th day; one chronic case died.

PURGATIVES.—60 per cent. of 74 cases recovered; 13 acute, 12 before 14 days; 10 chronic cases died, and 3 after 14 days.

TURPENTINE relieved 70 per cent. of 16 cases; 6 acute, 4 before 14 days; 5 chronic cases died, and two after 14 days.

From these facts we learn that Chloroform takes the first rank in allopathic practice. Calabar bean, of which such sanguine hopes have been entertained, has after all not accomplished much; even Mercury and venesection excel it in good results.

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Allopathic Resumé:

1. Traumatic tetanus occurs in males in the proportion of 4 to 1, and tends to recovery oftenest in females.

2. Tetanus is most fatal in persons under 10 years of age, and is the least fatal between 10 and 20 years.

3. Traumatic tetanus usually supervenes between 4 and 9 days after the injury, and these cases represent the largest mortality.

4. Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to 9 days after the injury.

5. When the symptoms last 14 days recovery is the rule, and death the exception, apparently independent of the treatment.

6. Of all the forms of tetanus, that appearing in the puerperal state is the most fatal.

7. Chloroform, up to this time, has yielded the largest percentage of cures in acute tetanus.

8 The true test of a remedy for tetanus is its influence on the history of the disease. *a.* Does it cure cases in which the disease has set in previous to the 9th day? *b.* Does it fail in cases whose duration extends 14 days?

9. No agent, tried by these tests, has yet established its claims as a true remedy for tetanus.

HOMŒOPATHIC CLINICAL EXPERIENCE.—The following tabulation is of course too limited as to admit the slightest fair comparison with the former; the fault is with us, we ought to make a better show; but for curiosity only let us have a glance. Careful researches of our literature during a period of 20 years present reports of cases in the following Journals and works in my possession: *Allg. Hom. Zeitung*, B. 73, s. 63, and B. 76, s. 85; *Med. Investigator*, Vol. VII. p. 291; *Ruckert's Clinical Experiences*, Vol. II., p. 407, and Vol. IV., pp. 525, 530, 551, 569, 585, 594 and 600; *Hahnemannian Monthly*, Vol. V. p. 318; *U. S. Med. & Surgical Journal*, Vol. III. p. 45 and Vol. V. p. 243; *Amer. Hom. Review*, Vol. I. p. 205, and Vol. II. pp. 86, 278; *Record of Hom. Literature*, Vol. I. p. 296; *Journal of M. M.*, Vol. II. clinical part, p. 271; *Jahr's Forty Years Practice*,

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p. 295; *Kafka's Hom. Therapy*, Vol. II., 242; *Baehr's Science of Therapeutics*, Vol. I. p. 182, all of which will amount to 27 cases; out of which 5 have been trismus alone, and 22 tetanus proper; males above 10 years, 14 cases; females, 7 cases; children, below 3 years, three cases; of the balance the sex is not mentioned. Such lamentable reporting calls strongly for improvement, or we will have to stand back. Not one case of tetanus neonatorum is reported.

CAUSES.—Injury, 14 cases; labor, 1 case; cold, 4 cases; suppressed eruption, 1 case; fright, 1 case; unknown, 5 cases. No death is reported; which will naturally prove that we never have lost a case. In regard to the proportion of males and females as well as to the causes of our cases, we corroborate Dr. Cowling's table:

One remedy has been given in 19 cases.

Belladonna in ϴ 1st, 20th, 30th dil. in 4 cases.

Belladonna, attenuation unknown, in one case.

Cicuta virosa, 6th, 9th, 15th, dil., in 3 cases.

Cicuta vir., attenuation unknown, in 1 case.

Angustura, 30th to the 300th dil. in 3 cases.

Aconitum, in ϴ " " " "

Lycopodium, 30th dil., in 1 case.

Ignatia, 30th dil., in 1 case.

Nux v. 30th dil., in 1 case.

Arnica, 12th dil., in 1 case.

In two cases the remedies were given one after the other according to symptoms:

Nux v. 200, Stramm. 30, Angustura 12, in 1 case.

Stramm. 30, Bellad. 65, Sulphur 100, in 1 case.

In the following 6 cases remedies have been given in alternation:

Arnica and Ipec., in 2 cases.

Cicuta 6 and Coccul. 6, in 1 case.

Arnica and Bellad., in 2 cases.

Aconite ϴ, Atropia, 3rd trit., 1 case.

As the potency is not given in some cases, we find that the ϴ has been given in 5 cases.

From the 30th dil. to the 300th, in 8 cases;

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From the 6th dil. to the 20th, in 7 cases;
From the 1st " " 3rd, in 2 cases;
all of which showed a strong preference to Belladonna and Cicuta virosa, as well as to the eminence of high potencies.

The time consumed until recovery took place in 14 cases amounted to 1,908 hours, which will give an average to each case of about 5 days and 16 hours; from this calculation I exclude a chronic case, of which the treatment lasted over one year. Surely, if this statement could be accepted as a general rule of our treatment, it would prove a great superiority of our school over the allopathic in the treatment of tetanus.

In order to finish this sketch on tetanus, and give to the reader all that homœopathic literature contained, I hasten on, to point out other remedies that have been used with success.

Hydrophobin—*N. Am. Journal*, Vol. V., p. 457.

Kali hydrojodicum, according to a proving—*N. Am. Journal*, Vol. III., p. 266.

Chloral. This new agent attracts to-day much of the attention of the whole profession; it looks fair to establish itself as an antidote to Strychnine, *Hom. Obs.*, VII., p. 471. (For further information we refer the student to the *American Practitioner*, Vol. II.)

American Journal of Medical Science for 1870. *Half Yearly Compendium of Medical Science*, Vol. III., Part VI., p. 66.

Chloroform—Marcy & Hunt, *Theory and Practice*, Vol. II., p. 540. (Allopathic Journals abound in testimonies.)

Nicotine—Baehr, I., 182, Monatschrift zum 76 Bande der *Allg. Hom. Zeitung*, s. 28, a highly interesting case.

Curare—Baehr, I., s. 182. (See also the *Half Yearly Compendium*, Vol. II., Part IV., p. 60.

Cannabis indica—Baehr, I., 182.

Narcein, Monatschrift zum 74 Bande der *Allg. Hom. Zeitung*, s. 27.

Ammoniack, Monatschrift zum 74 Bande der *Allg. Hom. Zeitung*, s. 39.

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Cold Bath, *North Am. Journal*, Vol. V. p. 456.

Hot Bath, *North Am. Journal*, Vol. XVII., p. 400. A very interesting case.

I have done. That this subject has not been treated with completeness, I am ready to admit, but I think the student as well as the practitioner, will find sufficient material to aid him in further investigation.

ARTICLE XLI.—Differential Diagnosis for the Remedies employed in Bright's Disease.

By Prof. Buchner, Munchen, Bavaria.

It suffices not to name specific remedies for the cure of a disease, a strictly differential diagnosis is necessary; we have to individualize our cases to get at the remedy truly specific to the case in hand. The catarrh of Nux, the fibrinous exudation of Cantharides, the uric fermentation of Lycopodium, the sugar from lead, the pus from Sulphur, give not enough indications, because the cylinders, the epithelia, the exudation, are not found in healthy persons, even when albuminuria is present, as in all remedies which cause hyperæmia or venous stasis of the kidneys.

The same phenomena may be the effects of disease and of remedies, as in Arsen., Cuprum, Phosphor., and we say, therefore: Morbus Brightii—Albuminuria and renal elements or urea and one per cent. water, carbonate of ammonia or uræmia.

All hyperinotic remedies, like Aconite, may be discarded in the treatment of albuminous nephritis, as the fever is never a fibrinous one, wherefore also Skoda and Iaksch deny any favorable influence to cold and the abstraction of blood.

The remedies mostly indicated are: Turpentine, Arsen., Phosph., Cupr., Aurum, and their different combinations; among the plants perhaps Bell., Bry., Colch., less already

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Digitalis and Dulcamara, too much neglected in spinal inflammations.

Turpentine gives us (according to Kidd) scanty secretion of urine, dark, sometimes bloody urine coagulating by boiling Nitric acid; showing, under the microscope, cylindrical coagula, renal elements, and oxalate of lime; large renal anasarca, irritability, and weakness of the bowels, anorexia, copious mucous expectoration, physiognomy sallow, suffering, debilitated. Every organic alteration of the heart and the larger blood-vessels is on the Continent of Europe a contra-indication, perhaps, that the remedy may be more suitable in England. Persons who work steadily with Turpentine (solve india-rubber in it) die from Bright's disease. The same may be said from Copaiva used in large doses for remedial purposes, only it acts less intensively, and our observations relate only to gonorrhœic patients. There are some patients of this class suffering from albuminuria and anasarca. In one case the Copaiva affected at first lastingly the intestinal mucous membrane, then the left heart, with a great deal of asthma, then the kidneys, and death happened after years with the symptoms of uræmic poisoning.

Statistics show that a quarter of all those suffering from renal degeneration may ascribe its origin to hypertrophy of the left heart, whereas the right heart takes part either directly through the lesser circulation, or indirectly through the vena cava ascendens. We have, therefore, to select remedies which, in their physiological effect, act not only similarly on the kidneys, but which also disturb the action of the heart on the left or right side. *Arsen. is the representative of nutritive disturbances of the left heart, Phosphor. of the right heart,* with simultaneous or consequent alterations of the renal substances.

All arsenical preparations, especially Kali arsenicosum, produce constantly Bright's disease, after the left heart suffered from hypertrophy, and the aorta became enlarged; therefore only secondarily. We see this, *e. g.*, in rabbits, where, after leaving off the Arsenic, the affection of the kidneys becomes less, whereas the cardiac hypertrophy still

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exists in a less degree. The heart is thus the primary seat of arsenical disturbance, the kidneys secondarily, and the intestinal tract gives us a tertiary seat of localization, except when too large a dose produces a chemical action. Arsenic acts on the kidneys in a far higher degree than Turpentine or Copaiva, which fail to show any primary effect on the cardiac muscles and on the intestinal muscular membrane. Arsenical urine shows all the shades of Bright's disease; Albumen, of only opaque dulness up to gelatinous coagulation of the urine by Nitric acid; from simple epithelium and its fatty degeneration up to atrophy of the Belliarian tubes and the Malpighian tufts, it produces the same hyperinotic quality of the blood, with tendency to hydræmia like morbus Brightii, and its use is therefore justified in this disease when the left heart and large blood-vessels are pre-eminently affected.

Arsenic produces also troubles like after abuse of wines and liquors, symptoms as from the effect of damp and cold, paralysis of the lower third of the spinal cord, uræmic spasms in the sensitive nerves; whereas Cuprum attacks the motor nerves, severe paroxysms of suffocation from emphysema, intermittent neuralgia, watery exudation and transudation, as from organic changes in the left heart and large blood-vessels. Vomiting from uræmia, nephritic colic (therefore also applicable in concrements, which change the renal substance, and whereby the patients complain only of spasms of the chest and stomach), different sorts of urine, even bloody, or total suppression of urine.

General physiological symptoms for *Arsenicum* are: Fits of anguish at night, so that he has to leave his bed; stitches in the renal region when breathing or sneezing; vomiting of brownish masses, with some colicky pains; vomiting as often as he takes food, sensation of pressure in the stomach, a burning pain in the stomach and pit of the stomach, difficult urination, strangury, swelling of the sexual organs, ascites. Special symptoms in the head: delirium, returning from time to time; the senses are in morbid activity; senseless obfuscation of the head, with vertigo, severe headache, periodical

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headache, dulness and heaviness of the head, obliging him to keep the horizontal position; severe pulsating headache all over the head, especially in the forehead, with nausea as soon as he tries to rise; swelling of the head, face, eyes, and neck. The chest symptoms are of a threefold nature: 1. From circulatory disturbances, counting in the serous transudations and exudations; 2. From asthma, caused by disorders of the heart and arteries, emphysema; 3. From albuminous nephritis. The heart symptoms are few in number, but clear: different kinds of palpitations, and, therefore, the pulse of different kinds—intermitting, as in ossification of the coronaria cordis, quick, weak, tense, slow. Gastric phenomena: Vomiting of greenish-yellow mucus and water, with very bitter taste, as observed in uræmia; vomiting of bile and green mucus. With the diminution of vomiting, frequent very watery diarrhœa. With the vomiting, severe internal heat and thirst. Different kinds of pain in the stomach. The primary action in relation to the urine is suppression or great diminution. Quaglio has shown us the different qualities of arsenical urine.

The antipode of the versatile Arsen., diametrically opposite in the generic causes, is *Phosphorus*, which Hahnemann does not find indicated in too great weakness and want of vitality.

1. Sorge says: Phosphor.-urine frequently contains many epithalia, pus, and blood globules; in six cases albumen, in two exudation cylinders, and in one blood globules.

2. Nitsche found in an autopsy of a man who died from Phosphorus after 11 days: kidneys degenerated as in Bright's disease, the cortical substance somewhat granulated, the corpora Malpighii and rete strongly injected; in the urinary canals exudation clots; also a beginning pneumonia. The urine showed during life albumen and exudation cylinders, a higher specific gravity, an increase of the sulphates and phosphates, and a decrease of the chlorides.

3. A woman took some Phosphor. in her soup: nausea, vomiting, oppression in the chest, difficulty of breathing, swelling and sensitiveness of the pectoral glands, albumen in the urine, and some renal elements.

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Phosphorus, the chief representative of albuminous exudation in the substance of the lungs, gives us the following indications: Presence of tuberculosis, diseases of the right heart, or of the pulmonary artery, or of both, showing themselves especially by passive venous stagnation in the kidneys. The chief physiological reason for the application of Phosphorus is therefore exactly opposite to Arsen., both standing in relation to right or left side—*Arsen. left, Phosphor. right:* or, in other words, *Arsen., arterial stagnation; Phosphor., venous stagnation*, with or without disturbances in the lesser circulation. A granulated kidney in typhus may, therefore, indicate Arsen., when we find rattling murmurs in the bronchi, coagulation in the pulmonary artery, in the right heart, hypostasis of the lungs, torpid state: Phosphorus, also in osseous suppurations. When typhus reigns epidemically, with Bright's disease as a characteristic symptom, Acidum phosphoricum deserves the preference to the metalloid, as in posoning by Carbonic acid, in epidemic croup (Kammerer) *i. e.*, in diphteritis, in epidemic pneumonia. We all know that painless, exhausting diarrhœas are cured by it. It reduces dropsies by liberating the capillaries from the nutritive disturbances of a venous nature. The coarse nutritive disturbances in the brain, etc., which we find in acute and uræmic cases, fully accord with the symptoms produced by Phosph. on healthy persons, and in ecclampsia we might be asked, when is Arsen. indicated, when Phosphorus? The solution is plain: Phosphorus in symptoms of atrophy of the brain, Arsen. in œdema of the brain.

The abundant symptoms which the Materia Medica gives us as eye-symptoms of Phosphorus, clearly prove that uræmic affections of the optic nerves, as well as fatty degeneration of some parts of the retina, as also of single nervous fibrillæ, belong to the action of this remedy, if all the other symptoms agree to it, or when we find also atheroma of the arteries, or of some muscles of the heart. In the last case we found also intermittent fever as a symptom, which Quinine failed to relieve, and where only Phosphorus could be curatively indicated.

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Phosphoric Acid is especially indicated in chronic cases, lasting already for a great while, with the character of great torpidity. The crasis here is not hydræmic, not aglobulous, but melanotic, similar to scurvy and stupid typhus, as we find it in relaxed, dilated hearts with thin walls, and in drunkards, where atheromatous arteries and petechiæ are more frequently found as sequels, than ossifications and indurations. The beginning of such renal degeneration is insidious, hidden, simulating all sorts of diseases, even typhoids, but with the greatest indifference towards everybody and everything; the quiet, stupid, delirious behavior and quiet apathy lasting for weeks, the perfect loss of appetite and of thirst; a careful examination of the urine, the frequent vomiting and nausea, the very rare somnolency, the loose and bleeding gums, the sensitiveness of the renal region, though only trifling, the missing swelling of the spleen and painfulness of the cœcal region, indicate a parenchymatous degeneration of the renal tissue. The urine contains much phosphate of lime, fatty balls, fibrinous and epithelial detritus, sometimes carbonate of ammonia, and never much albumen. The abdomen is always very inactive with no, or light yellow, diarrhœa (as in cholera typhoid); no fever, no heat, no reactionary symptoms; wrinkled cool skin, cool breath, cool transpiration; after a while the urine looks like whey, then of the color of chamois, finally like lemonade, shows larger quantities of albumen, and appetite returns; œdema and dropsy are wanting, but hypostatic pneumonia may be present. The prognosis is in this form of the disease not so unfavorable.

We have no special points to show for the phlegmatic brother of Phosphorus, viz., for *Sulphur*. It is a powerful resolvent, but the granulated kidney offers no plastic exudations, and Calcarea would answer better for the enlargement of the little canals in form of cysts, or for cysts generally, if we could only diagnose them. Kafka has, indeed, recommended the Hepar sulphur calc., especially in Bright's disease after scarlet fever.

Calcarea Phosphorica and Arsenicosa deserve our considera-

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tion under certain conditions. Difficulties from catching cold or from working in water, pain in the urinary organs after getting the feet wet, may lead to these remedies in Bright's disease. In combination with acids the effect of the calcareous earth is not only modified as Hering showed on Calc.-ars., but it becomes peculiar. We use the Phosphate of Lime in scrofulosis, osseous diseases, tuberculosis, and Calc.-ars. in ulcers of the stomach, amenorrhœa, hypertrophy of the pancreas, during pregnancy with albuminuria, in simultaneous embolism and after Bright's disease.

By comparing *Arsen. with Cuprum* we find a great superficial similarity, but the symptoms arise from different causes. To prove them physiologically and chemically for renal degeneration, we experimented on animals with Arsen., Aurum, Cuprum, and came with the Acetate of copper to the result that it attacks slower than Arsen. the left cardiac muscle, and this more directly through the cardiac motor nerves than through hypertrophy, which can never reach a high degree on account of the weakness of the heart's energy; it attacks also not so acutely as Arsen., but more lastingly, the internal and muscular coat of the arteries; nearly simultaneously the arterial and venous circulation, and here mostly the circulation of the liver and kidneys. On account of this slow lesion with simultaneous wasting away of the muscles, and on account of the want of reaction of these organs with gradual disturbances of nutrition, prominent symptoms will not be found. Dropsy caused by Cuprum, if it does not act anhydrossically, begins, therefore, in the abdomen, dependent on cirrhosis of the liver, wherein Cuprum can be chemically shown. (We know of no other remedy than Cuprum, which would be of benefit in syphilitic hepatitis; as Mercur. and Iod. certainly only aggravate the case.)

Cuprum, in small doses, produces, far quicker than Arsen., atrophy, not only in the kidneys, but also in the muscles; in fact, in the whole organism: it depresses the spinal marrow, especially the sexual functions; it acts more intensely, and for a longer time; in other words, its organic alterations arise slower, but they are more deleterious, and we find it,

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therefore, conspicuously indicated in uræmia. Whereas Arsenicum attacks more the sensitive nerves, Cuprum holds eminent relations to the motor nerves, especially in persons of very fine and delicate sensitiveness, and becomes thus a remedy of the first order in uræmic ecclampsia. We know, furthermore, that Arsen. produces intermittent fevers, Cuprum relapsing fevers in irregular paroxysms, and the more the latter localizes itself in the liver, kidneys, spinal cord, the more the symptoms will find its simile in Cuprum. It has the peculiarity of long-lasting remissions before a new severe paroxysm, eminent recurring attacks emanating especially from the abdominal sympathetic ganglia and the vagus, and as unusual primary focus of localization: the medulla oblongata and corpus quadrigeminum attacked here by reflex action, and thus direct relations to the fossa chomboidea, and secondarily to the intestines and kidneys. Against obstinate vomiting we prefer the Cuprum ammonia-co-sulphuricum.

Aurum muriaticum, recommended already in 1840 by Huss and Liedbeck, acts again differently. It affects, aside from its quick specific intoxication of the blood, primarily the left heart, and with it the secreting tissue of the kidneys; therefore the chief organ for the motion of the arterial blood, the supply of oxygen, and the chief organ for the excretion from it, exhalation of azote. Secondarily arise through the affection of the heart—the heart contracts stronger and more frequently, the first sound of the heart is stronger—on one side dyspnœa from stagnation of the blood in the pulmonary veins, on the other side hyperæmia, afterwards swelling of the liver with changed secretion, a manifestation entirely wanting in Arsen., and only slightly found in Phosphorus. Secondarily we find through the affection of the kidneys—they are decidedly hyperæmic—the pressure round the waist, the increased diuresis constant—in consequence of the formation of carbonate of ammonia, the symptoms on the bladder and on the neck of the bladder by contact; through the infection of the blood, the symptoms of cerebral irritation (carbonate of ammonia has been demonstrated in the

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brain during hyperæmia), the phenomena on the mucous membrane of the eyes, nose, and larynx. The frequent erections and the swelling of the scrotum are sympathetic manifestations caused by the increased diuresis, emanating from the renal hyperæmia, just as we find with excessive sexual desire an increase of urinary secretion. The excessive prostration and the articular pains may partly find their cause in the changed nutrition of the spinal cord.

As Aurum acts so quickly and intensely on heart and kidneys, it necessarily follows that the blood must become poor in albumen (diseases of the heart and kidneys show always a great loss of albumen), in consequence of which asphyctic crasis arises from uræmia, when its course is rapid and the morbid process localizes itself especially in the kidneys, or through the general poverty of the blood degeneration of the exudations sets in. Through inanition, want of albumen, young strong cells (perhaps from a surplus of alkaline salts—Kletzinsky) lose their power to ripen into fibres; they granulate as cells in juicy organs, and after a short existence decay to ichor or necrosis, or keep on granulating as encephaloid neoplasma. Thus Aurum causes an albuminous crasis, passing over in hydræmia, and it corresponds, therefore, in Bright's disease and the consequent dropsy to cases arising from gout, renal stones, tedious suppurations, syphilis, hydrargyrosis, or hepatic degeneration.

Vegetable remedies take a subordinate rank in this disease, as Dig., Bry., Hell., Dulc., Bell., Atropia, Colch., etc.; more chemical and physiological provings are still required for metals, Kali bichrom., Kali nitr., Natr. sulph., Ac. benz., Apis, Lachesis.

Baehr gives as special indications for Digitalis the peculiar, apparently rheumatic pains sometimes found in parenchymatous nephritis and the pulmonary catarrh, characterizing itself by excessive secretion. But such few symptoms alone lead to no result. We must have recourse to analogy, and say, all remedies which disturb the circulation in such a degree as the foxglove does can produce a degeneration of the kidneys, or at least albumen. We cannot decide from

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the symptomatology now before us if Dig. acts also favorably in venous stasis from disturbances of the lesser circulation; in fact, many questions in Materia Medica are not yet solved, as, for example, how to distinguish in the urine the sugar from Phosph.-ac. and from Lead, etc. When Digitalis in pneumonia, without venesection, deserves the great praise of Bamberger, then we may accept a specific venous relation of it to the kidneys, and physiology, formerly erroneously called toxicology, has to show if this relation consists in hyperæmia or in a casting off of the epithelium. Christison used Digitalis twice with benefit, and we saw for nine months great palliation from an infusum Digit. in an old woman suffering from renal dropsy caused by hypertrophy of the left heart. According to Frerichs, Digitalis increases the pressure of the fluid column from the Malpighian bodies to the urinary canals, in order to remove the coagula.

Just as Rhus and Pulsatilla are opposite one to another in their action on the blood, so also Spigelia and Digitalis. Because, according to their characteristics, Aconite produces fibrinous symptoms, Spigelia albuminous, and Digitalis hydraemic symptoms, we possess a capital reason for their application; whereas Puls. and Spig. have this in common, that they frequently produce medicinal aggravations, but differ in their action on the heart according to the right or left sides, like Phosphor. and Arsen.

Spigelia produces rheumatic troubles generally, especially on the left side of the chest, also severe palpitation, which can be externally heard and felt; palpitation with pressure, anguish, oppression, increased urination. It will be indicated at the beginning of left-sided hypertrophy from rheumatic causes; for the blowing sound of the mitralis, in subacute inflammation of the aorta with rheumatic and pseudo-rheumatic articular pains, and the more so, the less albumen and renal elements show themselves. It is well to follow it up with Arsen.

Bryonia is used by country people as a remedy against dropsy, and in too large doses produces easily pleuritis and pericarditis. Well, how does Bryonia affect the kidneys?

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is a question still remaining to be solved; all we know is, its power of resorbing exudations in serous and fibrous membranes, and that it acts beneficially in renal concrements. We use Bryonia only as a temporary remedy in inflammations and exudations of serous membranes.

Altschul praises *Dulcamara* in affections from catching cold; *Colchicum* acts well before Arsenicum in affections caused by damp dwellings, relapses from colds and damp, cold weather, in affections of the salivary glands, bilious vomiting, suppressed perspiration; even the most severe fever does not indicate Aconite, as it is not a fibrinous fever, but the protein combinations prevail largely; when in old protracted cases hydræmia is already present or uræmia in acute cases, we still have to distinguish between affections of the right or left heart. Relapses of acute nephritic diseases in consequence of cold are mostly fatal.

Opium and other narcotica, so much abused by the old school internally as well as by hypodermic injections, may moderate the severity of the symptoms, but they never possess a curative influence, except they stand in direct relation to the original cause, as Bellad. to scarlatina.

Stramonium is a sovereign remedy in spasms, emanating from hyperæmia of the cerebral or spinal membranes, as in cerebro-spinal meningitis without renal affection, or in spasms from nutritive disturbances caused by the typhoid blood, where Stram., when the kidneys are not affected, acts better than Atropia; but in renal affections it is of little use, because it has so little specific relations to the changes in the kidneys. We may as well acknowledge that vegetable remedies, especially Bell. and Atropia, are not the remedies which promise favorable results in difficult cases and severe organic alterations, as it is not advisable to continue their use for any length of time; in recent cases of Bright's disease (less in uræmia) Atropine and Bell. are fully indicated in congestive states of the kidneys, of the liver from the right side of the heart, in neuralgia of the nerves of the head, vomiturition and vomiting, soporous headache, especially when uræmia passes over into Bright's disease; Nicotine, on the contrary,

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more in paralytic states, especially of the abdominal ganglia.

The action of Belladonna and Atropine is, with these specified conditions, something of which we may feel astonished; usually to be followed by Arsen.; in uræmic cases we begin immediately with Arsen. without preceding it with Bell. In moderate cases Bell. will do all that we can reasonably expect from it, but neither Stram., Op., nor similar remedies are of any use.

Among the acute exanthemata, morbus Brightii as a sequel is found, especially after scarlatina, more rarely after smallpox or measles. In all such cases we must carefully study our case and the character of our patient, inasmuch as we find in solitary cases during the eruption, or immediately after it, already an œdema of the face; although the first desquamative symptoms in the kidneys show themselves only during desquamation of the eruption. A moderate nephritis exists therefore already, at a time when we do not think of an examination of the urine. Furthermore, uræmic scarlatina has been observed on the first day of the disease without paralysis of the vascular nerves; the dark urine shows in the beginning of the disease only ammonia; albumen and cylinders appear only after amelioration has set in; the patient gives us the picture of typhus, but ileo-cœcal pain, swelling of the spleen, and diarrhœa are wanting; or scarlatina may from the beginning set in with uræmic and septic character.

The different forms need different remedies. In scarlatina Bell. is an old and well-tried prophylacticum. *Helleborus* suits if we find only albumen or blood in the scanty urine; but Arsen. is to be preferred as soon as renal elements are discovered; it suits also more the thoracic and abdominal symptoms, whereas Hell. has more cerebral symptoms. Kafka praises Hepar; we have never used it. When the scarlatina begins with uræmic symptoms, every hour increases the danger on account of the increasing degeneration of the kidneys and alteration of the blood, and Arsenicum must be given speedily and kept up. We shall have no time to change our remedies,

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as the symptoms are urgent as in œdema pulmonum, and the rightly chosen remedy must act quickly. In complication with pneumonia, Phosphor. will be the remedy. In septic scarlatina the acids will do the most, especially Acid mur. In epidemics with tendency to Bright's disease, we recommend the early application of Arsen.

Typhus appears frequently in combination with Bright's disease (Andral found it in 41 cases of typhus once, Bequerel in 38 cases 8 times M. B.; Oppolzer saw M. B. especially in combination with exanthematic typhus). Its epidemic appearance leads us already to Arsen. and Phosphoric acid. Kammerer found the latter also of great benefit in diphtheritic laryngeal inflammation, a disease also frequently combined with Bright's disease.

In the last stage of the disease no remedy will save the drunkard, still we may try *Bell.* when the deliria, alternating with soporous somnolence, are of an anxious nature, with visions of spirits and persecutors; *Arsen.*, when the anguish, allowing no rest anywhere, produces thoughts of suicide; *Aurum*, with fear of death; *Calc. ars.*, when the deliria set in especially in the evening and in the dark, also in cirrhosis of the liver, so frequently present in drunkards, or also *Cuprum*, but never Cinchona.

In Bright's disease from stones in the kidneys, *Bryonia* does more than Natr.-carb. or Karlsbad. Turpentine is an old popular remedy for stone in the urinary organs, but a genuine success is not credited to it in our works. The colic may be relieved by Bell., Atrop., Arsen.

Sympathetic and reflectory morbid states of the diaphragm, which frequently become sooner obvious than their cause, the Bright's disease; partial spasms of the diaphragm, vomiting with or without uræmia, require Cuprum; inflammation of the serous membrane of the diaphragm yields to Bryonia; between both stands Atropine.

Acute œdema of the brain, of the lungs, 1:40, of the glottis, 1:160, are sometimes found in the beginning of M. B. We fully assert that the Antimonials, and especially Antimonium tartarisatum, so reliable in those cases, affects the kidneys

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also in an albuminous manner, as its symptomatology shows at least bloody urine, and thus hyperæmia of the kidneys and hæmorrhages from the Malpighian tufts. It is also certain, that by its eminent relations to the lungs (it causes in the pulmonary arteries long coagula), it attacks the kidneys only secondarily through the right heart, and nobody will ever be attacked from acute œdema of the lungs whose right heart is perfectly normal. Tartarus is therefore the œdematous remedy, supplementary to the albuminous Phosphorus, when it causes desquamation of the mucous membrane of the renal canals. In cerebral œdema Arsen, and Phosph. may be thought of with the restriction of right and left.

Hæmorrhages of lying-in women may arise from different causes, not rarely from relaxation of the renal capillaries and nervous depression from the spinal cord; in the latter case before the eruption of uræmia and uræmic ecclampsia. We have *never seen a case of urœmic ecclampsia during the lying-in state, where an increased hœmorrhage did not precede or follow it;* whereas, old women, after recovering from urœmia, may be attacked by menorrhagia. Ipec., Cinchon., Cinnam., etc., are here of no use, the application of cold dangerous, but Phosph., Phosph.-ac., Arsen., Bell., will be more or less indicated.

ARTICLE XLII.—Bromide of Potassa in Diseases of the Respiratory Organs, and its Tonic effects on the System.

By Ralph Blakelock, M. D., of New York.

In March, 1869, I was called to treat Mrs. J., a married lady, who had removed to this city from Orange, N. J., having acute laryngitis. Dr. Richards, of Orange, their former physician, was called in consultation. Her symptoms were pain in larynx, of a burning and constricting sensation, aggravated by coughing; complete aphonia, slight fever. We gave her the ordinary remedies used in such cases, as

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Aconite, Spongia, Bell., Hepar-sulph., Proto Iodide of mercury, for a few days, with less improvement than usual in like cases. We then gave inhalations of Bromine and Iodine, with some relief; but she remained restless and sleepless. Bromide of Potassa was suggested, and ten grains given at bed-time. Soon after taking the drug she fell asleep; and did not awake for eight hours, feeling much better, breathing with less difficulty, and a decided improvement in all her symptoms. Continued the Bromide in 3 grain doses, in alteration with Proto Iodide of mercury, every four hours, and in a few days she entirely recovered. Since then I have used the Kali bromide in croup and acute capillary bronchitis in children with great success. There is but one other remedy that I think more of in bronchitis, and that is Kali bichromicum; but when children are suffering from capillary bronchitis, having severe dyspnœa, throwing their arms wildly about, and by a spasmodic action of the muscles throwing the child's body into a state of opisthotonos, it being difficult for the mother to hold the child in her arms, in such symptoms the Kali bromide is the best remedy, relieving the restlessness, and the child will become quieter, and frequently falls asleep. Now, there must be more than a sedative action produced by the drug; but in the absence of any reliable proving of the Kali bromide, that I know of, we must wait for one. I will make some extracts from Braithwait, part 59, of the toxicological effects produced by large doses of the Bromide of potassa, administered by allopathic physicians for some diseases. Dr. James Turnbull, of the Liverpool Royal Infirmary, gives the symptoms or effects produced by large doses of the Bromide, where it has been continued for a length of time, which he terms Bromism. The patient he speaks of had been taking the drug in simple doses, three times a day, for months. He states: I found her very much emaciated and weak, of a peculiar pallid color; she was also inclined to doze so, that she often dropt off to sleep; there was remarkable slowness of speech, and difficulty in collecting the ideas and expressing them; the extremities were cold, and the pulse slow and very weak;

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she was fearfully depressed, and frequently shed tears. After discontinuing the Bromide, she rapidly regained flesh, health, and spirits.

Dr. Bazue gives the following symptoms (from same journal), produced from doses of 30 or 40 grs., given two or three times a day. He says it produces very striking symptoms. In about 10 or 15 days the patient at first complains of a dull headache, becomes listless and apathetic, with an expressionless face and lustreless eye; his intellect is clouded, his mind confused, and he is unable to concentrate his thoughts. There is slowness of perception, and questions have to be asked several times before their meaning is understood and an answer can be obtained. If, when these symptoms have begun to show themselves, the medicine be continued, hebetude follows, with inability to think, and a kind of stupor, resembling that of the first stage of typhoid fever, together with drowsiness, somnolence, and constant dropping off to sleep. In no case has *he* seen delirium or hallucinations. The pupils are dilated, and contract very sluggishly under the influence of a strong light. The sensibility of the conjunctiva is so deadened that a finger may be passed with impunity over the surface of the eyelids without producing winking. Hearing loses its usual acuteness, and it is only by speaking in a very loud tone that the patient can be aroused from his stupor. There is nothing shown in the above of the action of the Bromide on the respiratory organs; but had the symptoms been taken down by one of our school, we might have learned more of the action of the drug. My usual way of administering the Bromide of potassa is to put from five to ten grains in half a tumbler of water. Dose, two teaspoonfuls every half hour, or at longer intervals.

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ARTICLE XLIII.—A Case of Compound Comminuted Fracture of Tibia and Fibula Complicated with Tetanus, Abscess, etc.

By Dr. C. H. Von Tagen, Harrisburg, Pa.

W. G., aged 26, a colored man, of marked strumous diathesis, in January, 1869, met with a very painful and serious accident.

An iron casting one ton in weight fell upon his left leg, producing a compound comminuted fracture, three inches, or thereabouts, below the knee-joint of left side. Both Tibia and Fibula were literally crushed asunder, a lacerated wound, which would readily admit the passage of the index finger, existed as a medium of communication between the external air and the broken bones. Had I not known the value of antiseptic treatment, or what is commonly known as the Carbolic acid treatment, I should have felt it my duty to resort to primary amputation ; as matters were, I felt much inclined that way with a view to save life. Recollecting well how invaluable Carbolic acid had proven and how well it had served me on former and similar occasions, I resolved to first give it a fair trial, and only as a dernier resort fall back upon amputation. The extent and very serious nature of the injury prompted me to give the patient's friends a very unfavorable prognosis of *both life and limb.*

In addition to the injury just detailed, the patient received another injury, which for a time was overlooked. When the iron mass (a large cast-iron cog-wheel) struck him, he was standing erect, and was thrown violently to the ground, striking the left lumbar region and side, which however he did not complain of for two or three days subsequent to the accident.

The injured man was conveyed to his home, some three or four blocks from the scene of accident, where his limb was set, and dressed in the following manner :

First cleansing away *thoroughly* the blood and clots, the

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wound was washed freely, inside and out, with a strong solution of Carbolic acid and Glycerine (one part to 20); a compact linen compress, composed of four thicknesses, and large enough to overlap the wound fully an inch and a half on all sides, was saturated with the Carbolic acid and Glycerine (1 part to 40); over this was placed a double layer of oiled silk, which was fully ¼ larger than the compress. The edges were well secured and pasted down by means of rubber adhesive plaster and Collodion. The limb was now snugly bandaged from toe to hip and then placed upon a double inclined plane, to which it was secured with a second roller in manner as before.*

On the 3rd or 4th day following the injury, the patient complained much of his left side, where the blow was received when he struck the ground. A space as large as an adult's hand, over the region of the spleen and extending backwards, was very sensitive to pressure. Five days later the patient began to manifest marked symptoms of tetanic spasms, which were very much aggravated by the least pressure upon the injured side. Trismus followed rapidly, and so clenched were the teeth that it was only with great difficulty that medicine or broths could be administered to him. The loss of two teeth upon both upper and lower jaws, corresponding above and below, formed an aperture through which to administer to his internal wants. Deglutition was very slow and difficult. Gelsemin. 1st dilution, about 10 m. to a tumbler ¾ full of water, was administered every hour, in tablespoonful doses. This failed to afford relief. Arnica 1st was next tried in same manner, with a like result. Tinct. of Calabar bean ϴ, 10 to 15 drops to a like quantity of water as before, in repeated doses of a tablespoonful every half to one hour, afforded some relief, and the patient obtained better rest at night than he had experienced since the injury. The use of this remedy was persisted in for 4 or 5 days,

*My favorite method for treating fractures of the lower limb is that known as Dr. Swinbourne's, and I should have resorted to it in this instance, but the patient's bed would not admit of it being used. A good firm mattress is essential, while the patient's was a feather bed and an old sacking bottom.

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when there was a very gradual yet marked cessation of the tetanic and trismus affections.

The pain at the seat of injury at left side now beeame of a throbbing, shooting character, and a swelling as large as an inverted saucer was visible, which was hot, and sensitive, accompanied with chilly feelings ; pulse 120, breathing both rapid and short. Night sweats, cough, etc.

On the 24th day pulmonary hæmorrhage ensued, to the extent of 3 or 4 ounces. There was also considerable expectoration, purulent in character. The patient was now put upon a milk punch and beef tea diet, which was pushed as far as the patient could tolerate it. (Six to 10 oz. of each were borne and retained daily.)

Hepar sulph. 6th was substituted for the Calabar bean, and repeated every 3 to 4 hours. Under the influence of this remedy, as well as the diet, the chilliness, night sweats, cough and bloody expectoration (which followed the hæmorrhage), and rapid pulse, began to yield in two or three days. The tumefaction became softer and a trifle less sensitive, which still, if pressed upon, would reproduce the tetanic convulsions to a greater or less degree, according to the amount of force applied, but the pulmonary symptoms materially subsided. On the 29th day a second pulmonary hæmorrhage took place, in extent about same as the first, followed with same symptoms, and for three or four days with bloody expectoration. I again resorted to the Hepar, milk punch, and beef tea diet ; these symptoms the Hepar again controlled.

On the 35th day (5 weeks after the accident) the patient was seized with a sharp cutting pain in the epigastric region, followed with retching and vomiting. Just as the patient had finished vomiting I entered the room, at my accustomed hour (11 A. M.) and there beheld a wash-stand basin containin gat least 9 to 10 oz. of blood-streaked pus which had been thrown off from the stomach. Towards evening a smaller quantity was thrown off in like manner (about 3 oz.). These vomiting spells recurred daily for 10 days, gradually growing less in severity, consistency, and quantity of material, all of a pus-like character.

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The swelling on left side diminished rapidly after the first vomiting, and so on until it disappeared entirely. In like manner the purulent evacuations from the stomach ceased.

And now to return to the limb. The dressings, with the exception of the outer bandage, which was slightly loosened the day following the accident, remained undisturbed until the eighth day, when, emitting some slight odor, they were entirely removed. The wound presented a very promising appearance. Scarce any discharge was visible, and firm union of almost the entire wound of the soft parts had taken place. At the lower and most dependant portion of the wound there still existed a small opening about large enough to admit a good-sized probe, from which a drop or two of healthy pus escaped. The limb was washed and re-dressed in same manner as before described, and allowed to remain for ten days, when it was again opened and the wound found to be entirely healed, after which it was bandaged and splinted, and allowed to remain thus until the expiration of the fourth week, when the dressings were removed for the third time. Firm union of the fractured bones had now taken place. The dressings were re-applied, and allowed to remain for sixteen to eighteen days longer, after which they were laid aside entirely. At the termination of the eighth week the patient commenced to hobble about on crutches, and gradually recovered the strength and usefulness of his limb as well as his general health. Two weeks later he threw aside his crutches, and, simply aided with a stick, was able to walk a considerable distance.

The patient, through carelessness during the month of May following, contracted a severe cold, which re-developed the pulmonary trouble, which was soon followed by cough, night sweats, and hæmorrhage. Hepar 6th was again administered, and afforded almost entire relief. Still he complained of great oppression on the chest at times, and a tickling in the larynx, which Ars.-alb. removed in a week or ten days following.

Some time during the latter part of June the patient again took cold by sleeping alongside an open window,

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followed with same train of symptoms as in May. Being ill myself, and worn out from excessive toil and labor, I could not attend the case. He then fell into the hands of an "old heroic practitioner" of this city, and in the course of four or five weeks died a martyr to allopathic dosing.

Before closing this article I must confess that, in using the Tinct. of Calabar Bean, I did so empirically. My faith in the remedy was based upon one or two cases of cure of tetanus reported in *Braithwaite's Retrospect.* I have since used the same remedy in a case of spinal meningitis with success.

In conclusion, I wish to remark that the form of tetanus which attacked this patient was of the variety known as "opisthotonos." The dorsal muscles were so violently contracted and so rigid, that the trunk of the patient's body formed a complete arch, its two resting points being the occiput above and the tuber ischii below. The limbs, excepting the injured one, were all violently extended; occasionally they would relax, but the slightest jar to the patient, for instance the shutting of a door, or a touch, would cause an immediate recurrence of the spasms. The abdominal, pectoral, and intercostal muscles were all involved, so that the patient was obliged to breathe mainly with the diaphragm. Throughout it all the patient always retained consciousness, and voided his urine almost as regular as in health. Bowels were costive naturally, moving on the average once a week, but then rather copiously.

Why the injured limb was exempt from the otherwise general rigidity of the muscular system is a problem I have not yet been able to solve to my own satisfaction. Could it have been owing to the presence of the roller bandages, which served to compress pretty firmly, as they do, the muscles of the limb, and then the fact of there having been a solution of continuity of the bone? I never remember having noticed this feature before in any previous or similar case. The limb did not manifest any spasmodic condition, either, while the bandages were removed during the time

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occupied by the dressing of the wound, yet at the same time other portions of the body were affected.

There was one feature about the injured limb which attracted my attention while dressing it on two occasions, and that was an occasional jerk of the limb, like a mild electric shock; but this was never observed at any other time.

This case illustrates the curability of an affection usually regarded by most medical authorities as hopeless, and that, too, when other and unusually severe complications were present. Without dwelling here to elaborate upon the extraordinary complications presented in this case, I shall simply proceed to enumerate them.

1*st*. We have to regard the strumous temperament, with partially developed pulmonary tuberculosis (several of the patient's family died of phthisis).

2*d*. The very severe nature of the injury.

3*d*. The tetanic complication (traumatic opisthotonos).

4*th*. The traumatic abscess, which evacuated itself through the stomach. This abscess, I think, must have formed between the layers of the internal oblique and transversalis muscles, or possibly in the belly of one or other muscle.

General Record of Medical Science.

The Struggles of Science. By GEORGE B. LORING, M. D., of Salem, Mass.*

THE FALLACIES OF PHILOSOPHY.—But this severe struggle between science and religious dogmatism, that strong fortress, behind whose frowning bastions the most fervid religious faith is prone to seek shelter and protection, is small when compared with the long and bitter contest which attended its emancipation from the tyranny of intellectual arrogance and pride. Contrary to that modern theory of science which would dispense, with a large and liberal hand, the bounties of sound learning to all men, "for the relief of man's estate," the ancient philosophers assumed that the object of all learning was

* From an Address before the American Institute, New York, Dec. 20, 1870.

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to elevate man above this sublunary sphere, and to fill his mind with a lofty indifference to all his wants, and necessities, and comforts. "Philosophy," said Seneca, in reply to Posidonius, who inadvertently complimented science for having discovered the principles of the arch and the proper use of metals in the arts,—"Philosophy teaches us to be independent of all material substances, of all mechanical contrivances. The wise man lives according to nature. Instead of attempting to add to the physical comforts of his species, he regrets that he was not cast in that golden age when the human race had no protection against the cold but the skins of wild beasts, no screen from the sun but a cavern. To impute to such a man any share in the invention or improvement of a plough, a ship, or a mill, is an insult. In my own time there have been inventions of this sort—transparent windows, tubes for diffusing warmth equally through all parts of a building, short-hand, which has been carried to such perfection that a writer can keep pace with the most rapid speaker. But the inventing of such things is drudgery for the lowest slaves; philosophy lies deeper. It is not her office to teach men how to use their hands. The object of her lessons is to form the soul: *Non est, inquam, instrumentorum ad usus necessarios opifex.*" "We shall next be told," exclaimed he, "that the first shoemaker was a philosopher." It has been well said that in the minds of such men as he, "The business of a philosopher was to declaim in praise of poverty with two millions sterling out at usury; to meditate epigrammatic conceits about the evils of luxury, in gardens which moved the envy of sovereigns; to rant about liberty, while fawning on the insolent and pampered freedmen of a tyrant; to celebrate the divine beauty of virtue with the same pen which had just before written a defence of the murder of a mother by a son." But it was this style of thought and speculation which occupied the attention of the world for more than 2,000 years. Socrates, Aristotle, Plato, Seneca, Cicero, all lived in an atmosphere of intellectual superiority, which enabled them to transmit to the student all the sublimity of thought of which finite man is capable, all the moral elevation which the human heart can reach, all the religious confidence and trust which man can attain unaided by the light of revelation. It is not surprising that through so many ages they should have exercised supreme sovereignty in the kingdom of thought, and that great minds should have followed them and little minds have been obedient to them. Nor, perhaps, is this a misfortune. For it were not easy to tell the intellectual effort which they have inspired, nor to count the scholars they have created, nor to value too highly the assurance which they have given to mankind that the monuments of genius shall not decay, even though material grandeur shall perish and be buried beneath accumulating dust. We are willing to walk hand in hand with them through those long ages, in the darkness of which their lights were not extinguished, and in the radiance of which it was their scholarship which prevailed. But we can imagine how our obligations to them would have been increased, had they and their followers substituted for wearying disputations, an encouraging word for natural philosophy as the foundation of useful discoveries, and not as a subject for fresh controversy, and mere mental exercise. Nature and the generations of men can afford, I have no doubt, to wait for light; but still the hours are weary, and I know no story in all the history

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of man's intellectual endeavor sadder than that of the one great scientist of the middle ages, who, blinded by the lustre of scholasticism, and bound hand and foot by the rigors of ecclesiasticism, struggled in vain to emancipate practical science, and left behind him his own hints as a guide, and his own failure as a warning to his great namesake, who, coming after him, fell on more fortunate times. We are told that when Roger Bacon, in 1234, studied mathematics, physics, and astronomy, and impoverished himself and his friends in purchasing the most costly instruments of his times, experimental philosophy was little in vogue and his researches excited the hostility of his fellows. He was a devoted student of Aristotle and all his commentators in every language; but he found it impossible to carry the teachings of this great philosopher into practical science, at a time when all science was considered no better than heresy, and its results no better than magic. His writings were condemned; in his old age he was imprisoned, and he died in neglect. He was the great anticipator of science, and the scientific age, which dawned upon the world three centuries after his death. He conceived the discovery of the telescope, and knew the composition of gunpowder, but was not permitted to witness the glorious revelations of the one, nor the inestimable force of the other. With his mind filled with visions of scientific grandeur, he could get but little further than to declare that the causes of the intellectual torpor and ignorance of the era in which he lived were—too much blind confidence in authority; too much respect for custom, too much regard for popular prejudice, and too much conceited selfishness, which induces one to regard as dangerous and puerile whatever he does not know. But he "claimed for human reason the right to exercise a severe control over all the doctrines submitted to its approbation; he insists upon the dignity and the importance of the sciences, none of which are to be proscribed, and all of which are to be cultivated; and he establishes experience rather than reasoning as the proper method of research." And so this great man surrendered, leaving behind him only his appeal for intellectual progress, and preparing the way for a more defiant and revolutionary age of great discoveries, and popular assertion, and religious reform, and emancipated science. Three centuries passed away before his prophesies were fulfilled.

The Baconian Era.—And now the great struggle commenced. Men still believed with Plato that science was a mere intellectual exercise and amusement; that the study of arithmetic was not intended for any practical service in life, but to habituate the mind to the contemplation of pure truth; that mathematics, applied to any purpose of vulgar utility, became a low craft, as he called it, fit only for carpenters and wheelwrights—and was no longer a noble science "leading men to the knowledge of abstract, essential, eternal truth; that the use of astronomy is not to add to the vulgar comforts of life, but to assist in raising the mind to the contemplation of things which are to be perceived by the pure intellect alone;" that the science of medicine should be applied only to those whose constitutions are good, and not to those who by inheritance, or excess, or exposure, or accident, have become so permanently enfeebled that their heads grow giddy and full when exerted in the studious contemplation of divine philosophy—the remedy for feeble constitutions being death. That the science of legislation was based upon abstract

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virtue, and not upon that practical wisdom which would prevent and reform crime, and build up a State upon the principles of patriotism, and honesty, and courage, and honor, and furnish the highest faculties of man an opportunity to exert themselves "without being molested or insulted for it," as Gen. Grant said in his memorable conversation with Judge Hoar.

But this was not enough to satisfy the mind of Francis Bacon, who now assumed the leadership of the great scientific revolution begun by him and carried out in our day by the devotees of science everywhere. Entertaining profound respect and admiration for the great thinkers of ancient times, to whom I have alluded, and moving by his own natural forces along the same high plane of thought which they occupied, he stooped down and lifted into their august presence that useful, and manly, and homely attribute, known as common sense. To be a philosopher meant with him to be the most useful man in the world; and so to him belongs the praise of having invented, methodized, and in a considerable degree perfected, the general plan for the improvement of natural science by the only sure method of experiment. "Instead of hypotheses he asked for facts, gathered laboriously from the watch of nature's silent revolutions, or extorted skilfully by instruments and trials, and carried forward by careful generalizations from the world of the known to the unknown." He reasoned always from causes to effects, and so impatient was his mind of mere abstractions, that he never rested until he had brought his conclusions to some practical benefit. "He clearly, for instance, conceived of a thermometer; he instituted ingenious experiments on the compressibility of bodies, and of the density and weight of air; he suggests chemical processes; he suspected the law of universal attraction, afterward demonstrated by Newton; he foresaw the true application of the tides, and the cause of colors, which he ascribes to the manner in which bodies—owing to their different texture—reflect the rays of light." Ask a follower of Bacon, we are told what the new philosophy, as it was called in the time of Charles II., has effected for mankind, and his answer is ready: "It has lengthened life; it has mitigated pain; it has extinguished diseases; it has increased the fertility of the soil; it has given new securities to the mariner; it has furnished new arms to the warrior; it has spanned great rivers and estuaries with bridges of form unknown to our fathers; it has guided the thunderbolt innocuously from heaven to earth; it has lighted up the night with the splendor of the day; it has extended the range of human vision; it has multiplied the power of the human muscle; it has accelerated motion; it has annihilated distance; it has facilitated intercourse, correspondence, all friendly offices, all dispatch of business; it has enabled man to descend to the depths of the sea, to soar into the air, to penetrate securely into the noxious recesses of the earth, to traverse the land in cars which whirl along without horses, and the ocean in ships which sail against the wind. These are but a part of its fruits, and of its first fruits. For it is a philosophy which never rests, which has never attained, which is never perfect. Its law is progress. A point which yesterday was invisible is its goal to-day, and will be its starting-point to-morrow."

The Fruits of Inductive Reasoning.—I have said that Lord Bacon endeavored to found his theory of philosophy on common sense; I think he estab-

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lished the process by which he could reach the highest philosophical truth, upon the principles of common honesty. He proposed no new method of reasoning. The danger and weakness of syllogism were discovered long before he was born; the value of induction had been recognized by scholastic and scientists for centuries. But Bacon realized that a process of induction which failed to recognize all existing and possible facts, whether by accident or design, is as fatal to truth and sound philosophy as a syllogism which, unmindful of the fallacy of accidents, proves that we eat raw meat: "We buy raw meat in the market; what we buy in the market we eat; therefore we eat raw meat." He knew well that the inventor and discoverer who would arrive at any conclusion valuable to himself and mankind, or the scientific explorer who would open new paths to useful knowledge, could not afford to shut his eyes to any facts or phenomena connected with the work upon which he was engaged. He felt that the recognition of error and failure is as important in all investigation as the recognition of truth. He turned the process of induction, therefore, from the scholastic business of making a good syllogism, perhaps of no value whatever, to the philosophical business of making a great discovery, or arriving at a great truth, invaluable to millions of the sons of men toiling to elevate themselves into the highest regions of civilization, with all their mortal necessities and their immortal aspirations. He was as impatient of fallacy as he was of an accumulation of facts from which no principles could be deduced. And so he threw aside the books of the ancient schoolmen, because they taught nothing for the discovery of useful truth; and he burnt the books of the ancient farmers, because they laid down no laws, and could therefore be of no use to any man. How he would have rejoiced in Franklin, who caught, and Morse, who used the lightning; in Brancas, who discovered the power of steam, and Watt and Fulton, who applied it; in James Smith, of Deanston, who invented tile-drainage, and in John Johnston, of New York, who has employed it in a successful warfare against drouth and flood, and the wheat midge; in Count Rumford, who, having made a profound study of the theory of heat, set himself at work inventing fire-places and grates, and ovens, and cooking-ranges, and founded a professorship of the application of science to the art of living; of Agassiz, who, having studied botany with Martius, and the embryonic development of animals with Dollinger, and the principles of classification with Oken, and zoölogy with Cuvier; joined hands with the farmers of Massachusetts in their investigation of soils, and crops, and animals, and taught the Fish Commissioners of Massachusetts how to stock the lakes and rivers of that industrious and enterprising commonwealth. What an admirable professor in a school of technology Bacon would have made; what an efficient and accomplished president of a model agricultural college.

Psoriasis Guttata. By PHILIP E. ARCULARIUS, M. D.

CASE I.—Margaret W., colored, age 22, single.

July 6.—Patient presents herself with an eruption which she states has existed for over six months.

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On examination there are found scattered over the upper extremities a variety of raised, circular, reddish spots, averaging two or three lines in diameter, and covered with scales. Upon the prominences of knee as well as elbow joints are seen the aggregated patches so common in this disease. Symptoms of anæmia prevail, with evident debility. There is aggravation of the troubles at night in bed. Administered Arsen. alb. ^{30}, a powder before breakfast and at bed-time.

July 10.—Patient returns much improved in general health, while there is noticed, as well, a marked subsidence of the eruption. Arsen. alb. ^{30}, a powder at night.

Aug. 31.—Since last date patient has not received additional treatment, not having returned till now, when she presents a skin free from all disease. The elbows and knees are clean and smooth, while but faint stains are traceable upon the arms. No external applications.

Case II—Psoriasis Aggregata.—Abraham L., American, age 11.

March 9.—The eruption has existed for over two years, and is confined entirely to the prominences of the elbow and knee joints, where can be seen irregular, large, raised patches, covered with the characteristic scales. The general condition of the patient is anæmic, face pale, hands and feet cold, nervous erethism at night in bed, with restlessness and thirst. Administered Arsen. alb. ^{30}, a powder night and morning.

March 13—Patient already improved in health, though eruption continues the same. Arsen. alb. ^{30} a powder at night.

March 27—General condition of patient now decidedly changed; still, as yet, there is but slight improvement in the eruption. Arsen. alb. ^{30} every night, as usual.

April 24—Patient now quite well; eruption slowly disappearing. Arsen. alb. ^{30} at night.

May 29.—The patches of eruption are now undergoing a marked alteration, increasing in smoothness as the scales are falling off. Arsen. alb. ^{30} at night.

June 19.—Continued improvement. Arsen. alb. ^{30} at night, as usual.

July 17.—The patches now show but few scales, and these are fast disappearing. Arsen. alb. ^{30} at night.

Aug 31.—Patient is now about well, nothing remaining to mark the former site of the disease but the stains, and these are fading. Treatment was now relinquished in consequence of an attack of ague. No external applications.

Case III—Psoriasis Lepræformis.—Bernard R., American, age 10.

November 9.—Patient presents himself in excellent health, but covered with an eruption which causes troublesome itching, and has existed for over a year. Upon the face and back, and upon the forearms and legs, as well as upon the elbows and knees, are to be seen irregularly rounded patches averaging about an inch in diameter, and possessing the depressed centre and scaly circumference so characteristic of "lepra." Administered Sulph. ^{30}, a powder at night.

December 18.—Patient has reported regularly each week, and the dose of Sulphur ^{30} has been repeated each night. Improvement which commenced with treatment has continued up to date, the itching having ceased, while the scales have been gradually disappearing. However, as progress seems to be

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delayed, concluded to profit by former experiences and change to Arsen. alb.^{30}, a powder at night, as usual.

February 5.—Gradual improvement has been noted, though as yet there are no signs of disappearance of patches. Arsen. alb.^{3Q} has been given regularly each night. Now prescribe Sac. Lac.

February 12.—Decided improvement during past week. Again repeat Arsen. alb.^{30} at night, as usual.

March 26.—A marked change now apparent. The patches have now about ceased to secrete scales while their central portions have assumed a healthy aspect, and in turn have been enlarging and spreading towards the circumferences, leaving crescentic lines of desquamation. Since last date Arsen. alb.^{30} and Sac Lac. have been given in alternation from week to week; continue treatment.

May 7.—Patient still improves, but complains of sores upon the scalp. Examination reveals numerous squamous elevations. Continue weekly alternation of Asen. alb.^{30} and Sac. Lac.

June 18—Patient is now nearly well; no sores on scalp, and no scales upon the skin; only the remaining stains are visible. Sac. Lac.

August 27.—Patient returns and surrenders card, and exhibits a skin free from all disease. He is discharged cured. No external application.

We have just received the following communication from our worthy colleague, Dr. Th. Bruckner, of Basle, Switzerland:

On the 26th of October, 1870, we had a friendly meeting of the Homœopathic physicians from Basle, Berne, Soleure, and neighborhood, at Aarburg. Seven of us spent a pleasant and instructive evening together.

Dr. Maeschlen recommended Silicea in chronic diarrhœa from ulceration of the bowels. He himself had suffered for three years of a diarrhœa, for which he had tried almost the whole Materia Medica in high and low dilutions, without being able to attain more than temporary relief. The stools were mostly of a pap-like consistency, often containing undigested food, of offensive odor, with more or less griping before stool. One dose of Silicea, of a low dilution, produced almost immediately severe griping with increased diarrhœa, but soon after he felt so uncommonly well that he told his wife, "Now I believe I have got the right remedy, and that I shall get cured." And so it was. Since that time he has used Silicea in very many similar cases with excellent results. He generally gives Silicea 12–30, in drops; a few drops in the morning and evening till the diarrhœa ceases.

In Dr. Sulser we found a well-educated and enthusiastic friend of Homœopathy, who enjoys a large practice in Aarwangen and neighborhood. His district had just passed through a very severe epidemic of diphtheritis, and he found Ars., Carb. veg., Ammon. carb., and sometimes also Lachesis, the most efficient remedies. At the beginning of the epidemic, the children were mostly under allopathic treatment, but as the mortality was very great, whereas those he treated homœopathically were all saved, soon all the patients

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in town and the surrounding country applied to him for aid, and as he found it impossible to watch all his patients closely, he found himself almost forced to give Ars., Carb. veg., Ammon carb., 30th dilution in alternation every 15–30 minutes, and the result could hardly have been better, if he had been able to watch every patient closely, and give but one remedy strictly in accordance with the teachings of Homœopathy; for all the children were cured in a very short time.

Sick headache (migraine, megrim) on the left side, is, according to Dr. Sulser, generally found in women with scanty menses, and on the right side with profuse menses. (Calc.)

Pneumonia, with aggravation of the cough and other symptoms when lying on the back, Phosph.; when the patient can only lie on the affected side, Bryonia.

In blenorrhœa urethræ, Dr. Sulser found Cannabis 6th dry (as recommended by Jahr), the most efficient remedy. He gives a dose every morning and evening for 6 to 8 days, but at noon he interposes sometimes a dose of Sulph., Merc., or Canth., according to circumstances.

Clinical Cases. By Th. Bruckner, M. D., Basle, Switzerland.

(1.) T. H., 70 years old, a man of gigantic frame, complained (April 15, 1870) that for several days past he suffered daily at about the same time in the forenoon, severe cutting pains in the abdomen with great distention of the abdomen from flatulency, and so severe were the pains that a cold sweat of anguish broke out. On the day before my visit the attack of pain came on in the street, and though he was hardly a hundred steps from his house, he could only with the greatest pain and difficulty reach his house, but as soon as he had laid down on his bed and had rested awhile, the pain disappeared. On the day of my visit the pain had come on about the same time, when he was up and walking about in his room; but as he immediately laid down, the pain soon disappeared, and when I examined him, the abdomen was neither painful nor distended.

I advised the man to remain in bed the next day till noon, and promised to send him the medicine. Searching for his symptoms in our M. M., I soon found the following symptoms under Nux vomica: "A sort of flatulent colic deep in the hypogastrium, the cutting becomes intolerable when making the least motion; it passes speedily off when sitting or lying." I sent, therefore, Nux v. 2c., a dose to be taken evening and morning, and every 2 to 3 hours, if the pain should return. The next day he remained in bed till the time was over when the pain usually came on, but the following day he was up and about the whole day, but the pain never returned.

(2.) Mrs. F., a widow of some sixty years, sent for me August 30, 1870. For about eight days she suffered from a severe diarrhœa, which seemed to have become much aggravated in consequence of a fright which she had a day or two ago. The stools are liquid, gushing out with force, and she feels exhausted in consequence of the long-continued diarrhœa; but what troubles

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her most is a cold sweat, which breaks out with every stool over the whole body, but particularly on the forehead. I immediately dissolved a few globules of Veratr.^{200} in water, to take a spoonful every 2–3 hours, according to circumstances. At the same time I left orders to be sent for if the patient should not feel better before night, but nobody came, and on my visit the following morning I was informed that the diarrhœa had entirely ceased on the day of my first visit.

(3.) Mrs. R., a French woman about 35 years old, sent for me on the 23d of February, 1870. About two weeks ago she had passed through an attack of parotitis, which, however, soon disappeared without any medication, but since that time she suffered from a dreadful occipital headache, becoming steadily worse for the last three days; it seemed to her as if an ulcer would form in her head. The nature of the pain, as well as the yellowish color of her face, induced me to give her Sepia ^{200} in water every 3–4 hours. The headache subsided soon after taking the first dose, and after 4 to 5 hours it had ceased entirely. Since the headache left her she began to complain of a peculiar toothache. The pains are generally dull, and it is the right eye-tooth where the pain concentrates, which hurts her when eating and on pressure. But now and then the pains begin slowly to increase and to become more general, and when they reach their highest point and become almost unbearable, then all at once they suddenly cease. This kind of slowly increasing and suddenly ceasing pains seem to be characteristic of Sulphur.-acid, though no toothache of this kind has been observed. I remember that Dr. Landesmann, of Geneva, had recommended it in cases of toothache of this kind. I therefore immediately gave Sulph.-ac.^{200}, a few globules dissolved in half a glass of water, a spoonful to be taken every 3 to 4 hours if the pains did not disappear entirely. The next morning I learned that the pain abated every time she took the medicine, and disappeared entirely after the third dose.

(4.) Mrs. L. about 50 years old, was convalescent from a severe disease (typhlitis), which had been treated allopathically in the beginning, till the woman almost despaired of her recovery, when I was sent for. On Christmas, 1869, she was up, when I visited her, but she felt very weak. She complained particularly of a feeling of emptiness or weakness (sinking, goneness) in the pit of the stomach, which caused her to gape almost continually. During the short time of my visit she yawned more than a dozen times; it was a real spasmodic gaping, which threatened to dislocate the jaw-bones. Opening my pocket-case I gave her Ignatia 200 on the tongue and left her. Next morning I learned that she had not yawned a single time after that only dose of Ignatia, and that the feeling of emptiness in the pit of the stomach had almost disappeared.

(5.) On the 10th of December, 1869, when visiting a patient who lived in the same house, a married lady, whom I had not seen for more than a year, waited for me in the hall and told me that the remedy I had given her a year ago had entirely cured her. This woman had suffered for many long years a dreadful pain in the os coccygis (cocyodynia) during her courses, and the pain seemed rather to increase than to diminish as she grew older. (It had come on, as she believed, after a confinement.) I had given her, according to Prof. Guernsey (p. 272), Cicuta ^{30}, a vial with globules to be taken before menstruation would set in.

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Reviews and Bibliographical Notices.

1.—*Indiana Hospital for the Insane, Indianapolis.* Extracts from the Report of the Superintendent, ORPHEUS EVERTS, M. D.

This Report presents so many important facts and suggestions on the management of the Insane, that we copy largely from it.

To the Hon. Board of Commissioners for the Indiana Hospital for the Insane.

GENTLEMEN,—I have the honor of submitting the following report of the conduct of the Indiana Hospital for the Insane, for the year ending October 31, 1870, being the twenty-second year of the Hospital, and the second year of my Superintendency.

Number of patients remaining in Hospital November 1, 1869		387
Number of patients admitted within the year		405
Whole number under treatment for the year		792
Discharged within the year, restored	187	
" " " improved	19	
" " " unimproved	59	
" " " not insane	1	
Died	51	
Whole number discharged during the year		317
Remaining over, October 31, 1870		475

The foregoing exhibit shows that a much larger number of patients have been cared for in the Hospital than ever before reported for one year, indicative of an increased capacity for accommodating, and not of an unusual increase of the number of insane persons in the State.

On the subject of old and new modes of managing cases formerly classed as "Incurables," Dr. Everts says:

Old Basements.—Two small wards, one for males and one for females, known as "the basement," having a capacity of twenty beds each, which, when this hospital was projected, were thought to be essential, and appropriate for the treatment of certain classes of insane persons, have, for many years, been recognized as unfit for the purpose contemplated, and condemned by high considerations of science and humanity. Yet, under the continuous and increasing pressure from without for admission, there never seemed to be a time when they could be abandoned. These old basements were defective in every appointment now recognized as essential in the treatment of the insane. Low, narrow, dark, damp, unventilated, difficult to warm, prison-like, and forbidding, they are unfit for the habitation of human beings, leaving out all

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considerations of cure. Furthermore, they are located immediately beneath the front wards, thus bringing convalescent and such patients as are the most sensitive to disturbing causes into close proximity with the most turbulent and offensive; to whose ravings and confusion they are compelled to listen to at all hours, much to their detriment and pain, destroying, to a great extent, the recognized benefit of classification, and consociation of the insane in a well arranged hospital.

When the north wing was opened late in the last preceding year, the first thing done was to transfer the few patients who had been kept by an oppressive necessity in the old male basement, from that ward to one of the wards in the new building, constructed with a view of accommodating the same class of patients for which the old basements were designed, viz: the most noisy, vicious, homicidal, and destructive maniacs. This new ward was airy, well lighted, ventilated, dry, and warm, and its appointments excellent in nearly every particular.

The influence of this transfer upon the character and conduct of these patients, many of them old *habitués* of "the basement," was immediate and very remarkable, justifying the extreme expectation of those who demand for the insane a better appreciation of their wants as human beings, and treatment corresponding therewith.

In the old basement these patients were discontented beyond measure. They were quarrelsome amongst themselves; dangerous to their attendants; filthy in their habits; and destructive to everything around them. They were bedded on straw mattresses, which they destroyed almost nightly; and could not be trusted to eat at a common table, as a rule; and no furniture of any kind was safe within their reach. "Gloves," "muffs," "wristlets," and straps, were in constant demand.

In the new ward they became at once governable and orderly; presenting in deportment and personal care an increase of self-respect, corresponding to their improved surroundings, transformed as it were from the ferocity and stupidity of wild animals into the semblances of men.

Pictures now hang unmolested upon the walls of their ward. They eat, as a rule, at a common table, like other men, and visitors may pass amongst them without concern.

This illustration of the influence of external circumstances upon the minds of the insane is too remarkable to be overlooked, especially in consideration of the fact that a corresponding basement ward on the other side of the house is still occupied by women, and must remain so occupied until relieved by an arbitrary discharge of twenty maniacs, or by such an improvement of the south wing as will be asked for in this connection.

It is due to my predecessors to say that all of them have united in condemnation of these basement wards, and only tolerated their occupancy because of the limitation of room, and the constant hope which becomes a part of the inspiration of every true physician engaged in the special work of caring for the insane, that the State would soon come to their relief by enlarging its provisions for this class of helpless citizens.

Treatment.—I have nothing new to report by way of experiment or adoption in the treatment of the insane within the past year, excepting the introduc-

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tion of the new chemical known as Chloral, which we have used with increasing favor as a procurer of sleep and calmer of maniacal excitement. In all other respects our treatment has been according to established customs so far as our limited facilities enabled us to apply them, constantly endeavoring to limit those means known as coercive, and increase our own reliance upon other methods of control.

Our "bill of fare" has been very much improved in quantity and quality, and our "special kitchen" for "sick diet," exclusively, has grown steadily in importance—items not to be overlooked in the treatment of the insane, who require more attention in the matter of nutrition than any other class of people, sick or well. The insane cannot be hopefully treated on "short rations" or poor food. They require generous diet, embracing a wide variety of materials to meet the countless freaks of disease resulting from lesions of nutrition which underlie a large proportion of cases.

Upon an intelligent discipline, enforced with kind firmness, embracing hygienic appliances, such as attention to personal habits, recreation, and an improved diet, varied in quantity and quality, and preparation to meet diseased or organic peculiarities of the insane, we are to depend, so far as I am capable of determining, chiefly for the improvement and restoration of this unfortunate class of citizens.

A large proportion of persons who are brought under the protecting care of the State Hospital, are from the laboring classes, many of whom, if not poor in a worldly sense, have been impoverished physically by hard labor and impaired nutrition, from deficiencies or excesses of various characters. For all such it is not enough to say that they are as well fed and as comfortably provided for at the hospital as they have been accustomed to be, at home.

They must be fed better, and clothed better, much better than many of them have ever been, more expensively and more intelligently. I have acted upon this conviction to the extent of means at command, and find room for improvement in this direction, amounting to a painful appreciation of defects, which, I cannot but hope, will be provided for in the immediate future.

It is possible, indeed, and should be endeavored, to discharge from the hospital many persons, not only cured of their malady, but improved in a broader sense when returned to society as citizens.

In matters of recreation and amusements we have been confined to very narrow limits—such as walking in the grounds, outdoor games appropriate to a few, occasional dancing parties, in which a large number participate, a few theatrical and musical entertainments improvised, and regular Sunday service in the chapel, conducted by the Superintendent.

Department for Incurables.—A wide-spread misunderstanding prevails throughout the State respecting a department for incurables in this hospital, it being very generally believed that the Legislature has provided for that numerous class of patients in the construction of the north wing of the building. Applications for admission of this class of patients, based upon this misunderstanding, have been numerous, and the disappointment of friends has been quite serious when such applications have been refused. This erroneous impression grew out of the fact that an appropriation of $35,000 was made by the Legislature of 1865, for the benefit of the incurably insane of the State. That

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appropriation contributed toward the completion of this hospital, and imposed an obligation upon the management of this hospital to receive and care for a certain number of incurable patients. This number justly should correspond to the whole number received in the same ratio that the appropriations for their benefit correspond to the total cost of construction of the hospital. The cost of construction of this hospital has been in the neighborhood of $1,000 per bed of its total capacity. Our obligations would then be to care for say forty patients of this class. I have admitted within the year one hundred and seventy-eight patients under the head of "Incurable;" and there are not less than two hundred of this class now in the house.

In obedience to the statute, this large number of incurables will be rapidly reduced by compulsory discharge, to make room for recent and acute disease, but it is safe to say that not less than one hundred of such patients will be permanently cared for, and carried on our records, unless other provision is made for them by the State; thus more than generously satisfying the implied obligation growing out of the appropriation referred to.

As the whole number of recoveries and deaths does not equal more than one-half of the whole number of attacks of insanity, it follows that there has been and will continue to be an accumulation of chronic and incurably insane persons in the State.

For the care of these helpless persons, the repose of community, and especially the well being of families in which children may be growing up exposed to the association of insane parents, or others, the State cannot too soon or too amply provide. My own opinion may not be entitled to great value in this matter, but I may state that I believe it to be the mature judgment of a large majority of American superintendents of hospitals and asylums for the insane that this class of patients should not be segregated —that there should be no such institution known as an "Asylum for the Incurable"—but that they should be provided for in association more or less intimate with the more recent and curable classes. Patients in this hospital having heard of some such thing as a Department for Incurables in this institution, have importuned me not to transfer them to it, as they still had hope, themselves, of final restoration.

The presence of the chronic insane—the partially demented, quiet, and orderly old *habitues* of the hospital—is certainly very beneficial in its influence, affecting the acutely diseased, whether of a melancholic or maniacal character.

Nearly all of the labor derived from patients comes, also, from this class, and to cut off the last inspiration of hope from men and women to whom it is all that is left, by consigning them to an institution the very name of which is an extinguisher and final sentence, is both cruel and unnecessary.

The insane of this country cannot be estimated as paupers in the European sense, or cared for properly in accordance with European examples.

Our insane nearly all have, or have had, homes and family relations, to which they constantly refer with solicitude or with regret, and nearly all of them entertain exalted ideas of personal liberty.

There are but few, if any, insane persons in this country not totally

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demented, or otherwise self-restrained, excepting such as are recovering from their infirmity and have a grateful sense of the benefit to themselves of hospital life and treatment, who could be kept in any kind of an institution provided for their care without coercion and constant vigilance. Hence the plan of cheap cottages, scattered about on a large farm, grouping the insane into a sort of artificial family relation, each establishment constituting an independent household, expecting them to accept the situation voluntarily, to be contented and industrious, however beautiful in imagination, and even partially successful with the pauper insane of Europe, may not be expected to succeed here.

Nor would it be economy to so provide for the insane of this country.

After the first cost of construction of suitable buildings, the larger the number aggregated under one management within certain limitations, the greater the economy of subsistence, and all of the labor which can be derived from the chronic and incurable is necessary, and important in the case of the acutely diseased.

My own opinion is that the interests of the insane and the communities from which they emanate can be best subserved by the construction of substantial hospital buildings of a capacity not to exceed three hundred to five hundred patients each, at a cost of one thousand dollars per patient, on the most modern approved plans, located with reference to facility of access, salubrity of climate, and an abundant supply of water and fuel as controlling influences; opening each and all of them to all classes and grades of the insane, excepting idiots, imbeciles, and insane persons convicted of crimes. The weak-minded are not benefited by hospital life, and should be properly provided for, and the criminal insane should never be forced upon the wards of an ordinary hospital or asylum under any circumstances. There should be a ward in every penitentiary set apart for their occupancy, where they could receive humane treatment without injury to others.

2.—*Galvano-Therapeutics. The Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic, and Pneumogastric Nerves.* By WILL. B. NEFTEL, M. D. New York: D. APPLETON & Co., 1871.

The little volume before us is a fragment of a large work, which the author contemplates to publish in the course of the year, and from his large experience in this specialty, we have the right to expect a standard work. America may well be proud of its medical literature, and what Flint has done for the diseases of the chest, or Bumstead for venereal diseases, Neftel will accomplish for the diseases of the nerves.

We agree with the worthy Doctor (p. 87): "It would certainly be worth while to try the effect of the galvanic current in such affections of the nervous apparatus of the eye (and of the ear) as are yet considered incurable, especially in incipient amaurosis." It interferes not with any scientific treatment, and

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as we enjoy the personal acquaintance of the author, we can heartily endorse his statements, and the successful issue of many nervous diseases, formerly considered incurable. P. 124 we find a short article on Basedow's disease, and as we have in this number an article on Exophthalmos, we may be allowed to copy the following in regard to treatment, where he mentions the good results obtained by Dasch from the galvanization of the cervical sympathetic. On using ten or twenty elements he noticed a considerable decrease of the action of the heart, the number of its pulsations diminished during eight days from 130 to 70 and 64, and the exophthalmos became considerably reduced. Similar favorable results have been reported by Eulenburg and Guttmann.

"Mach's nach, aber mach's recht nach," our own Hahnemann said, and the same holds good in every branch of our science. Electrotherapy has been terribly injured by experiments, without fully understanding either the theory or the application of this subtle agent, and we hail therefore with pleasure the work before us. Many physicians labor under the mistaken idea, that when they buy a Kidder battery, or some other highly advertised instrument, they are immediately able to apply electricity in any disease; and to lead them to a scientific electro-therapeutic treatment, we advise every practitioner to thoroughly study some standard work on diseases of the nerves, and then such works as Neftel promises to give us.

3.—*Cough Repertory.* By B. SIMMONS, M. D. Liverpool: Thompson & Capper, 1870.

Sure, we ought to be by this time able to cure such an apparently simple thing as a cough, and yet every physician finds it sometimes extremely difficult to find the similimum, and is glad enough when he hits the mere simile. By comparing Simmons's Repertory with the one lately published by Dunham, we find some discrepancies, and who shall decide when doctors disagree?

Simmons, we dare say, exhausts his subject and gives the practitioner the choice from Aconite to Zinc, but this very wealth oppresses the seeker after the one remedy, and in the chapter on Expectoration he is exceedingly precise. Thus, he gives over fifty different mucous expectorations, and it would be of vast benefit if only our patients were smart enough to describe and define more precisely their symptoms. As the expense of both repertories is only trifling, the outlay will be richly refunded if it helps even in one case to find the true remedy.

We find for Dros. a noiseless cough (mute cough—Dunham), and we wait for an explanation what sort of a cough that is which makes no noise, and mute means "dumb or silent." Now Bönninghausen uses the word "Klanglos," not sonorous, in contradistinction to the "barking" attacks or shocks (stoessen), meaning that the sound is not clear and ringing but still it is neither noiseless nor mute. I wonder if any of our patients could tell the difference between a tormenting dry, a troublesome dry, and a teasing dry cough, the latter indicating Nitr.-arg., and Con., or between tension and a stretched feeling, indicating Caps., the former half a dozen remedies. Webster defines

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gullet as the œsophagus, and not synonym to the larynx; and, as we find in Simmons no concomitant symptoms of the pharynx, we consulted the M. M. and found the gullet symptoms laid down under larynx and trachea, whereas Bönninghausen gives us concomitant symptoms for the "schlund," pharynx, which are entirely left out in Simmons.

But there is nothing perfect under the sun. We only hope that neither repertory is stereotyped, so that we can expect to have a second and improved edition soon at our table and at the bedside of our barking patients.

4.—*Annual Record of Hom. Literature.* Edited by C. G. Raue, M. D. Boericke & Tafel, New York and San Francisco.

In the second number of this year of Hirschel's "Neue Zeitschrift fur hom. Klinik" we find the pium desiderium, that there might be issued an annual record of Hom. Literature, containing all that is valuable in the home and foreign journals.

While in Europe it remained a pious wish, America had already set the ball in motion under the leadership of the thorough-going Raue, and this long announced and long expected volume at last made its welcome appearance end of August.

The name of the editor, already so well known through his admirable work on Special Diagnostics and Therapeutics, led us to expect a valuable volume, and in truth we were not dissappointed, for aided by an able corps of co-laborers there is presented in it the gist of upwards of 20 hom. journals for the year 1869.

Our British confréres publish in the "British Directory," annually, an abstract of the British journals. Dr. Marenzeller, of Wien, gave us a record of Homœopathy in Germany in 1846. Dr. Brentano, of Milan, published as late as 1867, a "Review of Homœpathy in Italy," and our brothers in France gave us, for the last two years, two almanacs with statistics in France. But it remained for American enterprise and energy to conceive and execute an "*Annual Record of the Hom. Literature of the Whole World*," and it is, therefore, with pardonable pride that we greet with this initial volume the appearance of a series of works, the great practical utility of which no one will deny.

In this volume of over 400 pages we find nearly one-fourth devoted to Materia Medica, arranged by our venerable veteran, Dr. C. Hering; one-half of the work is given up to general practice, and the remainder to the different branches, which make up the "Medical Art and Science," and then to facilitate the study of the work before us, we find an Index, which is really a model of its kind. First we get a *complete* alphabetical register, then a list of remedies, together with the ailments they were prescribed for, and the page where they are mentioned, and lastly the authors; a kind of *Roll of honor* of these physicians, who by their literary labors give to the profession the benefit of their practice.

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Appended to the whole are eighty pages of statistics, comprising, as it were, a trial sheet, in order to give a list of all Homœopathic physicians, compiled by the publishers. This appendix, for various reasons, is very imperfect. The publishers in a prefixed circular state, that in order to ascertain which names were correct on their list, they sent out over four thousand circulars with letter postages, in order to have those undeliverable returned. The list thus corrected was printed and is now used as a basis for improvements. Copies interleaved with writing paper, are sent to all parts of the United States as well as to foreign countries, to parties taking an interest in such matters, and as it is much easier to improve a defective directory than to compile a new one, we shall have, as with each successive issue of the Directory all obtainable corrections are made, in the course of time a creditable list.

However, this Directory business has nothing whatever to do with the Annual Record proper, it being a compilation by the publishers, and gratuitously thrown in without enhancing the price of the work, and as faulty and incomplete the Directory is, as near perfection, in our estimation, is the Annual Record. The slight mistakes in the abbreviations of the different journals hardly deserve to be mentioned, as the index sets everything to right.

The publishers, Messrs. Boericke & Tafel, promise in their announcement to have the work appear regularly from year to year, provided it is properly supported by the profession. The work is one of intrinsic merit, and we heartily recommend all of our readers not to be without a copy of the Record.

The book is a credit to the publishers, and the price of it ($3.00) very moderate, and may be procured at any hœomopathic pharmacy or of the publishers. S. L.

5.—*The Medical Herbarium:* A Collection of Dried Samples of Medicinal Plants. By T. F. Allen, M. D. New York: Henry M. Smith, Publisher.

Dr. Allen is well known as a botanist, and his Herbarium will meet the wants of the physician, the pharmaceutist, and the lecturer. It contains an authentic specimen of every medicinal plant, with its appropriate name and synonyms. It states the region and kind of soil in which the plant may be found, the time of flowering, and the part used for medicine.

The specimens are poisoned with corrosive sublimate, and securely mounted on thick white paper (11½ x 16½ inches), with a fly-leaf and stout pasteboard cover.

It will be issued in parts (each consisting of ten specimens), as rapidly and reasonably as possible, at $2.00 per part.

The first part contains specimens of Eupatorium purpureum, Asclepias incarnata, Polygala senega, Baptisia tinctoria, Aletris farinosa, Ptelea trifoliata, Phytolacco decandra, Lobelia inflata, Ustilago madis, and Cicuta maculata.

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6.—*Text-Book of Homœopathy.* By Dr. V. GRAUVOGL, of Nuremburg. Translated by GEORGE E. SHIPMAN, M. D., at the request of the author. Parts I and II. Chicago: C. S. HALSEY. New York: BOERICKE & TAFEL. 1870. 8vo, pp. 341 and 426.

This work has been for some weeks before the American Medical profession, has been already studied by many of the most competent critics, and it has been generally approved and even highly praised. It must certainly take rank as one of the most elaborately constructed and thoroughly digested works yet produced by the Homœopathic School. The peculiar and specific claims to our attention brought forward by the author and translator deserve to be carefully and respectfully considered.

The author's idea of a Text-Book of Homœopathy that shall serve a real and high purpose in the present state of reformed medical science, is sufficiently elevated. It must be a symmetrical structure, composed of profound generalizations and deeply reaching theories, strongly and solidly based upon the firm granite of substantial facts. He, therefore, announces a comprehensive system and series of philosophical principles, leaving the student and practitioner to grasp intellectually the doctrines set before him by the author, and then to verify them by applying to them the practical facts adduced in the book before him, which have been supposed to be sufficiently strong and clear to prove to all (reading and thinking) men that MEDICINE in its best and highest expression, as we here have it, is a *real* science, destined to live

> "'Till angels roll the stars away
> And sing the dying sun to sleep."

On a subject so extensive as our author undertakes to traverse, an analysis is impossible within any limited space like that to which we are now restricted. His expositions of many of the most intricate and important physical and psychological problems are in the highest degree interesting, even when we do not perfectly agree with him.

The Grand subject of LIFE is brought forward as early as the 38th page. His exposition of the shallowness of Virchow's theory of this mysterious theme must be admitted to be strong, if not conclusive and final; of his success in clearing the waters of the fountain he had so bravely disturbed we may not speak so decidedly.

In § 18, page 44, our author, speaking of "FORCES," says: "Virchow separates the so-called *vital force* from the molecular and other forces. The idea of a vital force is not dead. Life, however, means the self-acting form of a totality of reciprocal action; by *force* we understand the property of a body in its relation of cause and effect to another. Now, some hold fast to the idea of *force* and develop their proof against the vital force from the law of constancy of matter and force, and, indeed, quite conclusively; others, however, draw their proof from the law of reciprocal action; and they likewise are right enough, in so far as they set out from the idea of life.

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"The opponents of a vital force appeal to this: that there is no beginning or end of matter, for this is eternal and changes its conditions merely, i. e., one manner of existing is the cause of another, and an immaterial cause is inconceivable; for all life is a manifestation of matter. Those who hold fast to a vital force refer to the co-existence of the manifold, to the change of formation and transformation under the ægis of a higher agent, which transplants itself from father to child. This is clear from the analysis of the words vital force, which comprehend two ideas of relationship contradictory to each other, for there is only a *possibility* of living according to the reciprocal action of substances brought in contact and their forces.

"For the study of Therapeutics, it is necessary to invoke the aid of a vital force. This idea cannot even be elevated to become the basis of a physiological explanation, and rather remains itself a problem, since no object can be defined by an idea.

"The strife turns upon two opposite pivots: some of the contestants occupy the stand-point of perception; others move in the realm of reflection, as regards a subject which can not be given in the shape of definite knowledge, and is an incomplete thought like any other transcendental idea."

In further efforts to elucidate a true doctrine of life, our author reviews the discoveries or opinions now extant in the scientific world on "Ferment, Fermentation, Putrefaction, Oxidation and Reduction, Organic Resistances, Interchange of Substance in the Muscular Fibre, Fermenting Fluids according to Pasteur and Brücke, Organization of Microscopical Forms, Grohé's Process of Fermentation, Effects by Contact, Life and Machine, Self-activity, Excitability, Rest and Equipoise, Reproduction.

At page 60 we read: "From the natural laws of Physiology, thus far presented, *no* vital force can be inferred. The idea of a vital force is only a predicative abstraction, and neither subject nor object. It is a conception, but no object of the senses; a subjective perception, as that of the vault of the heavens. Should that high authority of the present day say, for instance, 'the balance is the vital force of chemistry,' the *form* of the opinion is at least logical. But if I say 'the vital force is that which necessitates, forms and sustains life,' one must first ask what this 'that' may be, and for this is no other answer than the vital force; hence this 'that' indicates nothing but a vacuum (in ideas). The vital force is a teleological phantom, in spite of Liebig and Virchow."

In the brief paragragh we have just quoted we find the *key-note* to this remarkable volume. The author does not design to give us a new system of medicine, nor even a new version of *Homœopathy*, a system of medicine which all the world has already heard of; but he wishes to harmonize that type or presentation of Homœopathy which he has personally practised, and in which he has found a satisfactory degree of success, with that materialistic or sensual system of philosophy which he has adopted as applicable to other matters in this multifarious world. With him the Laws of Nature are the laws of physical matter alone. There is in his system of philosophy no "vital force," no "dynamization" of remedies. The chemical theories are good enough so long as he applies them only to inorganic matter. But when he endeavors

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to substitute chemical affinities for the more powerful forces ever operating in the wonderful laboratories of living bodies, he at once passes beyond his depth. We acknowledge, most cheerfully, that the author's effort in all earlier sections of his work to bring "positivism" to the service of medical science, is in a high degree interesting and valuable to every physician; but we cannot say that we think him successful in doing the *precise thing he specially desires to do.* In this point we regard his effort as the best attempt yet made at an object that can *never be reached.* Homœopathy is now too strongly established to be in any danger from its enemies, and has little to fear from even its best friends. Its votaries will continue to be more generally successful than men of other schools have ever been. And it is a fortunate thing for them and their patients that their success will not depend upon the infallible truth of the theory our author gives of the *modus operandi* of their remedies. It may be said that no other theory yet propounded has enabled us to acount for the wonderful effects we have all witnessed from *minute* doses of remedies, which are still regarded as inert by the great body of medical practitioners. This is probably true; though there have been some good and suggestive words spoken which we cannot afford to forget. Hahnemann says: "The material substances of which the living organism is composed *do not* follow the laws to which inanimate material substances are subject; they are regulated by the laws peculiar to *vitality alone;* they are themselves animated just as the whole system is animated." We cannot perceive any good reason brought up by medical positivists for repudiating this doctrine, which seems an indispensable article in any useful system of philosophy. We regret that an author of such great power and resources should have thought proper to expend so much valuable space in the effort to explode it.

Having rejected all ideas of natural science which cannot be explained on purely materialistic theories, Grauvogl next consistently proceeds to demolish the doctrine of a *dynamic* inhering force or power, by virtue of which homœopathic remedies have so generally been supposed to act. We do not pretend to be perfectly pleased with the expositions of that doctrine hitherto set forth, and cannot, therefore, devote much space to its defence. The author does succeed in showing the task of defending the dynamization theory to be rather difficult. We only wish to see a *new* exposition of a *true theory* of the modes in which medicines act in causing and in curing disease. A theory purely materialistic cannot satisfy us, and cannot explain the various phenomena a good observer may witness every day. Grauvogl's reference to Swedenborg is entirely unnecessary as well as unfair.

The great subject of the action of massive and attenuated doses is elaborately discussed by our author. His views are not those of the strictest homœopathists, but they need to be very thoroughly studied before the basis on which they rest will be fully apprehended. The number of homœopathic practitioners who will be pleased to see their daily practice so ably defended is already very large, and seems to be continually increasing. Palpable doses, alternation of remedies, and all the *adjuvantia* and *palliative* measures which any perplexed physician ever felt compelled to call to his aid in trying emergencies, are not only employed and excused by Grauvogl, but defended on scientific grounds.

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The arguments with which Dr. Grauvogl sustains the doctrines he so bravely announces in this work cannot be introduced here. Let men differ as they may about the still contested principles which form his fundamental principles, all must acknowledge that his work is one of the ablest that the homœopathic school has ever produced. The notes we have already made on its chief peculiarities will indicate to homœopathic physicians of the different sects what they may severally expect, and many will venture to pronounce sentence on this book without thinking it necessary to go further. It is better for the true interest of the whole medical profession that this book shall be more thoroughly studied than ordinary books have been. If, then, any can do better in practice than Grauvogl has taught them, we shall at all times be happy to publish the best results of their experience.

Miscellaneous Items.

1. *Editorial.—Let Us Have Peace.*

There are a great many cases on the calendar, and we take first from the docket the one most interesting to us all:

Lippe versus *Dunham*. The defendant knows only one article of faith: *Similia similibus curantur*, and although himself a strict adherent to the single remedy and the minimum dose, says pointedly in his great address, delivered last June at Chicago, that we cannot prescribe and regulate the opinion and practice of members of our school, and we ought not if we could.

Lippe takes exception to that, and insists that the single remedy and the minimum dose are as much fundamental principles of Homœopathy as our formula, s. s. c., and therefore every homœopathic physician is bound to explicitly adhere to, and not swerve from, *certainties*, fundamental principles; and no physician of our school can enjoy the liberty to reject, modify, or alter any or all of its fundamental principles, and closes his peroration (*Hahn. M., Nov.*, 1870), with that great truth, "the price of liberty is eternal vigilance."

W. E. Payne, as true a champion of Homœopathy as either party could name, takes up the lance, and in the December number of the same journal appears as the defender of alternations, and proves the correctness of his stand-point by citations from Hahnemann's writings, and closes with the remark that the presence in the same organism of two or more diseases, radically distinct and mutually acting and reacting upon each other, may, and often

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does, furnish occasion for the *alternate* employment of those remedies which are homœopathic to each.

Shipman, as thorough and strict an Homœopath as can be found in the whole West, has given us a translation of *Grauvogl's Homœopathy*. Grauvogl, the heretic, the materialist, ought certainly to be condemned for advocating alternation in certain specified cases, and still that same man teaches us "whatever attacks we make upon the organism for its welfare, we must always at the same time endeavor to gain the most favorable and surest ends with the *least injurious* and hence *smallest possible dose*."

What, then, we inquire, is the smallest possible dose, and what dilution produces the least or the greatest aggravation? If our experience teaches us right, we have seen more severe and more lasting aggravations from the very highest dilutions (as Lycopodium ^{17m} or Sulphur ^{30m}) than we ever witnessed from tincture or low dilutions, but we joyfully confess that our patience, aided by Sach. lac., was fully rewarded by the lasting amelioration which followed. The *minimum dose!* Read carefully Grauvogl's cases cured by low dilutions of Argentum nitricum, of Aranea, of Natrum sulphuricum, and Thuja, and I pity the man who would deny the name of Homœopath to such a glorious defender of our cause. Shall Kafka and Baer, Pope and Hughes, Jousset, Fredault, Pompili, and a host of others, be read out and excommunicated because they do not come up to that high standard of Homœopathy which we have set up as its crowning glory.

Indeed, we envy all those men who have so thoroughly mastered our *materia medica*, that they are able to prescribe the similimum in every case, but we, the majority of physicians, acknowledge our insufficient knowledge of disease and of drug action; but at the same time we feel proud to be followers of our Master, strict believers in that certainty and fundamental principle, *similia similibus curantur*, and we *cannot be cast off* by any party who wish to be stricter than the Master himself was.

Cases of minor importance now claim our attention, and it is a pity that our surgeons do not cast their diminutive swords into ploughshares. B against D, F against H, etc., physician against physician, East, West, everywhere, in fact, to the detriment of our cause, of our colleges, of everything which would flourish if that archenemy, "professional jealousy," were not at the bottom of it. In the hour of our bondage, when proscription stared us in the face, we were a band of brothers, and the success of one was a source of joy to all of them, but now prosperity makes us more vicious, and "rule or ruin" seems to be more and more the fundamental idea of a professional life. How pleased we are to nail A or B to the gibbet because we found a flaw in his diploma (as if that parchment were a sign of knowledge), or a case of malpractice is a godsend, as on the ruin of one we can add for us another step on our ladder of fame. Miserable egotism! the bane of all progress, of all fraternity! Away with it, and let it be banished forever from our midst! *Let us have peace*, let us work together for our common good, and the benefits of such harmonious labor will shed new and lasting lustre on our holy cause. *Let us have peace*, and our patrons will build us hospitals, enrich our dispensaries, and our colleges and journals, our oral and written teachers, will be the proud monuments of such universal fraternity.

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2.—*On the use of the Stomach-pump in Dilatation of the Stomach.* By Prof. A. Kussmaul, Freiburg.

A country girl suffered since her eleventh year from gastric disorders. She suffered after eating from severe pains, and vomited sour matter. At her 14th year she vomited more frequently, and began thus to emaciate, and to lose strength. Menses appeared at her 20th year, and remained regular up to her 23d year, when they ceased entirely. During these two years the vomiting had stopped spontaneously. In the winter 1864–'65 the severe pain after eating and the vomiting returned without any cause; appetite normal; after eating she felt bloated, and a pressure in the gastric region with sour eructations, and finally, from 1 to 5 hours after eating, vomiting of sour tasting and sour-smelling gray and brown masses in quantities of 1 to 4 quarts. Blood was never detected either in the vomited matter or in the stool. 1867 she became so poorly as to force her to pass the whole day in bed. In the spring 1867, she was attacked with spasms, beginning in the stomach; dyspnœa followed, with loss of speech; the extremities were attacked by tonic spasms. Consciousness remained unclouded during these spasms, which returned several times during the summer, as often as the patient felt greatly weakened by the continued vomiting during the day,

Brought into the hospital, we found our patient small in size, delicately formed, very pale and emaciated, and without the power to leave her bed; only the stomach felt enormously large, it felt soft, and the dilatation of the stomach showed itself by percussion and inspection to reach the hypogastrium, lungs and heart were normal. Patient vomited at least once a day, but frequently oftener, sour grayish-brown masses with sarcinæ. When the stomach became empty after the vomiting, we could feel, between the umbilicus and right hypochondrium, a deeply seated, round, smooth tumor, of the size of a walnut, corresponding in its position to the pylorus. Patient complained greatly of burning and pressure in the stomach, suffered from sleeplessness; was in bad and irritable humor, constipated, and passed very little urine.

After being treated with different remedies for several months without any benefit, the Professor concluded to apply the stomach-pump, in order to remove the large quantities of decomposed sour matter in the stomach, presupposing that thus the tormenting burning and vomituition would cease, as even after repeated vomitings percussion and palpation revealed the presence of considerable fluid in the stomach; inasmuch as *post mortem* examinations show that even, when during life the pylorus appears perfectly closed, we are able to enter the duodenum with the small finger, and that therefore the immoderate expansion of the stomach increases mechanically the stenosis of the pylorus to a perfect occlusion.

The introduction of the pump and the syringing out of the stomach with Vichy water was performed with all ease, and six quarts (3 litres) of sour, dirty gray fluid, containing sarcinæ and softened and decomposed remnants of food, discharged, giving the patient more ease for several days. July 25th, she complained again of feeling worse, and the syringing was now henceforth

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repeated every few days, as soon as burning in stomach, sour eructations, and other symptoms set in. She gained visibly in strength and flesh, and in November no sarcinæ could any more be detected in the contents of the stomach, and about New Year she could be discharged with health fully restored. Her stomach had returned to its normal size, she digested her food well, bowels regular, and for the last two months she attended faithfully to the domestic duties and labors of the hospital. May, 1869, the girl returned to the hospital on account of bronchial catarrh, but through all that time her former sickness had never returned.

A second case (woman, 44 years old) of enormous dilatation of the stomach from a stenosing cicatrix, produced by an ulcus pylori, was also cured in four weeks by the use of the stomach-pump and syringing out with Vichy water. In both cases the regulation of the formerly constipated bowels was observed; and, *per contra*, we find it a bad omen, when after several applications of the stomach-pump the gastric symptoms alone ameliorate, but the constipation stubbornly resists, pointing to an incurable disorganization of the stomach. The author praises in such cases the beneficial effects of injections, made of wine and beef-tea aa, which he also found acting well in diphtheritic paralysis of the œsophagus. He gives at first an injection in the morning, to wash the bowels out, and after a while the injection of wine and beef-tea.

We may also conclude that the use of the stomach-pump might be serviceable in dilatation of the stomach, not caused by stenosis of the pylorus or duodenum, but by atony of the muscularis in consequence of carrying too much weight through polyphagy or from paralytic weakness during reconvalescence after exhausting diseases, as typhus, in the same manner as we find the catheter useful in vesical paresis from too long a retention of urine; inasmuch as by the removal of the burden the work of the stomach becomes easier, its elastic and contractile powers recuperate themselves, the stomach contracts to smaller dimensions, and we enable it thus to renew its peristaltic motion on the food.

In all cases, where we have so far employed the stomach-pump, the dilatation was to all appearance caused by stenosis of the pylorus, resulting more or less from a cicatrized ulcus rotundum, and the question is, if the same means, which remove a simple dilatation, are not equally efficacious for the restitution of the pyloric passage.

We may consider the occlusion perfect, where with an empty stomach we find the abdomen empty, the stool continually constipated, and where even injections carry off only a small quantity of fæces or none at all, and where the steadily progressing marasmus points to a perfect cessation of all digestion. In some cases of this kind we have not only to do with a paralysis of the muscularis of the stomach; but the immoderate expansion, overfeeding and overburdening of the stomach, produces a mechanical moment which increases the stenosis of the pylorus to perfect occlusion. In other cases the application of the stomach-pump will only produce some alleviation, but never a perfect cure. Such cases are: 1. Cancerous stenosis pylori. 2. Stenosis from too large cicatrization. 3. Moderate stenosis, but where the gastric walls have suffered such important disorganizations that a reformation is out of the question.

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The Professor made use of the stomach-pump in five cases of cancer of the pylorus, but cancer usually contra-indicates the stomach-pump. The disappearance of the blood from the contents of the stomach immediately after the first application of the stomach-pump, is somewhat remarkable. The blackish color, reminding one of coffee-grounds, disappeared after the first application, to give place to a grayish-white or yellowish color, only rarely did it look rather brownish; and the cause of it may be that, after the removal of the corroding sour masses, the destruction by the carcinoma progresses more slowly and the hyperæmic dilatation of the blood-vessels in the neighborhood of the ulcer becomes more minute.

The syringing out by the stomach-pump possesses also a diagnostic value, inasmuch as by the evacuation of the contents of the stomach we may more easily find out, by the touch, a tumor, and we may more easily distinguish between a dilatation of the stomach and a dilatation of the colon transversum.

But an early application of the stomach-pump will also bring relief in high-graded disorganization of the gastric mucous membrane, even when the muscularis became already affected, causing the greatest narrowing of the pylorus; because the danger to life may be diminished as long as a sufficient quantity of chyme becomes absorbed in the stomach, or can flow off in the intestines, and we may suppose that as long as chymification remains normal, even a considerable stenosis may be compensated by an increase of strength in the hypertrophied muscles. Now, experience teaches that the formation of good chyme will be prevented, when the gastric mucous membrane becomes corroded and disorganized by the stagnating sour contents, and thus the absorption of chyme diminished. A second imminent danger arises also to the organismus by the enormous quantities, continually distending and dilating the stomach. Thus new mechanical impediments arise at the pyloric region, over-exertion of the muscularis produces disorganization and paralysis, and the discharge of the contents of the stomach is reduced to a minimum or entirely stopped. In one word: *Pyloric stenosis may gradually lead to the annihiliation of all gastric functions, of chymification, resorption, and peristaltic motion, and thus produce fatal results. It is, therefore, our duty to try our utmost at an early period to keep intact as long as possible the functional activity of the stomach, and to prevent by all means the accumulation of large quantities in the stomach, and their sour decomposition.—Deut. Arch. f. Klin. Med. & Monatsblatt A. H. Z.*

3.—*Homœopathic Medical Society of the State of New York.*

The Twentieth Annual Session of this Society will be held in the City Hall, Albany, on the 14th and 15th of February, 1871.

The Annual Address will be delivered in the Assembly Chamber on the 14th, at eight o'clock P. M., by Robert McMurray, M. D., of New York.

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CORRECTION.—The case reported in last number of this journal (New Series, No. 2), under the caption of "Case of transverse fracture of the Olecronon process of left arm, attended with traumatic neurilemmitis of Ulnar nerve; by C. H. von Tagen, M. D., of Harrisburg, Pa.," is incorrect in so far *only* as the *result* is concerned, otherwise it is correct in *every particular*.

The author of the article prepared the paper in anticipation of the result, intending to withhold it for publication until a successful issue had been obtained, feeling confident at the time that such would have been the result had he been permitted to attend the case to its termination uninterfered with.

The report was laid aside with three or four other papers on fractures, and when forwarded, as it was, in company with another article on "Abscission of the Cornea and Iris for Total Stapheloma," which appeared in same number of this Journal, the writer was under the impression that he had sent the paper which appears in the present number, entitled "Compound comminuted fracture of the leg complicated with tetanus, abscess," etc., and did not discover his mistake until he received his copy of the Journal, which was some time in early November. Shortly after this he wrote to Dr. S. Lilienthal, requesting him to correct the mistake in the succeeding number. A few days later he forwarded the paper which he *originally intended* sending, requesting that it be published in the same number with this "*Explanation.*"

The writer, in justice to himself, feels constrained to say that the patient objected to and resisted all his appeals and efforts to manipulate the limb in the way of flexion, with a view to break up the fibrous bands which *always* result between the articular surfaces of a joint in this and all similar cases, and when he insisted upon carrying out his plain bounden duty he was informed by note on the succeeding day that *his services were no longer required. There was nothing at the time of "dismissal" to contra-indicate a successful issue.* Although the Doctor especially stated, when called to the case, shortly after the accident, that he feared the complications which threatened to arise from so *severe an injury* would probably leave the usefulness of the limb impaired, yet as the case progressed toward recovery he felt more encouraged, and did not hesitate to state that he would leave no effort untried that would restore the patient with a useful limb and joint; never dreaming for an instant that at the very time he desired to commence proceedings to restore the motion of the joint, by daily and gentle flexion, he should receive his *dismissal*, for which no just or plausible reason has yet been advanced, other than that the patient proposed to return to her "friend and former physician," who when called in to the case, *did nothing* but allowed the golden opportunity to pass unheeded in which to commence proceedings to restore the usefulness of the limb. In other words the case was allowed to *lapse and go by default.*

Some nine or ten physicians have been called upon, of both Allopathic and Homœopathic schools, to examine the limb and pass judgment upon it, and diverse opinions have been expressed as to how the limb should have been treated.

As far as the writer has been informed *all* are more or less governed by prejudice; some of them bitterly so, both upon personal and professional grounds (one "*wiseacre*" remarked that he would have placed the arm in a flexed

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position; another that he would break it over again and then dress it in a bent position, etc.).

The writer of the article has not been tendered, nor has he sought for, an opportunity to have a competent and *disinterested* investigation, feeling confident that his treatment of the case will be endorsed by any intelligent and experienced surgeon, *free from prejudice*, when learning the facts of the case.

The treatment of the case, as far as the writer is concerned, has *gone on record*, and the more it is scrutinized and the closer it is investigated the more confident he feels of being justly acquitted of all censure in the premises; feeling that his only offence has been that of having through unintentional mistake prematurely sent in the report for publication.

The writer assures us that he still feels confident of being able to restore the limb to at least a ⅓ motion, if not more, and that any other *competent surgeon* may do the same thing, if allowed the proper latitude.

Prof. Bærensprung remarks that the cause of Herpes-Zoster lies in the nerves and the inflammation is carried by the nerves to the skin. Physiological facts prove that the courses of the cerebro-spinal nerves carry next to the motor and sensory fibres also a third kind of fibres emanating from the sympathetic system, and these fibres carry on the trophic or nutritive process. From all points where such ganglious masses concentrate, such fibres enter the nervous cords, and every ganglion seems to have its special province, its special organs, which it has to provide with trophic nerves. This leads us to the posterior special nerves, whose roots possess each a ganglion, and the ganglia spinalia offer us thus an explanation to many a neuralgic symptom formerly unexplained.—*Neumann's Haut Krankheiten.*

Pacific Paradise.—In the *Commercial Advertiser* of the 3rd inst., appeared a brief reference to Nice as a place of residence for invalids. I can verify all that has been said of Nice, having spent several months in that city for the benefit of my health six years ago. But I consider it important that our people should know that we have a Paradise nearer at hand for those who do not care to visit Europe, that, so far as climate is concerned for the whole year, surpasses Nice or any other locality on the globe, of which I have any knowledge. After my return from Nice, being still an invalid, I was induced by the Rev. W. Colton, who had been long a resident on the Pacific coast, to try a few months stay at San Diego, and from experience and the benefit I received, I can recommend that locality for all seasons of the year as being decidedly preferable. During the past extreme hot summer at the North, the thermometer (Fahrenheit) at San Diego only reached 83 degrees of heat, and at midday for three-quarters of an hour. There are no frosts in winter, the ther-

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mometer seldom falling below 40 degrees, while it usually ranges, one winter with another, from 50 to 35 degrees. I doubt if a more even temperature can be found than that of San Diego.

The following are observations taken by myself for twelve of the sixteen months of my residence there:

Month	7 A. M.	3 P. M.	9 P. M.
January	40	61	46
February	44	63	53
March	47	64	52
April	53	68	55
May	60	72	61
June	64	74	67
July	68	80	70
August	67	77	70
September	79	75	69
October	59	71	61
November	40	67	47
December	47	59	46

Complaints of the chest, lungs, and rheumatic affections rapidly disappear in that climate, while fevers are unknown. JAMES CAMPBELL SMITH.

OBITUARY NOTICE.

A special meeting of the Philadelphia County Medical Society was held on Tuesday evening, December 20, 1870, at the College building, to take action on the death of Walter Williamson, M.D., President of the Society. The Vice President, O. B. Gause, M.D., presided, and a large number of the members were present. Dr. Gause addressed the Society as follows:

GENTLEMEN,—A most solemn event has called us together to-night. Our President, Walter Williamson, is dead. He whom we all loved—either as brother or father—whom we all revered for his many excellent qualities of head and heart. In the full flush of a life of more than ordinary activity and usefulness, while he was a leader beloved among us, he has suddenly ceased to labor and to live.

While in the full maturity of all his intellectual and mental faculties, his physical system succumbed to disease, and we are here to-night to mingle our sorrows, to adopt measures for paying our united tribute of respect to his earthly remains, and to extend our heartfelt sympathies to the bereaved family of our honored President, our cherished friend, and esteemed professional brother.

As individuals and as an organization our loss is irreparable.

How we shall miss him, who was foremost, whether as presiding officer or on the floor, in promoting the interests of our Society. He always had something to say for our mutual edification. His vast experience, extending over the average length of a generation, was a fund which we regarded as exhaustless.

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I think we will all agree that few men possess in a higher degree all the elements which inhere in a noble manhood than were displayed in Dr. Williamson. He united in beautiful harmony most decided personal convictions, with great catholicity and respect for those who did not entirely agree with him. These rare and admirable qualities made him a most judicious counsellor to the young, and endeared him to all physicians of our school of every shade of opinion. It was thus he wielded an influence for good throughout our entire ranks which a more sectarian though equally erudite man could not.

In this respect he has left no superiors and few equals. This influence was more wide-spread than our Continent, and the shadow which envelops us with its thick darkness to-night will cast its gloom into thousands of medical offices near and far. I do not speak of the hundreds of families and thousands of individuals to whom his skilful and kindly ministries have been the savor of life and joy in hours of deepest anxieties.

While we meditate with bruised and bleeding hearts over our loss, let us imitate the excellencies of his character and emulate his fidelity to known truth, and like him assiduously labor to evolve from the knowledge much that is yet undemonstrated; thus will we best prove our love for him by letting his memory become a perpetual inspiration to new zeal in the development of the law of *similia*, which was to him the polar star of his professional life.

The Secretary then submitted the following preamble and resolutions, as expressive of the feelings of the Society, which were read and unanimously adopted, as follows:

Whereas, We have learned that, through the dispensation of an all-wise Providence, our beloved President, Walter Williamson, M. D., has been removed from our midst by death; therefore,

Resolved, That, remembering his sterling worth as man and as a citizen, his untiring zeal and fidelity as a physician, and his self-denying labors in the interests of humanity and of his professional brotherhood, our hearts are saddened at our great bereavement.

Resolved, That in his death the community has lost a valued citizen, society one of its brightest ornaments, his patients a skilful medical adviser and devoted friend, the medical profession one of its most earnest and efficient co-laborers, Homœopathy an uncompromising champion and successful advocate and practitioner, our Society a courteous and dignified presiding officer, and an active and honored exponent of the most advanced medical knowledge, and we, its members, a most judicious and trusted counsellor.

Resolved, That his untiring and wisely-directed labors, as a medical practitioner, writer, and teacher, have exerted a vast power in raising Homœopathy from a condition of feeble infancy to its present position of strength, influence, and success; and, while "he rests from his labors, his works do follow him."

Resolved, That, realizing the vacancy in our midst, and the increased obligations that have fallen upon us by reason of his death, we will draw fresh inspiration from his example, and consecrate ourselves anew to the advancement of the cause he served so faithfully and well, and to which he unselfishly gave his talents and his life.

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Resolved, That we tender our most heartfelt sympathy and condolence to the family in their hour of affliction at the loss of a husband and father, trusting that the Great Physician, who has called him from the scene of his earthly labors to the enjoyment of his everlasting reward, will also bind up the broken heart, and pour the healing balm of consolation into the wounded spirit.

Resolved, That the Secretary be and is hereby instructed to enter these resolutions upon the records of the Society; to transmit a copy of the same to the family of the deceased, and to such of the homœopathic medical journals as he may see fit; and to invite the homœopathic physicians of this vicinity to unite with this Society in attending the funeral in a body.

It was moved and carried that when the Society adjourns, it be to meet at the College building on Thursday next, 22d inst., 1½ o'clock P. M., to attend the funeral of our late President, and the Secretary was instructed to invite the physicians of the city and vicinity, who are not members of the Society, to unite with the Society on that occasion.

The Chair appointed the following gentlemen to act as pall-bearers: Drs. A. R. Thomas, Richard Koch, Henry Noah Martin, Jacob Jeanes, Charles Neidhard, R. J. McClatchey, Henry N. Guernsey, and Augustus W. Koch, of Philadelphia, and Carroll Dunham, of New York, and Jas. B. Wood, of West Chester, Penna.

It was moved and carried that a Committee be appointed to prepare a *Memorial* of Dr. Williamson, to be read before the Society. Drs. Jeanes, Lee, Neidhard, Gause, and McClatchey were appointed said Committee.

The Vice-President invited Dr. Jeanes to make some remarks.

Dr. Jacob Jeanes said that the friendship existing between himself and Dr. Williamson had been very warm and was the growth of more than thirty years. He grieved for his loss, and had hoped that he would not have been the survivor. He would say that Dr. Williamson was a complete man; as a physician he possessed great activity, good common sense, and sound judgment; as a companion he was very agreeable and instructive. In losing him he felt that he had lost a friend in whom he had the greatest confidence. The doctor had a spell of sickness some two or three months ago, but recovering somewhat, he made a trip to the White Sulphur Springs of Virginia, and returned apparently in a great measure restored to health. On his return, he went to work, and worked too hard at some literary labor he had in hand, which of course was not good for him. During a cold day early in the season, when there was quite a sharp flurry of snow, he was exposed to the weather while visiting a patient, and this seemed to have a great effect on him. The disease of which he died seemed to be a typhus mitior, and while there were occasional evidences of improvement, after the twenty-first day, retrogression set in. I saw him alive for the last time on Sunday, the 18th instant, and had a pleasant smile of recognition, which, though it was but momentary, I hope I shall never forget. He quietly sank to rest the next morning, about five o'clock.

The Society then adjourned to meet as above.

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Original and Translated Papers.

ARTICLE XLIV.—Lupus and its Treatment.

BY PROF. VOLKMANN, IN HALLE.

GENTLEMEN,—Our clinic gives us to-day four new cases of lupus, proving to you that this affection is not a rarity. The country offers us the largest contingent, and we find it not so frequently in the city. Two of our patients are children, the third a girl just merging into puberty. This is also the age during which lupus mostly breaks out, in more than half the cases between the 9th and 15th year. The fourth case is a woman, 59 years old, a period of life where lupus has either spontaneously or by treatment disappeared, and hardly ever remains an object of treatment. But even here the disease began when she was ten years old; she has suffered from it for fifty years, and the destructions therefore are immense.

We have before us a girl of 12 years with hypertrophic lupus on the dorsal surface of the left hand and of the left foot. You see how the dorsum manus up to the first phalanges is changed in a bluish-red, knobby, in some places even warty mass, raised about ¼ of an inch above the niveau of the skin, partly covered by thick crusts or showing open ulcers, and the same state we find on the foot. The charac-

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ter of the disease will be plain by examining closely the edges of the morbidly affected skin, which shows that the new formation in its growth arises everywhere by the confluence of small, brownish-red nodules, lying flat in the cutis (a characteristic of lupus). She suffered from caries of the ulna in childhood, and later frequently from swellings and chronic suppurations of the submaxillary and cervical lymphatic glands, of which the scars are visible from one ear to the other. According to such antecedentia the child may be considered scrofulous, and I take this opportunity to give you my views about the relations of lupus to scrofulosis as well as to other constitutional diseases.

Virchow absolutely denies all relationship between lupus and scrofulosis, whereas Bazin considers lupus a malignant scrofulide.

Experience contradicts both views. Virchow's assertion, that diseases of lymphatic glands are never seen in lupus, is disproved by practical cases. We can show you two cases of moderate lupus ulcerosus of the nose, where hypertrophy and suppuration of the lymphatic glands exist on the lower jaw and on the parotis. We also frequently witness chronic conjunctivitis with obstinate photophobia or multiple ulcers on different parts of the body with undermining of the skin, and I have had to deplore the loss of some patients from tuberculosis. Especially disposed to tuberculosis are patients where the disease attacked the upper extremities, as generally chronic suppurations of the skin and of the bones on these parts combine themselves very easily with tuberculosis. The difference between the upper and lower extremities is on that point considerable. On the other side, when the lower extremities become attacked, we find it frequently followed by parenchymatous nephritis. The trunk holds middle ground and may lead to either disease.

Still we cannot agree to consider lupus always a scrofulous affection. It is only exceptionally that the characteristic glandular affection sets in—an exception, when suppurations or chronic inflammations of other parts of the body are added to it; a greater one yet, when the patients die from

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tuberculosis. Usually we see nothing of that kind. The disease may have lasted for years, and still the lymphatic glands remain unaffected; neither become other parts of the body infected, as it so frequently happens from the local foci in exquisite cases of scrofulus. A relatively large number of patients suffering from lupus are and remain well-nourished, stout persons, enjoying the very best of health, and where it would be impossible to prove a dyscrasia or a special diathesis.

Virchow points out in his excellent work on tumors, that certain forms of tumor albus articulorum perfectly agree with lupus, and further researches may, perhaps, justify us in calling it lupus. Some might find a contradiction in it, as all agree on the close relationship of tumor albus to scrofulosis, but I confess that I find his remark very appropriate. There is especially one variety, in the highest degree destructive, and running its course without any or very little suppuration, of the so called fungoid articular inflammations, when during the febrile course and with a general well-feeling the epiphyses are destroyed by coarse masses of granulations, so that there are only small irregular stumps, full of holes, left of them, and after the early cicatrizing shrinking of these granulations a shrinking of the bones sets in, showing great similarity to lupus. And exactly this so called caries sicca of the joints appears like lupus, mostly in perfectly healthy, well-nourished persons; only exceptionally we find it combined with scrofulosis.

I agree with Virchow that lupus has nothing whatever to do with syphilis, either acquired or congenital. In regard to the former, nearly all authors agree, and for the latter I can assure you that I never observed on the face forms of ulcerative dermatitis, which were not entirely different from lupus. *Vice versa*, in cases of lupus I could never trace simultaneous manifestations of hereditary syphilis. In general, the diagnosis of lupus stands upon a firm basis, the entire form and external phenomena of the disease are typical. On the face, where lupus most frequently produces its destructions, you will hardly ever see a doubtful case. At the

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utmost, we may meet cases of malignant eczema, especially before the ear in the region of the parotis, which, through the luxurious granulations and consequent shrinking, may give us transition forms to lupus. We might call them eczema luposum. We may meet also cases on the extremities, where we may be in doubt if they are lupus or syphilis, scrofulosis or lepra. But such cases are exceptions.

Similar relations are found in lupus of the nervous membranes. There certainly are cases of primary affections of the conjunctiva, of the mucous membrane of the nose, mouth, and fauces; perhaps also of the larynx. But, frequently as we see lupus passing from the external skin through the ostia over to the mucous membranes, a primary affection of them is rarely seen. Scrofulous ulcerations (nose, fauces, palate), diffuse granulations, approaching to cancroid (larynx), taking on in many cases a similarity to lupus, are far more frequent on such places.

Lupus has also been observed on the vulva—once by myself, and Huguier describes and illustrates nine cases on that location.

Our third case deserves particular attention. We have here a robust woman, 59 years old, whose face from the forehead to the chin, from one ear to the other, is deformed by cicatrices of lupus, by bluish-red lumps and superficial ulcers. The facial skin is tensely drawn over the bones, thickened, shining; the left eyelid ectropic, the nose destroyed. Large arcs of more recent lupous eruptions surround the affected parts of the face towards the temples and ears, also on the neck. The process progresses most rapidly on the edges of the morbidly affected parts. This we call lupus serpiginosum. The disease began when she was only nine years old, and has since steadily progressed, standing still for months and even for years, to be followed by fresh and severe eruptions. Against all rules, and in spite of her age, it has progressed most rapidly in the last fifteen years. Only since a year a lump formed on the left cheek, covered by firmly adherent thick crusts. Where they fall off, a formation like a seed wart appears, which easily bleeds,

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and by pressure discharges plugs, similar to comedones. Brought under the microscope, they consist of mushy epidermis-cells in fatty degeneration, and a quantity of connected cuneiform, or round formations consisting of horny lamellated epidermoid cells. This lump is hard and firm, as we never see it in lupus, and we see thus a cancroid, an epidermoid cancer, develop itself from the lupus. Another cancroid develops itself on the tip of her nose from an old cicatrized lupus. Such late transitions from lupus into cancroid have also been observed by others; but, after all, they are rare cases. I have seen it only twice on the upper lips of two old women. Both were operated upon, and one of them perfectly recovered; the other succumbed to a relapse, and to cancroid infiltration of the glands of the mandibula.

As a number of authors affirm that lupus arises from a proliferation of cells of the rete Malphigi, we, defending the epithelial origin of carcinoma, might therefore consider the gradual transition of lupus into carcinoma as a new important argument for the epithelial nature of lupus. But in the same manner we see cutaneous cancer originate from old ulcers of the legs, from an old fistula of the bones, from old scars of burns, which continually open again, even from a mere seton. And its course is always the same. We see a rather warty interregnum without knowing how it will end. It may turn out to be only a simple irritative elephantiasis, or a hypertrophic form of lupus; or between the warty formations the softened epidermoidal masses press forward, the surrounding infiltrations become more copious and knobby, and the destruction spreads all over.

Moreover, the clinical course of lupus totally contradicts such a close relationship to cancroid. The history of every case is composed of a whole series of alternating exacerbations and remissions, of new attacks and new cures. On some points the process stands still and permanent cicatrization takes place, whereas on others it breaks out anew, and regularly; even in the worst cases, spontaneous recovery takes place, although 15 to 20 years may be necessary for it. They never have, as in genuine tumors, a continued growth

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from a solitary focus; always multiple eruptions, though sometimes confluent, they run simultaneously a diverse course.

These are clearly the characters of a peculiar chronic inflammatory process; and we take lupus to be such a one, emanating from the connective tissue of the cutis and not from the rete Malphigi, or from the cutaneous glands. With an extraordinarily prolific new formation of vessels, giving to the diseased part a teleangiectatic character, the cutis becomes in the beginning changed in solitary circumscript foci, after a while more diffusely in small cellular layers, which differ not essentially, according to Virchow, from the usual tissue of granulation. The cells have form and size of the white elements of the blood, and frequently form closely under the mucous layer, from which they are divided in the beginning by a border of connective tissue, sharply marked large round or oval plaques, reminding one of miliary tubercle or similar formations, lately described by Koester in the fungoid granulations of the synovialis in tumor albus. We may possibly find some more points of accordance between lupus and fungoid inflammations of the joints.

Next to these circumscript foci, we find places where the lupous proliferation progresses diffusely, forming nets with meshes, which continually diminish in size, the whole following the course of the vessels.

Lupus is therefore a new formation, consisting of granulation tissue. Characteristic is the large accumulation of granulating cells, pressing away and destroying the elements of the cutis, and frequently also the deeper lying tissues. This infiltration soon passes over in a perfect substitution, and when the granulating cells again pass away, the result is an abiding loss, appearing either as a peculiar defect, or a shrinking of the morbidly affected part, or as a cicatrix.

Some might think that these changes, which produce in their combination the greatest deformities, left by the lupus on the field of its former activity, are only found in lupus exedens. But this is not the case. We find them also where no ulceration took place. The infiltrated thickened parts not

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only return, after the cure, to their former volume, but they sink under it. After simple "exfoliative" lupus, the nose becomes pointed, the alæ nasi sink in, ectropiæ form, or distortions of the corners of the mouth, the skin appears interlaced by irregular white cicatrizations, or takes an irregular pitted surface. All such procedures remind one of cirrhosis of the liver or similar states. We find a similar state also in syphilis, which also produces the most extended destructions without any suppuration having taken place, and when the surface of the skin shows no alteration. In scrofulosis we never observe such a state. The cicatrized shrinking of the parts after lupus, remains, therefore, of some importance in the diagnosis.

Our fourth case is again *sui generis*. Our patient, a young, robust country girl, was operated upon about a year ago for a bony cyst of the upper maxilla. She enjoyed at that time very good health. Since six months, on both cheeks and on the nose, irregular, scarlet-red, little swollen spots have formed, which at present become nearly confluent. The reddened skin is on some points covered by firmly-adhering, dirty-looking thin crusts, feeling fatty to the touch, and in reality they only consist of the secretion of the sebaceous glands of the skin, discharging abnormal quantities, with an admixture of epidermis cells. If we now, although with effort, scrape off this fatty layer with a knife, the underlying skin appears red, sore, as if covered by fine warts. Examining, then, these warty places with a small microscope, we do not see any papillary eminences, but a great number of fine holes, which, standing closely one to another, produce this warty state. These holes are the enlarged excretory ducts of the sebaceous glands, and after the removal of the crusts a little fat may be expressed from them. So far, we have only to deal with a seborrhœa. Hebra formerly called this affection seborrhœal congestion, whereas Cazenave introduces it as lupus erythematodes; but I prefer to call it lupus seborrhagicus. The seborrhœa itself is only of secondary importance. The essential is here also the small cellular infiltration of the cutis, more vividly developed in the immediate neighborhood of the

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glandular turning down of the epidermis, and producing a hyperplasia and an increased secretion. This form differs from lupus vulgaris, that the infiltration is not in such masses, more superficial and diffuse, and not so much in single foci. But it passes through the same transformations, and on the nose we see already, in spite of its recent appearance, cicatrizing contractions. The tip of the nose especially looks already greatly pitted. These flat, gritty scars, pitted in the centre, are characteristic of the lupus seborrhagicus.

The therapeutics of lupus have made great progress of late. In most cases we may absolutely premise a cure, and we need for it only as many weeks as formerly months or years. The honor belongs to Hebra, who introduced methodical surgical treatment in skin diseases, which has been adopted by our best practitioners. The treatment of lupus is, therefore, exclusively local; internal specifics there are none; accompanying constitutional disorders are only exceptionally seen, and usually, therefore, every indication for internal medication is wanting. Even when there is a scrofulous diathesis present, we might treat this; but we cannot expect any beneficial influence from it on the lupus itself without simultaneous local treatment.

This local treatment has to work out two problems: To remove all tissues so intensively diseased that they will never return to sound tissue, and, if left to itself, could only be cured by way of slow ulceration; and secondly, to produce resorption of the cellular infiltrations, whether they are diffuse or in foci, in those parts which are yet firm and relatively healthy.

Every ever so small nodule of lupus must be removed, also everything which became so soft that it can be removed by blunt instruments, or which melts like butter under the action of the caustic. Whatever retains the consistency of the normal skin must be preserved, especially all parts of the skin only diffusely infiltrated with lupus, covered with smooth not ulcerated skin, though it may be thickened and red (lupus non-exedens, exfoliativus; lupus erythematodes).

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The indications for the choice of either mode of action are therefore very simple.

Every relapse must be prevented in its very beginning. This must be strictly inculcated on the patient, in order that he may call as soon as the first red spot or lupous nodule breaks out again. If he does this, I always perform the necessary plastic operation, in patients favorably situated, as soon as the cure has been performed.

Our means for that purpose are numerous; but the treatment of lupus is just a chapter where a great deal depends on a cultivated mechanical skill and method. Experience must have taught us in what quantity and how intensively our means must act, and how and when each may be used. Practice makes the master, and first trials will hardly ever produce such good results as we can expect from experienced hands. This may be the reason that a method may be praised by some author, and fail when performed by others.

Caustics are commonly used for the removal of tissues degenerated by lupus, and there is hardly a caustic which has not been recommended by somebody; but the most common in use are the Kali-causticum and Argentum-nitricum, in pencil form. Firmly adherent crusts must be beforehand removed by applying cloth, soaked in Cod-liver oil, over them for a day or two, after which we bore the pencil in the soft lupous granulations, which are easily pierced by it, and entirely deliquesce as soon as they come in contact with it. With the Nitrate of silver we cannot do much injury, and it may therefore be recommended to beginners. A healthy or nearly healthy skin can never be perforated by it, even if you press ever so hard. On the contrary, the latter is necessary, especially if we wish to destroy solitary, not yet ulcerated nodules. Neither will it produce a deeply penetrating eschar, and therefore no more will become necrotic and be cast off than is desired. Finally, it does not amount to much if some cauterizing fluid of the melting pencil runs in mouth or nose. It never acts as destructively as the caustic potash, with the use of which we have to be

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very careful, necessitating the plugging of the nasal cavity with batting, to press oiled lint on neighboring parts, etc.

Kali-causticum acts with far more energy. Here we must not allow the caustic to remain too long in contact with the parts to be cauterized, or else we also destroy the underlying healthy layers of tissue, and produce large necrotic eschars. The lupous tissue melts with the gushing-out blood to a pitchy mass, which must be quickly wiped off with cotton till sound tissue is reached. This is the moment to stop. Every year I see cases where surgeons have cauterized so deeply as to produce such deformities that plastic corrections could only be made with the utmost difficulty, and frequently new lupous nodules broke out again between the hypertrophic scars, so that the patients did not even gain anything by the cauterization. And in reality such deeply penetrating cauterizations are without the least benefit. If we wish to destroy in patients suffering from lupus everything, where a small cellular focus may be found, we might cauterize a fourth or a half of the face, and then not be sure that everything was removed.

Kali-causticum has also this benefit, that the pain lasts only a short time; whereas the duration of the pain is far greater under Arg.-nitr. The inflammatory reaction, also, following the former is far less, in spite of its more penetrating action. The first attack must be energetically done, in order to produce a traumatic reaction on the remaining parts still richly supplied with lupous cells, which are favorably influenced by it.

Caustic salves from Arsenic, formerly much employed, are hardly used any more, neither can I recommend them; for you cannot define with it the exact depth to which you intend to cauterize, as with the pencil. They are also extremely painful, especially as they must be steadily used for several days. At most it might be recommended in superficial lupous ulcerations, where Hebra recommends: *R.* Arsenic.-alb., 1.0; Cinnabar, 3.0; Axung.-porci, 25.0. Such a salve will not injure the healthy parts, while destroying the

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softened lupous ones. After using the salve for three days simple dressings are only needed.

The red-hot iron, in its simple form, was tried and rejected already thirty years ago. Still, Neumann again recommends the Galvano-caustic for the removal of deeply degenerated lupus, and praises its excellent effects. We do not doubt that cures may be made with it, but we are opposed to choose a remedy where it is impossible to judge how deeply it will penetrate, and which produces such changes in the tissues which remove them already during the operation from all further observation. We know, furthermore, that burns leave very voluminous scars.

The excision of the parts attacked with lupus, by incisions carried through the sound skin, can only be exceptionally advised, namely, when, in circumscript cases, the defect can be immediately closed again by sutures, or when the excision gives a more favorable relation for the immediately following plastic operation. In all other cases excision is contra-indicated, for, as in escharotic cauterization, we sacrifice parts which might be preserved, and produce unnecessary deep and voluminous deforming scars.

After the removal of the lupus, we have still to take in hand the diffuse or gregarious infiltrations found in the still firm and not ulcerated neighborhood, though swollen and of a bluish-red color. The same has to be done where the lupus, from the beginning, sets in as lupus non-exedens, exfoliativus, maculosus, also in the erythematous and seborrhagic form. In all such cases the parts attacked are so extensive that cauterization is not to be thought of.

Different means were used for this purpose, most of which produce a severe dermatitis, by which the enclosed lupous cells probably go through an acute inflammatory fatty metamorphosis, and consequent resorption, or become changed to tissue-elements (connective tissue, substance for cicatrization). To the former belongs Nitrate of silver and Iodine; to the latter, the Quicksilver.

As Nitrate of silver does not penetrate through the rete Malpighi to the cutis, nor produce defects and scars, we

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might rub the pencils over the whole affected parts, be they ever so extensive, and repeat it from time to time. But we find it easier to use a concentrated solution of it, and spread it over with a brush. The skin must be beforehand cleansed from all fat, so that the watery solution may hold, with Spiritus saponis, or any alkaline solution. (Hebra: Sapon. virid., 30.0; Spirit. vin. rectificatiss., 15.0; Spir. lavendulæ, 5.0.)

Iodine is dissolved either in glycerine or alcohol (Hebra: Iodine and Kali-iod., each one part; Glycerine, two parts), and painted morning and evening, for several days, over the affected parts till crusts are formed. We prefer the alcoholic solution, 1:8 or 1:6, and use it for several days, till the whole looks bluish-black. A strong irritation ensues, with blisters, and after a while crusts will form.

Unguentum Hydrargyri cinereum is nothing new in lupus. Key (*Lancet*, vol. xv.), Blasius, Hebra, Moritz, Kohn recommend it, especially against the obstinate lupus erythematodes; and in fact its effects are frequently astonishing, and its application very convenient. We frequently use it as adjuvans or as after-cure, or in out-patients, who find it impossible to submit to clinical treatment. It can be applied for a long while without interruption. Salivation only arises exceptionally. A laborer, suffering from severe lupus, applied it steadily, morning and evening, for eighteen months over the whole face without becoming salivated. The lupus was nearly all cured, although with large defects, but still without any formation of cicatrization. In other cases it fails entirely, or its action is uncommonly slow.

All these different treatments I have laid aside for another kind, which, although far more painful, can be done under chloroform. Parts where the lupous degenerations are perfectly soft I scrape off with sharp-edged spoons; for the removal of diffuse lupous infiltrations, with preservation of the skin, I use the multiple-pointed scarification.

The scratching off, resp. scooping out with sharp-edged spoons, differs very little in its effects from the action of caustic pencils, but it is more convenient, quicker, and more

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calculable. It gives us less extensive and more soft scars than can be found under any other treatment. Its especial usefulness for the removal of lupous granulations from the nasal cavities, gums, or fauces, is apparent. It cannot be compared with excision, where we are forced to circumcise the morbid parts through the sound skin, and to produce wounds with notched edges, which, after a while, heal with tough scars; whereas here we have wounds in the form of flat plates, gradually passing into sound skin, and the edges of the defects remain finely rounded. Our scoops will easily scrape off all morbidly affected, soft lupous parts, but they cannot injure any healthy or nearly healthy skin. After scratching off this morbid substance a fibroid tissue is exposed, which never attains such an extension as in scrofulous ulcers, and which expresses the reaction in the neighborhood. Still lupous granulations are never so soft, œdematous, and jelly-like as the granulations of scrofulous ulcerations combined with formation of fistulæ and dissolution of the skin, from which the destroyed masses, unsuitable for cicatrization, may also be wiped off. On the contrary, again, we find it much softer than the tissues emanating from ulcerating gummatous tumors, which form the basis of cutaneous ulcers in the so-called tertiary syphilis, which totally resists the sharp spoon, and where energetic caustic treatment is appropriate. The difference in the physical relations of the lupous and gummatous new formations is so great that the diagnosis may be made out by the treatment. When the scraping-off process is neatly finished, I touch the wounds lightly with the pencil of Arg.-nitr., cover them with lint, and, after they adhere, cover the whole with a cold cloth.

The multiple-pointed scarification directly attacks the diffuse lupous infiltrations, preserving the skin at the same time, and may be everywhere applied where the parts are not ulcerated, but either affected by diffuse lupus or abnormally swollen and full of blood-vessels; therefore, in all forms not connected with ulceration at the start, as well as for the removal of all blue spots remaining in the neighbor-

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hood of scooped-out parts, and which easily dispose to renewed lupous eruptions.

With a very pointed, small-bladed knife, hundreds or thousands of pricks are made closely together, about two lines deep, or deeper in the diseased part of the skin, which frequently looks after the pricking discolored and like chopped meat, or perfectly white; but we never saw gangrene from it. The pricked places are then covered by lint, which is closely pressed in to stop the bleeding, and left then to its spontaneous falling off. These prickings are repeated at intervals of two to four weeks, three, five, even eight times. At first the knife enters easily the luxuriant tissues, interwoven by cellular granulations; after a while it finds more and more resistance; the skin becomes tougher, and loses its abnormal swelling and redness. Scars do not remain.

So far no lupus has resisted this method, and the cure was in most cases accomplished in very quick time. Its action may be explained by the devastation of the numerous newly formed blood-vessels, and by its direct traumatic irritation of the lupous degenerated tissue. Many cases have been cured in less than eight weeks, after resisting for years every other treatment. In the seborrhagic form we have not yet tried it.

With such successful results, gentlemen, it is only natural that I become daily more bold in relation to plastic restitution of the parts of the face destroyed by lupus. I have no scruple, without any regard to relapses, which cannot be avoided, to close up the treatment with a plastic operation immediately after the cure of the lupous ulcers, in opposition to the advice of many surgeons, who counsel to wait for a few years, in order to be sure that the disease is entirely extinguished. I am even not afraid to transplant, if necessary, parts of the skin affected with lupus, and to attack after a while the lupus at its new domicil. Such a procedure sometimes offers great advantages, especially where simultaneously the whole face, inclusive of the forehead, is diseased, and the destroyed nose demands restitution. In all such

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cases rhinoplastic was formerly not made at all, or the nose was formed from the skin of the arm, a procedure not to be recommended on account of its scanty results. You may be assured that rhinoplastic will be impossible from the forehead, in bad cases, if you wait till the lupus is cured. The then remaining cicatrized skin, poor in blood-vessels, is not fit any more for transplantation. But the swollen and inflamed cutis, with its abundance of blood-vessels, as we find it in florid lupus, may well be used for such a purpose, if we are only sure that we can cure afterwards quickly the lupus. Lupous degenerated tissues, if they are only not totally softened, heal by first intention, and give fine, hardly visible scars, just as we see it in ex-articulations and amputations of fingers, on account of severe panaritia, where the flaps for covering the stump must be cut from the strongly infiltrated bluish-red skin, and still they heal easier *per primum intentionem* than in primary operations in traumatic cases where the skin is perfectly intact.

Some of our readers might object to see mere surgical articles in a homœopathic journal; but our duty is to shed light where uncertainties still prevail, and where homœopathic remedies failed to give relief, let us point out the best method to heal, without handing our patients over to allopathic surgeons. In all the volumes of the *British Journal* not one case of lupus is recorded cured, and in our own journals the same dearth prevails. Baehr (II., 508, German edition) acknowledges that well-established cures of lupus are still a *pium desiderium*, but recommends theoretically Lycopodium in recent cases, when the ulcerations do not penetrate too deeply, in pale, sallow patients; Graphites in lupus of the nose, with deep ulcerations; Aurum-muriaticum when lupus takes its starting point from the mucous membrane of the nose, spreading hence to the bones and cartilages, and then to the skin; in such cases Acid.-nitr. and Sepia may also be thought of. Against lupus hypertrophicus, when of long standing, all internal medication is fruitless; in recent cases Conium, Baryta,

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Graphites, Sulphur, may be tried. Lupus exfolians equally resists internal medication. Arsen., Sulphur, Phosphor., Kali-bichr., Thuja, show, perhaps, some similarity; Iodium, Carb.-an. and veg., Silicea, Alumina, have also been proposed as remedies against lupus. Kafka (Vol. II., 488) considers lupus serpiginosus and exfolians curable by homœopathic means. He cured a lupus serpiginosus, extending over the trunk and extremities, in six months by the methodical use of Kali-hydrojod. 1st dilution in increasing doses. He began with one drop three times daily, and increased the dose every third day by one drop till amelioration was firmly established. After thirty drops *pro dosi* was reached, he continued the remedy *decrescendo* till the case was cured. A lupus exfolians faciei in a girl of thirteen years, a quite fresh case with circumscript hardness of the knobs and exfoliation of the skin, he cured in three months with Phosphorus 3 in increasing doses. Lupus ulcerosus needs surgery for its removal. The Muriate of gold may, perhaps, be recommended for lupus of the nose. Raue (p. 67) remarks that such a violent local destruction must grow out of a deep constitutional disorder, and recommends Ars., Caust., Cicuta, Staphys.

Dr. Milton, surgeon to St. John's Hospital for Skin Diseases (Braithwaite, LVII., 193), considers Arsenic and Mercur.-dulc. the only remedies which do a certain amount of good in lupus of the face, and the Iodide of potassium in lupus of the limbs. He considers external applications useless and impracticable. Prof. Anderson, of Glasgow, recommends the Emplastrum hydrargyri in lupus erythematodes and allied diseases (according to Dr. M. Kohn, of Vienna), and corroborates the good effects seen from it by the Vienna school; but Dr. Gilchrist ascribes this benefit solely to the exclusion of air.

"Noli me tangere" is the name given by respectable authors to lupus. Certainly a mistake by ranging this disease side by side with carcinoma, which is always a constitutional dyscrasia. Volkmann shows that scrofulosis or syphilis may be combined with lupus, but they are only

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exceptionally the cause of it. Can there be no such a thing as a mere local affection *in corpore sano?* or need we feel ashamed of our failures to cure lupus, when the old school tried it for centuries and also failed? This is my reason for giving this translation to our readers, and may its practical use accomplish all that the renowned teacher of Halle promises for it. S. L.

ARTICLE XLV.—The Tongue, and Its Relative Symptomatology.

By Alfred K. Hills, M. D., New York.

This organ presents characteristic *diagnostic* as well as *therapeutic* indications, which are often of value. In *scarlet fever* the tongue is found to be *too red all over*, with *elevated papillæ*, sometimes called strawberry tongue, while in inflammation of the brain and its membranes, of the thoracic viscera and mucous membranes of the stomach and intestines, it is *red and dry*. In typhoid fevers usually either *red on the edges and tip*, or a *red dry streak in the middle*. When *red, clean, and glossy*, it is an indication of great fever heat, congestion to the head, impending delirium, and in gastric fevers the transition into the typhoid state; while if it becomes at the same time cracked, ulceration of the bowels. In chills, in spasms, after loss of vital fluids, in chlorosis, dropsy, and general exhaustion, the tongue is *pale*, and denotes a fatal issue when it occurs in fevers. In cholera, mortification of the lungs and stomach; in scirrhus of the tongue, it is *lead colored*, and when found with thrush it denotes impending death. A *bluish* tongue indicates a disturbance in the circulation of the blood; consequently it is seen in asthma, whooping-cough, croup, bronchitis, pneumonia, heart diseases, dropsy of the chest, and cyanosis. In scurvy, and inflammations from mercury, we find a *bluish tint*. A *moist tongue*, although generally a favorable indication, when occurring in diseases with exhausting perspi-

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ration, or in soporous conditions, it is a symptom forboding no good. *Great dryness* of the tongue is found in internal inflammations and feverish conditions, and is sometimes a very unwelcome symptom. With congestion and inflammation of various parts of the body the tongue is *hot*. A *cold* tongue denotes, in fevers generally, impending death, and is also found in chills, spasms, great loss of blood, internal mortification, apoplexy, and cholera.

While the coating of the tongue may not always indicate a serious disturbance in the organism, it is found that phthisical patients show a coating *on the tip*, while a patchy or map tongue is found in consequence of an irritated condition of the stomach, and rarely in lung diseases. A *thick white* coating generally indicates gastric disturbance, and a *yellow* coating is attributed to affections of the liver.

In enteritis and hepatitis a *peculiar buff, leathery* appearance of the tongue is found. In malignant fevers, and hæmorrhages from the mouth, the tongue presents a *dark brown* coating.

A *black* coating is an unfavorable symptom occurring in any disease, and death will probably soon follow its appearance. An abnormal size of the tongue indicates disease of the nerve centres, or consumptive diseases; while a sudden diminution in size indicates rapid inflammatory disease of the lungs and liver. With a *broad*, a *narrow*, a *pointed*, or a *thick, swollen* tongue, inflammation of internal organs may be anticipated. A *swollen* and *heavy* tongue is a forerunner of apoplexy. *Paralysis* results from apoplexy, softening, or other diseases of the brain.

Remedies causing a coating of the Tongue, with the sensations and conditions connected therewith, classified according to color:

WHITE.

Acon.—Dry, burning, pricking.
Anacard.—Rough, heavy, swollen; *impeding speech.*
Antim. Crud.—*Thickly.*
Apis M.—Dry, inflamed, swollen; *inability to swallow.*
Arnica.—Dry, smarting, *sore as if bruised.*
Berb. Vill.—Painful blisters on the tip.
Bism.—In the evening.
Borax.—*Aphthæ.*
Bryon.—*Thickly*, dry, or *red edges with white middle.*
Calc. C.—Dry, raw, sore, at night and early on waking.

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Carbo Veg.—Sore, moved with difficulty.
Caust.—*Both sides;* distorted, dry, *paralyzed.*
China—Dirty, parched, burning, biting as from pepper on the tip.
Cic. Vir.—Painful burning ulcers on the swollen edges.
Cimex Lec.—Sensation as if swollen and burnt.
Cinnab.—In the morning,
Colch.—Dry, smarting, heavy, stiff; *insensible.*
Colocyn.—Burning at the tip; sensation as if had been scalded.
Croc. Sat.—Papillæ *very* erect; better after breakfast.
Cyclam.—Red tip, with small burning blisters.
Digit.—Swollen, sore, ulcerated.
Eupat. Per.—Furry.
Helleb.—Dry, swollen, vesicles, pimples on the tip; sensitive to touch; numbness; *insensibility.*
Hipp. Man.—Dry, burning, small red spots.
Hippom.—Red tip.
Hydroc. Ac.—*Cold,* lame, stiff, *protruding,* burning on tip.
Hyper. Per.—*Very foul.*
Ignat.—Moist; *biting it* when moving it.
Ipecac. Smarting.
Kali Chl.—Sometimes only in middle; stinging, burning, or *coldness.*
Kalmia Lat.—Dry, stitches.
Kobalt Cracks *across* the middle.
Lact. Vir.—Tip feels burnt.
Laurocer.—Dry, rough; *feels cold,* or burnt and numb; left side swollen and stiff.
Magnes. Mur.—*Burning like fire.*
Merc. Subl.—Dry red, contracted, swollen, stiff; *papillæ elevated like a strawberry.*
Merc. Sulph.—*Thickly* yellowish at the root; burning, smarting, stinging; soreness as if scalded on the tip; *papillæ stand up like red points.*
Nitrum—Burning blisters at the tip.
Nux Jug.—Slimy.
Nux Mosch.—Dry, *paralyzed.*
Nux Vom.—Heavy, cracked edges.
Olean.—Dry, papillæ elevated
Oxal. Ac.—Dry, burning, swollen, sensitive.
Phosphor.—Sometimes only in middle; dry, stinging in tip.
Petr.—Mucus.
Podop.—Dry, *furred.*
Psor.—Dry; *feels as if scalded.*
Puls.—Tough mucus; dry, clammy; *feels in the middle as if burned.*
Ran. Scel.—Inflamed burning; *cracks and peels off;* shooting in tip.
Raph. Sat.—Deep furrow, and pale red points in the middle.
Rumex C.—Dryness on tip and hot on the forepart,
Sang. Can.—Pricking on the point; sore as if bruised.
Sarsap—*Aphthæ.*
Senega—Burning.
Sepia—On the root, *strongly marked;* soreness on the tip; feels as if scalded.
Sulph.—Red tip and borders.
Viola Tri.—Mucus.

RED.

Aloe—Dry, stitching.
Arg. Nit.—Tip red, dry, painful; papillæ prominent.
Arum Try.—Sore; papillæ elevated.
Bell.—*All over,* or *only the edges, with white middle;* hot, dry cracked, heavy, inflamed; *painful to touch.*
Cham.—Dry, cracked.
Hyos. Nig—Parched, dry, *paralyzed.*
Kali Bi.—*Glistening,* or thickly coated *at the root;* papillæ elevated, or dry, smooth, cracked.
Elaps Cor.—Swollen; pricking at the tip.
Lach.—*Glistening,* or dry; cracked, especially on the tip; swollen; *trembling;* difficulty in moving it.
Morphium—Tip and borders.
Nux Vom.—Dark, cracked edges; heaviness.
Pallad.—In the middle; dry.
Phytol. Dec.—Tip rough; blisters on both sides; pain at the root on swallowing.
Poth. Fœt.—Sore on tip and edges; papillæ elevated; numb; sensitive to touch.
Rhus Tox.—Dry, cracked, or red on tip *in the shape of a triangle,* or whitish on one side; *soft, showing the imprints of the teeth.*
Stannum—
Verat. Alb—Swollen, dry, cracked, or *cold and withered.*

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YELLOW.

Aloe – Ulcerated.
Calc. Caust. — Thickly greenish.
Carbo Veg.—Brownish.
Cham.—Dry. cracked.
China—Parched, with burning biting as from pepper on the tip.
Colocyn.—Burning on the tip; sensation as if had been scalded.
Gelsem.—Dry, raw, painful; *inflamed in middle; paralysis.*
Hyper. Per.— *Very foul.*
Ipecac.—Smarting.
Merc. Protoiod. — Back part thick, dirty; tip and edges red; small red elevations.
Plumb. – Dry, swollen, cracked, heavy, *paralyzed.*
Psor.—Dry; feels as if scalded.
Puls.—Tough mucus; dry, clammy; feels in the middle as if burned.
Rumex C. – Dryness on tip and hot on the forepart.
Sabad.—Soreness at the tip.
Verbas.—Tenacious mucus, especially after meals.

BROWN.

Arsen. — Dry, swollen, cracked, inflamed, ulcerated.
Bell. — Hot, dry, cracked, heavy, inflamed; *painful to touch.*
Cocc. Cac.—Dry, burning. stitches.
Hyos. Nig. – Dry, parched, *paralyzed.*
Kali Bi.—Thickly *at the root;* papillæ elevated.
Merc. Protoiod. — Light; tips and edges red; small red elevations.
Plumb. — Dry, swollen, cracked, heavy, *paralyzed.*
Rumex C. — Dryness on tip andho on the forepart.
Sec. Corn.—Swollen. painful, tingling feeling as if *paralyzed.*
Silicea. — Mucus; soreness; one-sided swelling; *sensation as if a hair was lying on the forepart.*
Spong.—Dry; covered with burning, stinging vesicles; sensitive to touch.
Sulph.—Dry, burning, cracked.

BLACK.

Arsen. — Dry, swollen, cracked, inflamed, ulcerated, *gangrenous.*
Bufo—
China—Dirty, parched, with *burning biting* as *from pepper at the tip.*
Elaps Cor.—Swollen; pricking at the tip.
Lach.—Dry; cracked, especially at the tip; swollen; *difficulty in moving it.*
Merc. Viv. — Moist, soft, or dry, hard, inflamed, swollen, indurated, suppurating, or *flabby, showing the indentations of the teeth.*
Opium – Ulceration; *paralyzed.*
Sec. Corn. — Swollen, painful, tingling; *feeling as if paralyzed.*
Verat. Alb.—Dry, cracked.

LEAD.

Arsen. Alb.—Dry, swollen, cracked, inflamed, ulcerated, *gangrenous.*

BLUE.

Arsen. Alb.—Dry, swollen, cracked, *inflamed. ulcerated, gangrenous.*
Digit.—Ulceration.
Mur. Ac.—*Heavy, as if it were lead;* feels as if paralyzed; deep ulcers, with black base.
Raph. Sat. — Purplish *deep furrow,* and pale red points in the middle.
Tart. Emet.—Gray.
Thuya—*Swollen underneath;* swollen especially on the right side.

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Remedies causing a Mass or Patchy coating.

Lach.—Dry, cracked, especially on the tip; swollen, *trembling; difficulty in moving it.*
Natr. Mur.—*Heavy*, dry, numb; stiffness of one side; smarting blisters and ulcers; *sensation as of a hair lying on it;* burning on the tip.
Nitr. Ac.—White or green; dry, hot, smarting; sensitive to touch.
Tarax.—The clean patches are very sensitive.

Remedies causing Paralysis of the Tongue.

Baryt. Carb., *Caust.*, Dulc., Hyos. Nig., Nux Mosch., Opium, *Plumb.*, *Stram.*

Symptoms of Remedies showing no particular Coating.

Amm. Carb.—Burning vesicles at tip and on the borders.
Amm. Mur.—Burning blisters on the tip.
Benz. Ac.—*Spongy;* deep cracks and spreading ulcers.
Brom.—Stinging in tip; *pimples at the root.*
Calc. C.—Dryness at night and early on waking; blisters.
Canth.—Inflamed, suppurating.
Carbo An.—Dry; burning blisters.
Chenop.—Painful vesicles at the tip.
Cistus Can.—Dry, sore as if raw; *cold feeling.*
Clematis—Small blisters becoming ulcers.
Coco. Cac.—Clean, rough, dry.
Conium—Dry, stiff, swollen, painful.
Cupr.—*Coldness at the tip.*
Cina—*Clean*, with gastric and other derangements.
Dulc.—Dry, rough, swollen, *paralyzed;* itching crawling on the tip.
Euph.—Lameness and stiffness.
Glon.—Swollen, pricking, smarting.
Graph.—Sore, blistered, ulcerated.
Grat.—Mucus; rough.
Hep.—Painful, sore feeling of tip.
Indigo—Vesicles on the tip.
Iris Vers.—*Greasy feeling.*
Jacaran.—Raw pain at left side.
Jatroph.—Numb, dry, hot, burning.
Jodium—Thickly coated with mucus.
Kali Carb.—Burning of the tip as if raw; swollen; painful vesicles; painful pimples at the tip.
Kali Hydr.—Burning vesicles on the tip; ulceration.
Led. Pal.—Stinging on the forepart.
Lycop.—Dryness, stiffness; vesicles on the tip, feeling scalded and raw; soreness; ulceration; swollen tubercles; convulsions; *trembling; involuntary motion; sensation as if a hair was lying on it.*
Magn. Carb.—*Burning, easily bleeding vesicles.*
Mangan.—*Nodosities;* burning vesicles on left side.
M. V. Teucr.—Smarting as from pepper; first on the left, later on the right side.
Merc. Per.—Burning, heavy, dry, numb, insensible; stitching blisters, forming ulcers.
Millef.—Swollen, coated.
Natr. Carb.—Heaviness; burning at tip.
Natr. Sulph.—Mucus; burning blisters on the tip.
Niccol.—Stiffness.
Paris Quad.—*Feels too large;* rough; dry.
Phosphor Ac.—Tough, clammy mucus; swollen, smarting
Plat.—Sensation as if scalded; *sweet taste at the tip.*
Prun. Spin.—Burning as if scalded.
Ratan.—Burning at the tip.
Rheum—Numb, insensible.
Rhod.—Vesicles underneath; smarting.
Ruta Grav.—*Spasm*, with difficult speech.
Spig.—Burning blisters; cracked.
Staph.—Covered with blisters; *stitching as from splinters.*
Stram.—Swollen: *paralyzed; soft, showing the imprints of the teeth.*
Sulph. Ac.—Dry; aphthæ.
Zinc.—Blisters.

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Symptoms of the Tongue alphabetically arranged.

Aggravation, at night—Bism., Calc., Nux m.
——, after meals – Verbas.
——, on awaking in the morning — Ambr., Arg. n., *Calc.*, Cinnab., Clem., Graph., Hell., Nit. ac., Plumb, Sep., Sulph.
Amelioration, after breakfast—Crocus s.
Aphthæ—Agar., Aur., *Bor.*, Canth., Corn. c., Dulc., Gum. g., Hell, Hipp. m. Iod. Kali bi., *Merc. v.*, Nit. ac., Nux v., Plumb., Sarsap., Sulph, *Sulph. ac.*, Thuy.
Blisters, on the — Berb., Carb. an., Clem, Graph., Merc. per., Nat. mur., Spig., Staph., Zinc.
Both sides, blistered – Phyt. d.
——, coated—Caust.
Biting, when moving it—Asar., Cham., Ign., *Lach.*, Nit. ac., Sec.
Burnt, sensation as if—Cimex lec., Laur., Sang.
Burning – Acon., Ars., Bell., Chin., Cocc. cac., Coloc., Hipp. m., Jatroph., Kali. chl., *Mag. m.*, Merc. sulph, Merc. per., Nit. ac., Ox. ac., Ran. scel., Seneg., Spig, Spong., Sulph.
Clammy—Puls.
Clean—Cina, Cocc. cac., Dig., Hyos., Phos.
——, patches very sensitive—Tarax.
Contracted—Merc. subl.
Convulsions—Cham., Lyc.
Cracked—Ars., Baryt., Bell., Benz. ac., Cham., Chin., Cic., Kali bi., Lach., Nux v., Phos, Plumb., Puls., Ran. s., Rhus, Spig., Sulph., Verat.
——, across the middle - Kobalt.
——, edges—Nux vom.
——, and peeling off—Ran. scel.
Dirty—Bry., Chin., Lach., Olean.
Distorted—Caust.
Dry—Acon., Aloe, Apis, Arg. n., Arn., Ars., Bap., Bell., Bry., Calc., Carb. an, Caust., Cham. Cist. can, Cocc. cac., Colch., Con., Dulc., Gels., Hell., Hipp. m., Hyos., Iod., Jatroph, Kali bi, Kalmia, Lach., Laur,, Lyc., Merc. per., Merc. subl., Merc. viv., Nat. m., Nit. ac., *Nux m.*, Olean., Ox. ac., Paris, Pallad., Phos., Plumb., Pod., Psor., Puls., Rhus Sec., Spong., Sulph., Sulph ac., Verat.
Edges, burning vesicles on the—Amm. carb.
——, cracked - Nux vom.
——, red—Bell., Bry., Merc. protiod., Morph., Phos.
——, sore – Poth. fœt.
——, swollen Cic. vir
——, ulcerated—Cic. vir.
Flabby—Merc. viv.
Furry—Eup. per., Pod.
Furrow, deep—Raph. sat.
Gangrenous – Ars., Lach.
Glistening—Apis, Kali bi., Lach.
Greasy feeling—Iris vers.
Half, swelling of one – Calc., Lach., Sil.
Hair, sensation as if one lying on it – Kali bi., Lyc., Nat. m., Sil.
Heavy—Anac., Bell., Carb v., Colch., Lyc., Merc. per., *Mur. ac.*, Nat. Nat. m., Nux v., Plumb.
——, as if it were lead – Mur. ac.
Impeding speech Anac, Ruta.
Inability to swallow – Apis.
Indurated—Baryt., Merc. viv.

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Inflamed Acon., Apis, Ang., Arn., Ars., Bell., Canth., Lach, Merc. viv., Plumb, Ran. s.
——, in middle Gels.
Insensible—Colch., Hell., Merc. per., Rheum.
Lame—Hydroc. ac.
Large, it feels too—*Paris*, Puls.
Leather, to the touch it feels like—Nux. m.
Left side, swollen and stiff—Laur.
Middle, feels as if burned—Puls.
——, inflamed—Gels.
——, only red—Pallad.
——, red points in the—Raph. sat.
——, white—Bell., Bry., Kali. chl., Phos., Sulph.
Moist—Ign., Merc. viv., Phos., Rhus, Stram.
Motion, involuntary—Lyc.
Moving it, difficulty in—Anac., Bell., Calc., Carb. v., Con., Lach., Lyc., Merc.
Nodosities—Mangan.
Numb—Ambr., Ars., Bell., Bor., Colch., Hell., Hyos., Jatroph., Laur., Lyc., Merc., Merc. per., Nat. m., Poth. fœt., Puls., Rheum.
——, feeling to touch—Nux. m.
Papillæ, elevated—Arg. n., Arum t., Croc. s., Kali b., Merc. protoiod., Merc. subl., Olean., Poth. fœt.
Parched—Chin., Hyos.
Pepper, smarting as from—Chin., Teucr.
Pimple, at the tip—Hell.
Pimples—Nux vom.
——, at the root—Brom.
Pricking—Acon., Glon., Sang.
Protruding—Crotal., Hydr. ac., Lach., Merc.
Pustules—Mur. ac.
Ranula—Ambr., Calc., Merc., Staph., Thuy.
Raw—Calc., Cistus can., Gels.
Red spots—Hipp. m.
Rigidity—Bor., Colch., Con., Euph., Hell., Lach., Merc., Nat. m.
Root, thickly coated—Kali bi., Sep.
——, pain at when swallowing—Phyt d.
Rough—Anac., Ang., Arg. n., Bell., Bry., Calc., Carb. v., Cocc., Cocc. cac., Coloc., Croc. s., Dulc., Grat., Hyos., Laur., Merc., Mez., Olean., Paris, Phyt., Sars., Sulph.
Scalded, sensation as if—Plat., Prun. spin., Psor.
——, sensation as if tip had been—Coloc., Merc. sulph., Sep.
Scraping—Teucr.
Side, burning vesicles on the left—Mangan.
——, raw pain at left—Jacaran.
——, smarting on left, then on right—Teucr.
——, stiffness of one—Nat. m.
——, swelling of one—Sil.
——, swelling of the right—Thuy.
——, whitish coating of one Rhus.
Skin, sensation as of an additional—Rhus.
Smarting—Arn., *Chin.*, Colch, Glon., Ipec., Merc. sulph., Nat. m., Nit ac., Phos. ac., Rhod., Teucr.
Smooth—Lach.
Soft, showing the imprints of the teeth—Merc. v., Rhus, Stram.
Sore—Arn., Calc., Carb. v., Dig., Sang.
Spasm—Ruta.
Splinter, stitching as from—Staph.
Spongy—Benz. ac.

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Spots, small red--Hipp. m.
Stiff - Colch., Con., Euph., Hydr. ac., Lyc , Merc. subl., Niccol.
Stinging -- Acon., Ang., Chin . Clem., Kali chl., Merc. sulph., Nit. ac., Phos. ac , Prun., Sabad., Staph.
——, on forepart—Ledum pal.
Stitching—Aloe, Cocc. cac., Kalmia.
Strawberry, papillæ elevated like a—Merc. subl.
Stripes--Bell.
Swollen—Anac., Apis. Ars., Bell., Con , Dig., Dulc , Elaps c., Glon., Hell., Lach . Lyc., Merc. subl., Merc. v., Mill., Ox. ac., Plumb., Phos. ac., Sec., Stram., Verat.
——, sensation as if—Cimex lec.
Suppurating—Canth , Merc.
Tingling, sensation as if paralyzed—Acon., Mur. ac., Sec.
Tip, blisters on the—Amm. m., Berb., Chen., Cyc., Indigo, Kali c., Kali h., Lyc., Nitrum.
——. blisters, burning—Nat. s.
——, burnt, sensation as if—Lact. vir.
——, burning at the — Coloc., Hydr. ac , Kali c., Kali h., Nat. c., Nat. m., Nitr., Ratan.
——, coldness at—Cupr.
——, cracked—Lach.
——, dry and hot—Rumex c.
——, itching, crawling on the—Dulc.
——, pricking in the—Elaps c., Sang.
——, pimple on the—Hell , Kali c.
——, red—Arg. n., Cyc., Hipp., Phyt., Rhus.
——, shooting pain in the—Ranc. scel.
——, sore and painful—Hepar.
——, soreness of—Sabad., Sep.
——, stinging in the—Brom., Phos.
——, sweet taste at the—Plat.
Touch, sensitive to—Bell., Hell., Nit. ac., Ox. ac., Poth. fœt.
Trembling - Lach., Lyc.
Triangle, red coating on the tip in the shape of a—Rhus.
Tubercles on the—Lyc.
Ulcerated—Aloe, Ars., Benz. ac., Cic. vir., Dig., Graph., Kali h., Lyc., Merc. per., Nat. m., Op.
Ulcers, deep with black base—Mur. ac.
Underneath, swollen—Thuy.
——, vesicles—Rhod.
Vesicles—Hell., Spong.
——, burning and easily bleeding—Mag. c.
Weakness preventing speech—Nux m.
Withered—Kreas., Verat.

ARTICLE XLVI.—Clinical Lecture on Cancers.

By John C. Minor, M. D.

Gentlemen,—I present to-day this patient whose forearm I amputated in the clinic two weeks ago for encephaloid cancer attacking the bones of the wrist and hand. You will observe that union has taken place by first intention, and that

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with the loss of his hand this man seems to have perfectly recovered. The stump is sound and healthy, the general appearance of the patient is good, and he says he feels "first rate." Now don't be deceived by appearances, for there is every probability that this disease will reappear, and destroy our patient within two years. Examine the arm carefully, and you will find above the elbow a suspicious nodule or tubercle. Carry your examination higher up into the axilla, and you will find there one or two enlarged lymphatics. These are evidences of the disease which make our prognosis a grave one, and which change probability into certainty. The interest of this and every case of cancer lies not so much in the operative measures for relief or cure as in the consideration of its pathology. Let me draw your attention briefly to the general distinctions between innocent and malignant growths, the latter being characterized by rapidity in development, and an early tendency to ulceration by pain, by primary or secondary enlargement of the lymphatics, by a peculiar cachexia, and by a recurrence of the disease after operation.

These characteristics, although not always peculiar to cancer, nor to every case of cancer, still serve as salient points towards which your attention must be directed when the question of diagnosis comes up. Some of these characteristics are strikingly illustrated in the history of the case before us. All the extensive disorganization which we found, the carious ends of the radius and ulna, the complete disintegration of the carpus and the lower extremities of the metacarpal bones, the destruction of the softer tissues,—all this progress was made within eight months from the first evidence of the disease, and you see that the disease is rapid. During all this time his sufferings were severe, beyond even the usual pain of cancer, and you find that we have pain as another characteristic of the disease. Ulceration began during the second month of its growth. You find enlarged lymphatics in the axilla. His face is pallid from the cachexia, and in all probability I will show you this patient next session in the clinic with the disease returned again after the operation.

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The study of these phenomena in the history of this case leads us at once into a consideration of the pathology of the disease.

The early tendency of cancer to ulceration shows that the material of which it is composed is short-lived. Now, what is that material? A stroma or fibroid network, cells, molecules and liquid. But these same elements constitute innocent as well as malignant growths. We find, however, a threefold difference between the two. *First*, microscopic investigation shows that *variety* in the shape, size, and arrangement of the cells is characteristic of cancer, and that *uniformity* in the same particulars is found in the innocent tumors. *Secondly*, there is a difference in the vitality of the cell structures, the transitory cell element predominating in cancer so that a malignant growth can never become a permanent tumor, and hence we find its growth, death, and dissemination throughout the system are peculiarly rapid. In the third place there is a striking difference in the action of the two growths upon the surrounding tissues, the adjoining structures being always infiltrated with the elements of cancer, which consequently impart to them the same low grade of vitality peculiar to the cancer cells, and hence when the ulcerative process has once begun we see the skin, muscles, nerves, and bones all breaking down before it, because they have all been infiltrated with the destructive elements. But innocent tumors are not infiltrated nor infiltrating growths, and never interfere with adjacent tissues except mechanically by pressure.

I have now given you briefly the sum of our present knowledge of the pathology of cancer. I will not waste precious time in attempts to answer some questions which naturally arise as to the origin, nature, and cause of the disease. I can only say with reference to them that cancer is neither a vegetable fungoid nor an animal parasite, but a growth *of* the body, though a perverted and morbid one; and we know this by the analogy of other tumors, and by the demonstration of its minute structure. The search for its origin leads us into both the lymphatic and circulatory systems,

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and then leaves us entirely in the dark; for it is one of the many unsolved problems of pathology. We know but little more than experience has taught us of the disease. Cancer is sometimes heritable, but is never contagious or inoculable. The most common forms are scirrhus, encephaloid, and epithelial. Scirrhus, or hard cancer, is generally the longest in growth, more painful than the other varieties, and is most commonly found in the female breast. Encephaloid is the most rapid in growth, the most quickly fatal, and is not usually so painful as scirrhus. Its vascular nature has caused it to be named *fungus hæmatodes*. It is oftenest found in connection with the bones or glands. Epithelial cancer, or cancroid, is less active than the other varieties, and is oftener cured. It is most commonly found on the lips, uterus, penis, and scrotum, and its origin is frequently traced to local injury.

None of the varieties of cancer ever degenerate or change into other forms. If the primary cancer, for instance, is the hard variety it remains scirrhus to the end and never becomes encephaloid or epithelial. Yet in rare cases we may find two varieties in one tumor. A patient was once sent to me for operation, from whom I removed a cancer that occupied the entire cavity of the left orbit, and I found on examination that both scirrhus and encephaloid were present in the tumor. A careful study of the case showed that the scirrhus originally sprang outside of the eyeball from the sclerotic, and that subsequently encephaloid began inside the eye in the retina, and continuous growth obliterated the eye and united the tumors. The cancer which returns after removal is not, however, always the same variety as the primary tumor, variation in this particular being frequently the case when the returning disease attacks the internal organs. The prognosis of the disease is always of the gravest kind except in the case of epithelial cancers, which can be broadly circumscribed by the surgeon's knife, such cases being usually cured. The other forms are exceptionally cured under similar circumstances, but death within three years is the rule. You all recollect, probably, the epithelial cancer which I removed in

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your presence early in the session, and which sprang from the lower jaw of a young girl. You will remember that in one week she returned, with the cancer as large as ever, and that I then removed the portion of the jaw from which the tumor sprang, cutting wide of the disease. I now present her to you, four months after the operation, with her jaw firmly healed, with only a slight scar where my incision was made, and, better than all, without a trace of the disease. I believe we have made a radical cure in this case, but in the other case I can entertain no such hope. Now what treatment shall I recommend to you in cases of cancerous growths? A careful study of the symptoms has, in a few cases, resulted in the homœopathic cure of cancers. Calcarea, Arsenicum and Sepia have sometimes succeeded in desperate cases. I have certainly in one, and probably in two cases cured epithelial cancer by the administration of Arsenicum first and by the local application of the same remedy; other means have been used with more or less success. Professor Bennett, of Edinburgh, suggests injections of Acetic acid on good theoretical grounds, but practically, having tried it, I cannot recommend it. I condemn *in toto* the whole list of caustics plasters and ointments, as more likely to do harm than good. The use of galvanism and electricity according to the method of Professor Althaus, although the facts accomplished are still few and not entirely satisfactory, promises in the future to be an important if not a sufficient method of treatment. I advise excision early in the disease as the best treatment known at present, and the chances of success depend on cutting wide of the disease. Remember that the margins of a cancerous ulcer are themselves cancerous. Sometimes you will find, especially in encephaloid disease, that the growth is entirely beyond your reach, as in a patient of mine, whose left superior maxilla I removed for this trouble and found the disease had burrowed so extensively among the bones of the face and cranium that there was only a partial removal by the operation. In such cases, however, accurate diagnosis is

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always difficult, sometimes impossible, and the surgeon can only do his best. And just here I will close our clinic with a few words concerning encephaloid disease of the upper jaw. Whilst we may remove the lower jaw for these tumors at an early period in some cases, in regard to the upper jaw, on the contrary, the conditions are entirely different. In it the antrum of Highmore is not truly limited; and moreover, the so-called tumors of the upper jaw do not always occur within the antrum, and even if they do, the diseased condition extends and projects into and affects other bones. It may even begin in the turbinated and ethmoid bones and spread to the superior maxilla; so that in tumors of the upper jaw the disease is by no means necessarily confined to that bone. In such tumors of the upper jaw we may have a sort of polypus projecting into the nostril, with pain felt in the face occasionally, and the eyeball protruded and everted. If the eyeball is merely thrust forwards and upwards, the case is not so unfavorable, as it may depend on the pressure of the tumor on the floor of the orbit; but if the eyeball is turned outwards at the same time, we should avoid all interference, for this condition shows that the tumor has arisen in, or has affected secondarily, the orbital plate of the ethmoid bone, and probably the base of the cranium; there would, therefore, be no limitation in such a case. The walls of the antrum also are very thin, and soon become involved in the diseased action, and thus there is no definition; so that though we might remove part of the tumor, we could not remove the whole. We may, however, interfere occasionally to palliate the disease, if we do so early. Let me, in closing, advise you in the treatment of this and every case of surgical disease, to bear in mind this apothegm of Lord Bacon: "They be the best chirugeons, which being learned, incline to the traditions of experience, or being empirics, incline to the methods of learning."

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ARTICLE XLVII.—Clinical Reflections.

By Dr. Ad. Lippe.

TWO CASES OF MALIGNANT SCARLET FEVER.

Case 1.—On the morning of November 30th, I first visited a boy 10 years old, who had been under my medical care since his birth (as well as Case 2); he had a good constitution and was strongly developed. I found him complaining of sick stomach; had vomited once; violent headache, fullness and throbbing in the head, red face, dilated pupils, full frequent pulse, inclined to be drowsy. One dose of Belladonna 40m (Finke) was given dry on the tongue. The scarlet fever eruptions came out in the evening, and was fully established next morning, when he complained of some soreness of the throat, which showed slight redness; the headache was much relieved, and he took no medicine during this second day. On the morning of the third day his throat was more sore; he had spent a restless night; the eruption was very much out over the whole body and looked very dark; on examining the throat I observed a good many diphtheritic deposits, especially on the tonsils; his lips were *swollen* and red; he had very little thirst; the fever had diminished since 8 A. M.

I gave him one dose of Apis 20m (Finke) dry. He was better in the evening, had a better night, and received no medicine on the fourth day. On the morning of the fifth day I found him much worse. After 10 P. M. his fever had much increased, he had been very delirious all night, had become excessively restless, throwing himself over the bed, and tried to get out of bed; did not know any person around him; his nose was much obstructed and dry, much mucus in the posterior nares; the lips were pealing off in large blotches; the corners of the mouth were cracked, he had a very violent cough, apparently caused by some mucus which accumulated above the larynx; the violent paroxysms of cough compelled him to sit up, and he would hold his abdomen with his hands; he did not raise anything, complained of his mouth

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and throat feeling very sore, and on that account he refused to drink; the tongue was very red; the papillæ, especially on the edges of the tongue, much elevated; the diphtheritic deposits in the throat had much increased; the pulse during the night had been as frequent as 160 beats in a minute; the eruption on the cheeks had assumed a livid color; the eyes looked dull and heavy. He had passed much more than the normal quantity of urine, which was *pale* in color. The case had now assumed a very grave nature, and, if the proper curative remedy were not at once administered, would fatally terminate on the seventh day. The characteristic symptom was the violent spasmodic cough so very unusual in this form of disease. The stoppage of the nose, the soreness of the mouth, the accumulation of mucus in the posterior nares, and the cough, were all indicating Nitric acid; but the cracked corners of the mouth, the pealing off of the lips, and profuse pale urine, were not under Nitr. ac. The spasmodic nightly cough, compelling one to sit up, with the necessity to hold the abdomen supported by the hands, and caused by phlegm in the trachea, especially in children and old persons, had been cured by Arum trifillum. The soreness of the mouth was unlike that caused by Nitr. ac.; there were no ulceration ins the mouth, and although Arum trif. had never before been considered a remedy possibly capable to cure diphtheria, all the the other symptoms fully corresponding with Arum trif., I gave him, at 10 A. M., one dose of Arum trif. 20^m, dry, on the tongue. He was better through the day, but began to grow worse at 10 P. M. The symptoms had not changed; I now dissolved 10 pellets of Arum trif. 40^m (Finke) in four ounces of water, and gave him through the night, every two hours, one teaspoonful; finding him much improved on the morning of the sixth day, the medicine was discontinued. He was now able to blow his nose and rid himself of much very tough mucus; he also began to expectorate large quantities of thick substance. His convalescence was slow, but he received no more medicine till the 21st day, when the right ear discharged a very offensive corroding yellow matter, which was cured by one

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dose of Bovista 2°. He is at present, January 25th, perfectly well.

Case 2.—His brother, 12 years old, was first visited on the 20th of December, and found in the same condition as described in the 1st Case. One dose of Belladonna 40m (Finke), on the first day, improved his condition; the eruption was fully established, and he only complained of slight sore throat, on the third day. He did well till the fifth day. During the night preceding that day, he had much more fever, which had been worse from the beginning, about 4 P. M., every afternoon; his nose was much obstructed, the corners of the mouth much cracked and bleeding; the tongue was slightly coated at the root, the tip and edges were red; diphtheritic deposits on the much swollen tonsils; the breathing became very rapid and rattling, he had been delirious all night, refused to drink on account of the pain caused by deglutition; pulse hard, small, and rapid, 140 beats per minute; he tossed about all the time, and was very drowsy, eyes tinged red. The characteristic symptom in this case was the rapid, rattling, breathing—it sounded as if all the bronchial tubes were filled with mucus. The urinary secretions had much diminished. There was no choice of remedies; the only remedy covering this grave case was Lycopodium; he received one single dose (6 pellets) of Lycopodium 10m (Finke) dry, on the tongue, on the morning of the 5th day.

The improvement began at once; he expectorated freely, and discharged large quantities of tough mucus from the nose; the fever abated, the nights became much better, and he went on very favorably till the 10th day, when he had more fever; no thirst; but the urinary secretion became very scanty, not more than two ounces in 24 hours. Apis mel. produced no effect. On the 12th day I ordered Arum trif. 40m (Finke), dissolved in 4 ounces of water, a teaspoonful to be given every 2 hours on the 1st day, and continued this remedy on the 13th day at longer intervals. With an increased discharge of urine the convalescence progressed favorably without further medication, and he is also perfectly well this 25th day of January, 1871.

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The clinical experience establishes the fact that Arum trif. is indicated in the opposite increased and diminished secretion of urine, especially in scarlet fever.

These two grave cases show plainly that we may safely trust and rely on the infallible fundamental principles established by homœopathy, that it would have been an error to consult the various opinions of erring men, or to treat only scarlet fever. To each of these two cases, as in fact in every case of disease, some characteristic symptoms can be found —symptoms not necessarily belonging to the form of the disease to be treated, but belonging to the individuality of the patient; and these characteristic symptoms will invariably assist us very materially to find the true curative similar remedy. Homœopathy will never fail us if we are only true to it.

ARTICLE XLVIII.—Treatment of Aneurism by Compression.

By J. A. Compton, M. D., Muncie, Indiana.

During the month of October, 1868, I assisted Dr. Winans in the treatment of a femoral aneurism, by compression. The subject of our treatment was a Mr. Barker. The tumor was located in the left groin, commencing well up to Poupart's ligament and extending about four inches down the limb, and as far across the thigh, quite filling the external half of Scarpa's triangle, and reaching well over the sartorius.

The tumor, from its regular outline and uniform pulsations, which were perceivable at all points of its circumference, at each systole of the heart, gave unmistakable signs of being aneurismal.

When the external iliac was compressed, the pulsations stopped, and by gently pressing the tumor at the same time, its size was greatly reduced.

The history or cause of the tumor, as we learned it from

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Mr. B., is this: Some three months previous to our examination, while moving logs with a lever or handspike, he "strained" himself in the left groin. The peculiar sensation produced by the rupture of the vessel, caused him to make an examination, and a small pulsating tumor, about an inch in diameter, was found. He, however, regarded it as a "mere strain," applied liniment and continued at work.

The tumor, however, kept growing larger, and for a month previous to our examination, had made him restless at night, and given him considerable pain. So he called on Dr. W. for medical advice.

Dr. W. brought him into my office, where an examination was made and the treatment agreed upon.

Treatment.—Dr. W. had a novel compresser made, somewhat resembling Hoey's clamp, differing, however, in this: it had an extension joint about six inches from its anterior extremity, secured by a thumb-screw. The compressing pad was made narrow, being about the size and shape of the ball of a man's thumb, so that when applied to the artery, it might not press the vein or nerve. The joint was so constructed that it not only admitted of extension, but also gave a considerable lateral movement, thereby rendering its application the more perfect.

Compression was applied to the external iliac above Poupart's ligament, where the artery passes over the brim of the pelvis, avoiding the inguinal glands, anterior crural nerve, and the external iliac vein. We treated by the double method, applying the digital intermittently during the day, and the instrumental at night, for nearly one week, at which time the tumor was found pervious only along the natural course of the artery. The patient was then permitted to return home, with these instructions: Apply the clamp a short time each night and morning for ten days or more; and should the tumor show any signs of softening, inform us immediately.

In applying the compression, our aim was not to shut off the entire circulation of the artery, deeming this mode more efficacious in the stratification of the tumor, and hoping to

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preserve the femoral circulation, which was realized, as the circulation is perfect and the tumor absorbed.

The sole cause of the aneurism was the rupture above spoken of; although some four years previous, in the army, he received a gun-shot wound in the gluteal region, on the same side. An examination revealed the fact, that three balls had penetrated the buttocks between two and three inches back, and a little below the great trochanter. One ball had passed beneath the neck of the tumor and was found inserted in the perinæum. No trace of either of the others could be found. He recovered quickly from the injury, and had suffered no inconvenience from it since. After having ascertained that none of the balls had lodged along the course of artery to weaken or injure its coats, we necessarily inferred the shot our friend received in the scar, had nothing to do with the aneurism.

I subjoin a few reasons why the treatment of aneurism by compression, where it can be made, is superior to any other mode of treatment; first, it never proves fatal, and is comparatively free from pain; secondly, it gives greater time to establish collateral circulation, thus greater nourishment, to the distal portion of the limb, thereby avoiding the fatal consequences that ligation sometimes produces; thirdly, many times, if properly applied, the artery may be left pervious as in the case of Mr. B.; leaving the circulation as perfect in the limb, as before the injury; fourthly, if it should fail, the operation by ligation can be performed as well after giving it a trial.

ARTICLE XLIX.—Aggravation according to Time.

By Henry Noah Martin, M.D.

In the morning:—Agar., Amm. carb., Amm. mur., Anac., Angustura, Apis., Benz. acid, Eupat. perf., Kali bichr., Natr. mur., Podo., Psor., Sep., Sulph.

Agaricus.—Heaviness and vertigo, with epistaxis; worse in the open air and by sun's rays.

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AMM. CARB.—Dry cough from 3 to 4 A. M., then falling asleep, with perspiration. Involuntary micturation towards morning.

AMM. MUR.—Sleeplessness at 2 A. M. from cutting in the abdomen, sneezing, or from pain in the small of the back.

ANAC.—Pressure in the pit of the stomach with nausea and vomiting of the ingesta. Better after vomiting.

ANGUSTURA.—Pains in the back are worse about 4 A. M.

APIS.—Restlessness, mucus in the mouth, diarrhœa, hands blue and cold.

BENZOIC AC.—Awakes at 2 A. M. with heat, tense pulse, palpitation, and discharges of strong-smelling, dark-colored urine.

EUPATOR. PERF.—Early in the morning sensation as if violently whirled and then suddenly stopped.

KALI. BICHR.—Awakes at 2 A. M. with nausea, and passes large quantities of strong-smelling, pale urine.

NATR. MUR.—Every morning pressing and pushing towards the genitals. *(Prolapsus Uteri.)*

PODOPH.—Morning diarrhœa, headache with flushed face dry mouth and tongue, colic with discharges dark-green mixed with slime, and white chalk-like substances, and undigested food, having a *very* offensive smell, accompanied by a great deal of flatulence, and followed by prolapsus of the rectum,

PSORINUM.—Diarrhœa, horribly offensive, nearly painless, almost involuntary, dark and watery, ONLY *in the night*, and most towards morning.

SEPIA.—Throbbing in the occiput in the morning, with paralytic weakness of eyelids; worse from motion, from moving the eyes, and from lying on the back. Better in dark, and with closed eyes.

SULPHUR.—Painless, sudden diarrhœa, which drives the patient hurriedly out of bed.

Strong pulsations of the heart, the carotids, and in the head, with fulness in the forehead, bleeding at the nose, and with nausea; worse on waking in the morning, from motion, stooping, talking, and in the open air.

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ARTICLE L. — The Doses of Drugs in Homœopathic Practice.

By S. R. Kirby, M. D.

Twenty years ago I wrote that the subject of doses had agitated the Homœopathic as well as the Allopathic school. The latter, because of her inexperience in the curative effects of small doses, presents some show of reason for her conduct in this seemingly perplexing question. But the members of the former cannot be furnished with an apology of that kind, nor with any other sufficiently plausible to be creditable to them.

The raging storm of words which has been kept up from the time of Hahnemann to the present period on the subject of doses, has not settled this vexatious question; nor, if the discussion goes on in the same mode for a hundred years to come, would it be any nearer a settlement than when it was promulgated by Hahnemann.

I would sift this matter to the bottom. How is it made certain that drugs in any quantity produce effects in the human body? Only by experiment. How have physicians fixed on the doses of drugs? By experiment. Reasoning, then, has not aided in this work; nor can it. The error, then, into which most of us have run is the attempt to reason on that which is not a subject of reasoning, until after the experiments. Suppose an allopath should say to an intelligent person of no experience of the effects of drugs in the human system, that ten grains of Calomel would act as a cathartic; his reasonable reply would be, "I cannot refute your statement by reasoning, for the truth or falsity of it can only be known by experiment." This is the true reply. When Hahnemann stated that his attenuated drugs were efficacious, the response from physicians was: "It is unreasonable; it is absurd." Such an objection betrayed stupidity. The dose in allopathic practice is founded in experience, al-

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though that school sometimes commits the egregious blunder of theorizing on the effect of drugs by chemical analysis apart from its experience. But of this it is not necessary to speak. Its experience in doses is true. It says drugs in certain quantities produce cathartic effects, others emetic effects, and so on, all of which is true. If I should say to an allopathist, "I do not believe that three grains of *Tart. emet.* would cause vomiting; it is absurd to assert that such a little white powder can cause vomiting. I can't see anything in it to convince any reasonable man that, when placed in the human stomach, the result you speak of could follow. No, sir; it is absurd, and whoever puts forth such a doctrine is either a knave or a fool." What would be the reply of the allopathist? He would say, "Nevertheless, what I assert is true. *Tart. emet.*, in that dose and even less, has been administered to tens of thousands by thousands of physicians in all parts of the civilized world, and that too for the last two hundred years, and they all concur that it has caused vomiting; but, sir, if you doubt in the face of such testimony, just swallow a dose yourself, and thereby have experience in the matter." All must admit this to be sound reasoning.

"You pretend," says an allopath to a homœopath, "that attenuated drugs prepared as directed by Hahnemann are efficacious?" "Yes." "What! in the millionth and decillionth parts of a grain?" "Yes." "I don't believe it. It is a downright imposition. It is a humbug. It is quackery. You homœopaths are deceivers of the people." "Stop a moment, Mr. Allopath. Don't be so fast. Have you any experience in such doses?" "No, and I am not such a fool as to undertake experiments with *nothing*." "But, sir, thousands of physicians, and tens of thousands of the people in the civilized world, for the last fifty years, have evidence in their own persons of their efficacy, and they concur."

In this manner I dispose of the question of the efficacy of attenuated drugs. The argument is, that it can be settled only by experiment, and all reasoning on the subject by analogy or otherwise is useless.

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The next point I notice, is the different dilutions of drugs in the practice of our art. In this, homœopathists have acted, in my judgment, unwisely. They have undertaken to make a point for discussion, on which parties join the different dilutions or degrees of dilution. I regret to know that the terms "low dilutionist" and "high dilutionist" have become familiar to the public as a sort of guide in the choice of a physician. I know the history of this in our country, and think I am not mistaken in its object, which was to conceal, if the term is allowable, *bad* allopathic practice, or, more properly, modified allopathic practice in the name of homœopathy.

It may be asked, did not Hahnemann always use "high dilutions?" No. Suppose he did, what of it? Does any one suppose that homœopathists follow him as do allopathists their great men? They do not. The principles which Hahnemann taught, they follow strictly. They do not follow them because *he* taught them but because they are true. In the practical use of those principles Hahnemann never dictated the precise dose of a remedy in every case; he left it to the judgment of the practitioner, where it must, in the nature of the thing, be left, for he could not establish an infallible rule for that subject; and the nearest he did come to a rule is in these words, viz.: "The question that now suggests itself is, to discover what may be the degree of minuteness of the dose best calculated to render the salutary effects intended to be produced certain and gentle; that is to say, how far the dose of a homœopathic remedy in any given case of disease ought to be reduced, in order to derive from it the best possible cure. It may be readily conceived that no theoretical conjecture will furnish an answer to this problem, and that it is not by such means we can establish, in respect to each individual medicine, the quantity of the dose that suffices to produce the effect, and accomplish a prompt and gentle cure. No reasoning, however ingenious, will avail in this instance. It is by mere experiments only, and precise observations, that this object can be attained. It would be

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absurd to bring forward as an objection the large doses used in ordinary medicine, which are not applied to the suffering parts, but merely to those not attacked by disease. It has been fully proved by pure experiment that when a disease does not evidently depend upon the impaired state of an important organ, even though it were of a chronic nature, and complicated, and due care has been taken to remove from the patient all foreign medicinal influence, *the dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can at least partially extinguish and cure, provided it be capable of producing only a suitable increase of symptoms immediately after it is administered. This will serve as a rule by which the doses of the homœopathic remedies, without exception, are diluted to such a degree, that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease.*"

I do not know that any one has come nearer to a rule for doses of medicine than the above. Each physician must of necessity be left to his own judgment, he being governed by *pure* experiment, as was Hahnemann.

There are no two persons in health identically susceptible to the influence of drugs; nor no two diseased conditions identical; nor no two diseased persons identically susceptible of drug action; therefore, the question of the dose is yet in the judgment of each practitioner, in whom there may be differences. It is in the power of homœopathists to rid the world of the odium of that common maxim, "Doctors will disagree." Allopathists must disagree; a necessity is laid upon them to do so, for they haveno fixed principles in therapeutics; but homœopathists cannot avoid agreeing unless they step aside from the teachings of pure experiment, and gather the wild gourds of fancy, and undertake to mix them with their beautiful system which, if they do, there will be "*death in the pot.*"

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ARTICLE LI.—Ætiology of Habitual Abortus.

By Prof. R. Olshausen.

Hueter is right in his remark, that we do not explain the repeated abortions of a woman by simply accepting a disposition to abortus; neither will such a definition satisfy us that the uterus, which once expelled the ovum at the fourth month, will do the same henceforth from mere habit, because the uterus fails to develop itself any further. Just as every single abortion has its cause, so also a whole series of abortions in the same woman, and we succeed far more frequently in finding out that cause in the latter cases than in a solitary abortus, for we know already a number of firmly established causes of the so-called habitual abortus, of which we will only mention syphilis and retroversio (flexio) uteri. When the interruption of the pregnancy regularly takes place in the second half of it, our suspicion of syphilis is justifiable; when before the fifth month, we may suspect retroversion. In syphilis of the mother, the fœtus usually reaches the age of from five to eight months, and is commonly expelled a few weeks or even months after its death, so that sometimes the duration of pregnancy nearly reaches its normal time, although we find cases where abortion, through syphilis, took place in the earlier months. *Vice versa*, in retroversion the expulsion of the dead fœtus may be retarded into the last months of pregnancy, most frequently only to the seventh month, even after the fœtus reached the age of six months and upwards. This is naturally impossible when the uterus remained retroverted through all that time. In such cases the uterus rather begins, in such cases already in the fourth month, to raise itself from the pelvis, but not suddenly and totally, but gradually in the course of months.

In such cases of spontaneous elevation of the retroverted gravid uterus, no interruption of pregnancy takes place, and at the right time a living fœtus is born. But sometimes in the sixth up to the eighth month, a fœtus, already sometimes dead, is expelled, exceptionally a living fœtus. The cause of

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this late decay at a time where only the smallest part of the posterior wall of the uterus can be found in the small pelvis, in cases where symptoms of incarceration generally are not, or only slightly and momentarily, present during the fourth month, remains, therefore, still obscure. Morbid states of the placenta, arising from retroversion of the uterus and circulatory disturbances arising from it, most probably are the cause of the death of the fœtus.

I would likewise remark that in such cases of retroversio uteri gravidi, with its slow ascension from its abnormal position, the walls of the uterus always will be found relaxed. The wall is relaxed in a kind of a pouch, compressible, and the organ incompletely filled, which we clearly perceive when trying reposition, in which we always succeed through the softness of the uterus, and the default of all incarceration; but only so long as we do not withdraw our hand, for then the posterior wall of the uterus, bulging out and filled with fluid, sinks back again into the small pelvis, mostly as deeply as it was before. But reposition is here not at all necessary, as the uterus does it itself, and mostly with a finally normal course. Neither do we find great manifestations of incarceration, although we may witness disturbances in the urinary secretion, ischuria and tenesmus lasting for several weeks.

Cases of retroversio uteri gravidi, as just described, moreover form the exceptions in contrast to those cases where the firm, thick-walled uterus suddenly and perfectly rises in the fourth month spontaneously from the pelvis, or is artificially, though with difficulty, but then with one jerk, perfectly and lastingly raised up, or finally abortion ensues in the 3d or 4th month with or without phenomena of incarceration.

A very rare exception it is, when the fœtus, having ceased to live already at an early date of gestation in the retroverted uterus, remains there to the normal end of pregnancy. A woman after three pregnancies had not conceived for eight years, when menstruation again stopped in her 41st year. She was then treated by her physician for obstinate vomiting, pain in her back, discharge of bloody water, who found

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the uterus enlarged and retroverted, and successfully replaced it. For the next few weeks some more bloody serum was discharged, and then every trace of menstruation again ceased. Seven months after the supposed beginning of her pregnancy I was requested to find out if she was pregnant. I found the uterus a little anteverted and enlarged as in the second month of pregnancy; all other symptoms of pregnancy were missing, and as the woman was sure to be either seven months with child or not at all, I therefore concluded that no pregnancy existed. A few months later she expelled a mummified fœtus without amniotic fluid, surrounded by dry membranes. The fœtus could be about three months old. This case with other similar ones in our literature gains its chief interest in so far as it supports in relation of the duration of pregnancy, which was here perhaps nearly normal, those theories which fix the duration as depending from internal causes in contradiction to those mechanical theories which ascribe to the pressure of the growing ovum the chief influence in producing labor.

Other anomalies of the uterus may also cause habitual abortus, and here we may mention *defects of development*. I treated such a rare case once: A woman of large proportions and apparently well built miscarried in the second month and fearing the same mishap again, our aid was requested. Examination showed in the upper third of the vagina a septum of about $\frac{5}{4}$ inch in height, slightly concave below, in every vagina a round os uteri on a short port. vag. The abortive ovum escaped from the right os uteri, whereas the left os uteri was also dilated. The ovum was about a month old. A year afterwards my patient was again pregnant and carried her babe nearly to the 36th week of pregnancy. As labor progressed, both orifices of the uterus opened. Over each a foot could be felt, and we soon felt convinced that both feet belonged to the same child. As the orifices more and more opened, a foot protruded through each; the one on the left side was carefully returned and brought round to the right orificium. The child died on account of the delay in the delivery of the head. The septum of the uterus was

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preserved; it reached only about ¾ inch into the cavity. Cases of uterus biforis supra simplex are very rare. They have in the animal kingdom their physiological prototype in the sloth and ant-eater.

Of abnormities in the genital organs, causing habitual abortus, we must also mention *anteflexion of the uterus;* although abortus from such a cause cannot be so frequent as in anteflexion, conception does not so easily follow. But if it happens, abortion in the first three months may happen, especially in a first pregnancy. In the second we can have more hope to preserve the fœtus. Incarceration as in retroflexion is hardly ever observed in this anomaly. The ovum rather dies very soon through the venous stagnation present in the bent anterior uterine wall. I have observed one case, where the first three pregnancies of a young woman were interrupted in the second month by more or less severe symptoms of incarceration, vesical pains, uterine colic, etc., and I always found the fundus uteri closely lying behind the symph. o. p.; it could be easily turned, though not fully, and not with such success that the ovum was preserved. When not pregnant the uterus showed an abnormal mobility, so that it never stood in the right place, either anteverted or retroverted. In the fourth pregnancy the woman carried her child to its full time without any accident, but she kept the horizontal position during the second and third month.

Of other diseases of the uterus I must also mention, that *catarrh* is frequently blamed as a cause of repeated abortion. I also admit, that intensive catarrh may produce abortion—we find here weeks before labor a steadily increasing opening of the cervix uteri—but whenever I saw in chronic uterine catarrh repeated abortions, the catarrh was always so light and benign that I could not consider it as the cause of abortion. There were most probably other causes in all such cases, which escaped our observation.

Another anomaly of the uterus, producing the same effect, are *rents of the cervix*, which reach high up. Let me give you a case:

Mrs. S., 24 years old and healthy, had her first child about

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five and a half years ago; the labor was easy, quick, and natural; sixteen months later she was attacked in the seventh month of her second pregnancy by severe eclampsia and delivered by accouchment forcé. Later pregnancies were always interrupted; the third in the fourth month, the fourth in the seventh, the fifth in the fourth, the sixth in the third, and the seventh in the fourth month. In the second month of her last pregnancy I saw her for the first time and made an examination. The only anomaly which I could find was an enormous rent on the left edge of the port. vag. Outside the rent showed a sharp edge clear up to the arch of the vagina. Through the open external orifice of the womb the rent could be felt to reach very high up, although it was impossible to reach the internal os with the finger. The uterus was in its normal position, syphilis was out of the question, and this enormous rent could only be considered as the sole cause of the frequent abortions. From such a rent the uterus must gape, which necessarily produces a loosening of the membranes, and thus abortion. All abortions in this case set in with a bloody discharge; only in the last one she had for three days a watery discharge.

Menstrual congestion is another cause of frequent abortion in plethoric women, suffering from profuse menstruation. Such abortions always happen very early, in the first eight or ten weeks. Mrs. S. was such a robust built woman, of exquisitely plethoric habitus, with constant profuse menstruation. When I saw her for the first time, she was about thirty years old, was married twelve years, and acknowledged to have had more than sixteen abortions. All treatment and even absolute bodily rest failed to prevent it. Thus I found her, and had occasion to observe how that plethoric woman became after dinner, by her horizontal positio non the lounge, considerable congestion to the head with slight exaltation. She was two months gone. I ordered frequent exercise, daily walks, and as much as possible to breathe the fresh air, mild laxantia every two or three days, acidulated drinks, and strict avoidance of everything heating; I forbid especially her siesta. For the first time she went her full

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time and had a natural labor. No other cause of her frequent abortions could be found. Here I would also remark, how wrong it is to consider absolute bodily rest, continued for months, as a sovereign remedy for abortion. In most cases it is not of the least value, in some cases even injurious; it can only be recommended in those rare cases of abortion from anteversion or flexion, but reposition must antecede in retroflexion, and then the horizontal position must not be kept up longer than two weeks at the utmost.

The pathology of the ovum is still very little known, but we cannot doubt that *diseases of the ovum* may be the frequent cause of abortion, especially during the first months of pregnancy.

It is also not enough known, that *torsiones nimiæ of the cord*, which are the frequent cause of abortion, may repeatedly happen in the same woman, and thus become the source of habitual abortion. The following case happened in my own practice: Mrs. M., a small, lively woman, of 32 years, passed through nine confinements, with the following results: 1.—Confinement, full time, child dies two hours after birth. 2.—Full time, child living. 3.—Fœtus macerated and too early born. So far her own report; I attended her henceforth at all her accouchments. 4.—August 6, 1862, last menses; December 12, 1861, male fœtus, carried for about 35 weeks, 25 Cm. long. The cord, 40 Cm. long., showed 37 torsions towards the left, divided over the whole cord; not an inch is without torsion, which are most closely together towards the navel, and in the centre of the cord; fœtus and placenta normal, the former macerated. 5.—April, 1863, female fœtus, 25 Cm. long. The cord, 21 Cm. long, has 18 torsions towards the left. The torsions are more numerous towards the fœtus. The insertion of the cord normal, fœtus, and placenta, without anomalies. 6.—February, 1865, numerous torsions; placenta shows many firm, yellow, bloodless, cotyledons. 7.—January, 1866, last menses, May, 1865, therefore 33 weeks. Male fœtus, 17 Cm. long.; cord, 37 Cm. long., has 44 torsions to the left side. The placentar half of the cord shows more numerous torsions (28) than the fœtal one. The cord shows

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inequality in strength, is sometimes very thin, and then again knotty protuberances. Fœtus, placenta, membranes normal. 8.—April 21, 1867, last menstruation, Sept. 12, 1866; carrying time, 32 weeks; male fœtus, 32 Cm.; cord, 22 Cm. long., with 38 torsions. 9.—June 3, 1870, last menstruation, Nov., 1869; carrying time, 28 weeks; male fœtus. 24 Cm. long.; cord, 27 Cm. long., 61 torsions towards the right, of which 13 are near the umbilicus on a small space of 4½ Cm. The whole cord uniformly thin. The large quantity of amniotic fluid present in every pregnancy, we consider as a cause of the torsions, and she also repeatedly suffered from hæmorrhage ex atonia uteri during her confinement, for which also the great extension of the uterus may be blamed. Still, we cannot consider it as the sole cause, as torsiones nimiæ are only rarely found with large quantities of amniotic fluid. Otherwise the woman was well off, and only attended to her usual household duties.

Dr. Walther Franke, of Halle, has also observed a case of repeated torsiones nimiæ producing abortus in the same woman. Perhaps it may happen more frequently, as our attention is now attracted to it.—*Berliner Med. Wochenschrift, Jan.*, 1871.

ARTICLE LII.—Formica.

By Dr. Ad. Lippe.

The following fragmentary provings of Formica rufa (Jehnichen's 200th potency), and of Formica sericea (Gray), in various potencies, were made in 1857 by Miss B., and in 1864 by the class of the Homœopathic Medical College of Pennsylvania. The potencies were prepared before the class, and it was left optional with each prover what potency he might choose to take. Provings of various potencies will much facilitate to settle many yet open questions in our school. If the proving of the 200th potency, as reported under 13, proves to be reliable, *i. e.*, if the clinical experiments

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show the correctness of, and confirm, the proving, it will be another additional evidence of the long action of a highly potentized medicine on the healthy, and correspondingly long on the sick, and of the effect of the single dose. To the student of Materia Medica, it will be very interesting to compare the effects of the different doses, and the confirmation of symptoms observed by different provers. To the class of students who made the provings under the conviction that the very first step in the study of Materia Medica was to make provings on themselves, which also aided them in the acquirement of "observation," which is so necessary to the physician in the examination of the sick, and convinced that we must first learn to observe ourselves, especially when a deranged state of health appears (as in a proving), before we can well observe similar conditions on others—to that class I take this opportunity to express my thanks. The delay of publishing these provings is fully explained in the *Hahnemannian Monthly*, Vol. VI., p. 276, and exonerates me from a charge of neglect to fulfil my promise to the class, that their provings should be published at once. The delay was caused by circumstances over which I had no control.

Proving 1.—C. W. B. took one drop Formica 30, Oct. 19th, 1864.

10 P. M.—Wakefulness all night, with very little sleep.

Oct. 20.—In the morning, dizziness after dressing, when writing.

Remarkable and unexpected activity of the mind during the day, with absence of the usual dulness and sleepiness.

Oct. 21.—Slept well during the night.

Oct. 22.—Sleeplessness last night.

Diarrhœa early in the morning, as soon as awake; compelled to go to stool at once, with rumbling in the bowels; the stool is soft and painless; another stool immediately after breakfast, with urging.

The alternation of wakefulness and sleep has continued at night with great regularity.

From 26th to November 2d there have been regular alternations of sleepless nights and profound sleep.

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F One night getting to sleep with great difficulty, and waking often during the night; the next night the sleep would be quiet and profound.

Sudden and unexpected return of sense of mortification and grief, with vivid recollection of circumstances long since passed, which had caused great mortification and pain, and which had rendered several years of his life unhappy; this was caused by the transactions of a near relative.

This grief continues and manifests itself whenever he is not wholly occupied.

Dec. 2.—Easily depressed. Things do not look as cheerful as on yesterday and before. Little things cause lowness of spirits, yet soon return to cheerfulness.

Dec. 3.—Decidedly irritable and low-spirited without any cause.

Soft pappy stool in the morning, with some inclination to sit at stool.

Dec. 7—The same kind of stool every morning till this date, when it was natural. The passage was accompanied by a feeling as though the mucous membrane was thickened and stiff.

Proving 2.—A. H. C. took one drop Formica 30 on November 2, 1864. November 4th about 5 P. M., tearing, drawing, grumbling pain in the two incisor teeth, superior maxillary bone on right side. This pain was accompanied with much soreness. Teeth felt elongated.

Occurrence of this pain at regular periods of the day for about five days, when it gradually disappeared.

Proving 3.—J. P. H. took one drop 3d dilution of Formica on the night of October 19, 1864.

Oct. 20, 11 A. M.—Stool, constipated; passed but two small balls after much straining.

Appearance when looking at objects as if seen through a mist.

Oct. 21—In the afternoon intolerable itching about the anus, relieved by scratching.

On Oct. 22, at 6 A. M.—On waking felt much pain in transverse and descending colon from incarcerated flatulence. Was

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obliged to rise; stool papescent, followed by constriction of the anus.

Continued pain in the descending colon.

Another stool at 9 A. M., with violent tenesmus, and constriction of the anus after the stool.

At noon, slight pain in right side of pharynx in empty deglutition.

9 P. M.—Twitching in triceps muscle of left arm. Lower lip dry and cracked.

11 P. M.—Burning pain in left carpal bones.

Oct. 23., 8 P. M.—Sharp intermitting pain in fourth toe of left foot. Soon after, a burning pain just behind the ball of the first toe of the same foot.. Soon after, slight pain in the lower part of the tibia of the left leg.

Oct. 24.—Soreness at corners of the mouth.

Proving 4.—W. H. H. N. took one drop 6th at 10 o'clock Oct. 27.

Oct. 28, 12 M.—Sensation of stinging in palate, worse from eating, smoking, or contact. This stinging continued for two days, and then extended to the tip of the tongue.

9 P. M.—Shooting pain in carpal bones, while writing, extending down third and fourth fingers.

10 P. M.—Surging in upper part of the brain, momentary, and followed by slight dimness of vision. Itching in anus, relieved by scratching.

11½ to 12 P. M.—Shooting pain in region of left scapula. Stinging and burning in left great toe. Shooting pain in left eyeball. Continued chilly sensations during the night.

Oct. 29th.—Continued creeping down the back.

12 M.—Difficult deglutition. Sensation of contraction in œsophagus. Food passes with difficulty and caused pain. This sensation continued for about 12 hours.

8 P. M.—Pain in lower part of left breast, followed in two minutes by the same sensation in right breast, accompanied by continued chilliness down the back, and extending down the inferior extremities.

10 P. M.—Pain in epigastric region, extending from left to right, then shifting to top of head, and followed by creeping

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down the back. Tearing pain in occiput. Tearing and drawing in left arm and leg from above downwards. Shooting pain in left ear.

Oct. 30.—In the morning slight diarrhœa, two passages, small and without pain.

Proving 5.—Took one dose 30th, in the morning of Nov. 19th, 1864.

An intolerable itching in the conjunctiva in the morning, which burns when rubbed.

Itching of the scalp, arms, abdomen, and the whole trunk and head. (This symptom was well marked.)

Sudden pain in the left lung, followed by a sensation as if I were falling.

Heaviness of the head, and a sensation as if the brain were too large and heavy.

Very red cheeks, in the evening, which burn so much as to feel uncomfortable.

Hand and face very hot. The palms of the hands burn.

Headache, dull, in the right frontal region.

Pulse 92. Irregular. Some fever.

Nov. 20.—At night vivid lewd dreams, erections of penis, and seminal emissions.

Nov. 21.—Same symptoms.

Nov. 22.—Do.

Proving 6.—C. W. B. took one drop 30th at 10 P. M., Nov. 17th, 1864.

Nov. 18, 8 A. M.—Loose stool.

Feeling of fulness in eyes and ears, with fine stinging in ears.

During the day remarkably happy and able to study. Everything seemed easy to be accomplished.

More than usual agility.

Nov. 19.—Same happy state of mind and body, but easily depressed, and by slight causes this happy state was changed for a short time to despondency. Sudden but momentary spells of unhappiness; everything looks dark (mentally).

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Sleeplessness the first 24 hours, with sleeping and waking alternately afterwards.

Double the quantity of urine even at night.

Increased for two or three days.

Great agility of mind and body.

Proving 7.—Took one dose 200 (Jenichen) on Nov. 30th, at 11 P. M.

Dec. 1.—All day very happy and inclined to be jolly.

Soft pappy discharge from the bowels in the morning.

Inclined to be giddy while eating.

Inclination to pain about one (1) inch above the left eye, alternating with pain in the left parotid region, accompanied with pain in the whole left temporal region, when touching it with the hand.

11 P. M.—Pain in the left supraorbital region, when going to bed, with giddiness.

Dec. 2., 4 A. M.—Giddy on attempting to rise. Rumbling in the bowels, with a nervous feeling as from strong coffee.

Compelled to get up.

A loose diarrhœic stool followed, which left a desire for another stool, with an uncomfortable feeling in the anus, as if the passage were not all through and more must pass.

Painful desire in the anus and rectum for stool, which, however, will not pass.

Dysenteric feeling.

Dull uncomfortable pain in the forehead, with heat and fullness and pulsations.

Proving 8.—W. W. took one powder, 200 (Jenichen) Nov. 30th, 1864, at 7½ P. M.

10 P. M.—Uneasy pain in the region of the heart, lasting half an hour or more.

Very wakeful after going to bed.

Dec. 1.—Evacuation of bowels with difficulty, ending with thin fæces, painless. Great sleepiness in the evening, while reading removed.

Dec. 2.—Spasmodic twitching of upper lid of right eye, lasting an hour. Sensation of pain in the forepart of

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urethra. Lewd dreams at night. Slight pain in left ear. Biting pain in left forearm, lasting a short time.

Proving 9.—C. G. took 200 at 5 P. M.

On 2d, 3d and 4th days pressure in the rectum, sensation of constriction in the anus.

From 2d to 6th days two stools every day (one stool is the rule).

Pressure in the rectum, worse in the evening and in bed.

Dreams the first three nights not unpleasant.

Oct. 24th.—Evening at 10, took 2 drops 30th.

In 15 minutes slight pressure over left eye for a few minutes.—10.50, stitches in left lumbar region, lasting only a few seconds.

Oct. 25th, 11.50 A. M.—Tearing pain in middle finger of left hand. 12 o'clock M., frontal headache, dull, lasting all afternoon till 10 P. M.

Oct. 26th.—Headache at 12 M. as bad as yesterday, some pain and still lasting; 4½, pain in right side of chest, could not breathe for a moment. Stitching pain. Headache daily from 12 M. till 10 P. M., worse when stooping.

Pain over both eyes. Every day from 12, aching. Earlier every day, the same also in the morning.

Proving 10.—Nov. 30, 1864. Z. R. E. took one dose 30th in the evening.

Dec. 1.—Diarrhœa, with some tenesmus. Pain in lower umbilical and upper hypogastric regions before moving the bowels; relieved after stool.

Dec. 4.—Great sexual excitability. After 12 o'clock an intolerable drawing headache in left side; relieved after supper. Deep-seated itching in left ear, at times amounting almost to pain.

Dec. 5.—Same symptoms as on 4th, with bruised sensation of the lower limbs. Pain through the pelvis, as if from one acetabulum to the other.

Remark.—Before taking the medicine was troubled with constipation, with sensation of constriction of sphincter ani; relieved of these symptoms entirely, afterwards the diarrhœa set in.

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Proving 11.—Took one dose in the evening of Nov. 30, 1864.

Dec. 2.—Menses appeared, rather scanty and pale, with bearing-down pain in the back.

Dec. 3.—Same as on 2d. Discharge darker.

Dec. 4.—The menses continue, with a crampy pain through the hip-joint and pelvis.

Dec. 5.—The discharge becomes scanty and pale again. The pain in the back is diminishing.

Dec. 6.—The symptoms are still continuing to disappear.

Dec. 7.—All the symptoms have ceased.

Remarks.—She has been very costive all her life. On the 5th instant her bowels began to move regularly; have been getting a little worse since, but not so bad as before. Her menses appear eight days too soon. She has always been regular before.

Proving 12.—W. L. G. took Formica 30th, one dose, after breakfast. At noon on the first day sensation like a bubble bursting in the forehead, running around the left side of the head. General exaltation; wants to run, but soon becomes tired, in the evening especially. Unable to study long at night. Lewd dreams often during the night, with erections.

2d day.—General lightness; the same dreams during the night.

3d day.—Headache after dinner on the left side, same as first day. Sleeping easily in the evening. Same lewd dreams and erections during the night.

4th day.—Urine like saffron; bright yellow; no sediment. Passes urine often. Lewd dreams at night.

5th and 6th days.—Frequent urination; urine darker. Hot, red swelling of prepuce. Secretion under the prepuce much increased, continuing for one week. Merc. corr. stopped all the symptoms.

Proving 13.—Miss B., aged 35 years, a very sensitive person, took on the 28th of February, 1857, two pellets of the 200th potency (Jenichen). Slept well.

March 1st, 11 A. M.—Pain in the forehead, with nausea. In the afternoon long, deep stitches in the *left* ear, lasting

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two hours; the same stitches in the left upper arm. Restless night; sleep much disturbed.

March 2.—In the afternoon great sleepiness for half an hour; very little sleep during the night, with much nausea.

March 3.—Sleepiness in the afternoon, then stitches in the ankle of the left foot. Slept well during the night.

March 4.—Dull pain in the forehead during the afternoon, and stitches in the left ear and left upper arm, as on the 1st of March. In the evening, at 8 o'clock, attacks of faintness, lasting some minutes. Everything is black before the eyes; is compelled to sit down. Restless sleep at night.

March 5.—In the morning nausea, and vomiting of yellowish, bitter mucus. Restless night.

March 6.—In the morning dull headache in the forehead. In the afternoon violent itching on the inside of the left arm and hand, followed by a rash, appearing in streaks on the left arm and hand, as from the seams of a glove.

March 7.—In the morning nausea, followed by stitches in the left ear, lasting all day.

March 8.—Sleepy in the afternoon. Dull headache in the evening.

March 9.—At 10 A. M. nausea and vomiting, as on the 5th inst. In the night an hysterical attack of coughing, followed by shedding of tears; later great stiffness of the articulations of the jaws, cannot open her mouth. Restless night.

March 10.—Very weak in the morning. In the afternoon stitches in the left ear.

March 11.—Sleepy in the afternoon, and pain in the left side of the chest, continuing one and a quarter hours; better when walking; worse when sitting, and taking a deep breath, which causes stitches and the sensation of an adhesion.

March 12.—Stitches in the left ear and left upper arm.

March 13.—Sleepy in the afternoon.

March 14.—When waking in the morning headache, with vomiting (as above), and stitches in the left side of the chest.

March 15.—At 9 P. M. vomiting of green, bitter mucus, and headache.

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March 16.—Wakens feeling very weak.

March 18.—Slight stitches in the left ear.

Till the 24th of March cessation of all symptoms; on that day slight stitches in the left ear, followed by a small abscess in the external portion of the meatus auditorius, and later, for some days after the abscess had discharged some pus, much itching in the left ear.

ARTICLE LIII.—A Case of Softening of the Brain.

By R. H. McFarland, M. D.,

In reporting the following case of softening of the brain, the writer offers no opinions of his own as to its true pathological condition, but as correct a history of the case as his means of information will admit.

T. W. S., 39 years old, above average height, bilious-sanguine temperament, constipated habit from frequent use of active cathartics, resident of Evansville, Ind., and, during the last four years immediately preceding his illness, actively engaged as travelling agent in Southern Illinois. Has been subject to frequent attacks of neuralgia in right temporal region and over right eye, usually relieved by mercurial cathartics and quinine.

On a hot day, June, 1868, whilst on one of his travelling tours, and when in the act of stepping in a carriage, he was suddenly stricken down with what the attending physician called *coup de soleil*, and by the aid of active cathartics he was in a few days sufficiently recovered to be removed to his home, where he soon regained his usual health, *apparently*, and again attended to his usual duties. I say *apparent*, on account of occasional eccentricities of character, not noticed by his friends previous to this attack, and a disposition to fall, or a frequent leaning to the left side whilst walking, which latter symptom, with the more frequent and severe recurrence of the neuralgia over right eye and in right temple, continued up to November, 1868, when he was con-

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fined to his bed, and Dr. De Beuler, an eminent allopathic physician, was called in to treat the case, and prescribed the usual routine of cathartics and quinine. We extract from his wife's diary, that Atropine failed to give relief, but made him very delirious and nervous, talking incessantly to some imaginary person, when awake or dozing; no sleep; unable to move hands or feet without assistance, for which a blister was applied to the neck. A liniment was now applied quite freely over the suffering parts, giving him some relief and sleep, but the excruciating pains returned over and over again, which Morphine overpowered, and after taking an emetic on the 26th, for the intense pains, slept for twenty-eight hours without waking, although every effort was made to arouse him, and the catheter applied. On the 27th he was restless, and tossing the bed-cover, though still asleep, and next day passed urine involuntarily in bed, having been troubled before with retention. He could now be partially roused, and would do what was requested in an instinctive, blundering manner; awoke rational, and wanted to know how long he had been in that condition, and begged for some brandy. In spite of Bromide of potassium, which he now took, the unconsciousness returned, with difficult respiration and deglutition, and rigidity of muscles.

As the unconsciousness and deep sleep continued, consultation was called for on Monday, November 30th, the treatment changed, and some eclectic medicine administered, and a few minutes after taking the draught perspiration broke out, with relaxation of the muscular rigidity. He took the medicine every three hours, and rested quietly all night, except apparently losing sometimes his breath, and then catching it again, with deep groans. An emetic now given roused him from his stupor, followed by cathartics, but the unconsciousness again returned, with deep moaning and groaning during sleep. He lays quiet, perspires freely, sometimes responds when spoken to, and takes some nourishment. On Saturday morning, December 5th, he opened his eyes, appeared perfectly rational, talking to his family and recognizing friends, so that his physicians felt encour-

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aged. This amelioration lasted during Sunday, but Monday morning found him again weak and stupid, but restless, and thinks he is away from home. During the whole week he recognized his friends and talked all kinds of nonsense; sleeps some in the forepart of the night, but is wakeful and restless after midnight, and has several very hard spells of coughing before day, with expectoration of a tough, gray mucus.

The following week seemed to be one of steady improvement. He was more conscious, but his mind was very weak and slightly hysterical; easily excited to tears, and weeping; is gaining daily strength, but complains of diplopia.

Thursday, Dec. 30th.—Sitting up some, still slowly improving; able to walk out a short distance; inclination to fall to the left and backwards.

Jan. 24.—Having gradually grown worse since, and none of the remedies giving more than temporary relief, and then only by injecting morphine under the skin, and feeling discouraged, the family changed again their physicians, and called in Dr. Glass, a homœopathist, who takes charge of the case and forbids company. The case being a very difficult and doubtful one, the Doctor urgently solicited my co-operation in its management.

Jan. 29, 1869.—First saw the patient in consultation with Dr. Glass, and find his condition as follows: Pulse about fifty, soft and compressible (as I afterwards noticed, the pulse varied occasionally, increasing ten or fifteen beats in a minute to sixty and sixty-five); eyes turned back under curtain of upper lids; pupils contracted; eyelids partially closed; right eye more open than the left; right eyebrow elevated; skin of forehead corrugated; at times flushed on right side of face, especially on forehead; profound stupor, with complete insensibility; spastic rigidity of abdominal walls, and flattened down upon spinal column; tongue red, dry, and contracted, apparently paralyzed; deglutition imperfect, swallows liquids with difficulty; extremities cold, with tonic rigidity of the voluntary muscles of lower extremities and of the spinal column; decided opisthotonos;

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bowels obstinately constipated; strong urinous smell of breath and body; urine passed involuntary. Believing there was retention, introduced catheter and drew off eighteen to twenty ounces of clear urine, with but little smell; skin dry, particularly on the body.

TREATMENT.—Dr. Glass had been giving Nux v. 6 (decimal trit.) at night, and Sulph. 6 in the morning, with Cimicifuga 3 in the intermediate period, every four hours. After consultation he took Nux v. every four hours through the day, and one dose of Bellad. 12 every night at bedtime. No other change of treatment, except occasionally a dose of Rhus tox. or Stram., for subsultus tendinum, until

Feb. 8th.—Some signs of returning consciousness; movements of right arm, apparently endeavoring to put the hand to his mouth or head, but invariably passing the hand clear over the left shoulder; constant efforts to expectorate a tough, grayish mucus, which seemed to accumulate in the larynx or glottis, producing strangulation and cough; it kept one nurse constantly busy to wipe it off; urine still evacuated per catheter, and from an injection per anum a small evacuation of hardened fæces was procured, though the patient was only partially conscious of it. Same treatment.

Feb. 20th.—Mental symptoms improving; recognizes his wife in the morning, but at no other time; thinks he is absent from home, and is anxious to get ready to go; urinates into a vessel when solicited; still constipated; an enema brought away hardened fæces; very stupid and difficult to arouse from 2 P. M. to 4 A. M., at which time, and until noon, he seems most rational; tongue not so red, covered with a tough, stringy mucus; when requested makes an effort to protrude it, but cannot, on account of paralysis of left side; it would always come in contact with left cheek. Continue Nux and Bell. Substitute Hyosc. 10 for Rhus.

About this time my business at home, in Paducah, Kentucky, demanded my undivided attention, so that I did not again see him until the 18th of March. Dr. Glass informed me that the patient became more listless and stupid, in con-

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sequence of which he changed the prescription to Cimicifuga 3 and Hell. 6, alternate every four hours.

March 18th.—I find the condition of the patient very similar to the description given on my first visit, which, as his wife says, seems to run in a cycle of five or six weeks; his pulse, however, is more frequent, being 80 to 85, small and corded; urine again passed involuntarily, and evacuated with the catheter about twelve ounces high-colored urine.

Dr. Glass, being an invalid himself, left Evansville at that time, and thus this seemingly hopeless case was left to my charge. I ordered Rhus tox. 3 and Bry. 6, alternately every four hours, and one powder Nux v. 6 every night, continued until

April 2d.—Decided mental improvement, only he cannot be convinced that he is at home; believes that he has been absent for a long time, and is very anxious to reach home. Pulse 60–65, soft, compressible; abdomen soft and full, careful manipulation reveals the presence of abundant accumulations of hardened fæces throughout the whole course of the colon; occasional uneasiness about the bowels, as though they were to move; urinates into a vessel when required; tongue red, with brownish coating, can with difficulty protrude it, pointing to the left side; very thirsty, drinking large draughts of water when given him; red flush on right side of forehead, at which times he usually endeavors to put his right hand on it, but always passes it over the left shoulder before he is successful; skin soft; extremities still cool. Prescription continued, with Bell. 12 occasionally.

April 13th.—Continues to improve, mentally and physically; assisted on the night-chair; had two very large evacuations of hardened fæces, of large size and of brown color; less thirst, but a morbidly craving appetite, don't know when he has enough; converses quite cheerful, articulation difficult. Same medicine, with an occasional dose of Phosphorus 30, until

May 1st.—Able to sit up and to walk about the room by having some one supporting him with the hand on his back

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between the shoulders, to give him a forward motion, and to prevent him from falling backwards; bowels move daily, normal in character; urinates several times in twenty-four hours; tongue moist, clean, less red, still inclining to left side when protruded; still considerable rigidity of spine, and especially of posterior cervical muscles; appetite good, more normal; pulse 65; face, hands, feet, and ankles decidedly œdematous. Continue Nux, and give Apis 3 every six hours, with an occasional powder of Merc. sol. 6.

June 4th.—Swelling of face and extremities gone; complains of a want of sensibility in lower extremities, otherwise feeling quite well, except an uneasy, stiff feeling in his back, in dorsal region; right eye more open than the left; right eyebrow drawn up. Nux v. 6 and Phosph. 6 night and morning, and occasionally a dose of Plat., Zinc. val, Bell., or Glon., for head symptoms.

Oct. 1st.—His health is so much improved that he resumes business; improves in strength during his journeys, complaining only of some occasional buzzing in the head, easily relieved by the usual remedies.

Dec. 15th.—On his return from a long trip he came into my office to show me a small tumefaction on his right temple, at the lower anterior angle of the right parietal bone. On examination, it protruded about the size of a hazlenut, soft and fluctuating, without redness, heat, pain, or any of the usual signs of inflammation; it evidently contained a fluid. The most natural, and only conclusion I could come to was, that there had been an effusion on the brain, and that now, by the process of ulceration, the fluid was making its way through the pia, arachnoid, and dura mater, and perhaps the squamous suture of the temporal bone at the anterior angle of the parietal bone. I requested Dr. Thompson, an eminent allopathic physician, to examine it, whose opinion coincided with my own. I proposed operating, but the patient declined, as it did not pain him. I prescribed, therefore, Apis 3 and Merc. 6, and finally Cuprum, with varying success. Apis seemed for a time to act favorably, at any rate the tumor continued to enlarge;

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taking a lateral course, it made its way between the pericranium and the bones of the skull, along and across the lower portion of the parietal, and crossed the lambdoid suture of the occipital bone, having the form of a large banana, being most prominent and firm immediately over the ear, its size interfering very materially with wearing a hat, soft and fluctuating over any portion of it, but more decidedly so at its lateral extremity.

March 2d, 1870.—Having decided to operate, I introduced a trocar into the most prominent part of the tumor one and a half inches above, and immediately over, the right ear; on withdrawing the instrument no fluid followed, as I expected. The withdrawal of the canula, however, was followed by such a jet of arterial and venous blood as filled me with alarm. I immediately bound a compress on the orifice, which checked the flow without any trouble, prescribed Arnica locally and internally, and after careful consideration I diagnosed a fungus cerebri, which filled my mind with apprehension for the future.

March 3d.—Visited him, is feeling well as usual, except some soreness of the tumor in the immediate locality of the puncture. I examined very carefully, and concluded that pus or serum must be confined in the lateral portion of the tumor, and made with an abscess lancet a free opening, through which about two and a half or three ounces of a straw-colored serum spouted as from a fountain, without any apparent diminution in the size of the tumor. About 2 P. M., his wife, supposing he had a congestive chill, sent for me in great haste. I found him with all the usual symptoms of a severe rigor; I ordered Cinchona and waited for the reaction. At 6 P. M. very high fever; pulse 120, full and bounding; skin hot and dry; eyes bright, sparkling, sensitive to light; tongue red and dry; burning thirst; complained of pain in head; tumor very sensitive to pressure. Ordered Arnica[3] and Bell.[3] in alternation and continued the local application of arnicated water.

March 4th.—Not so much fever; at times delirious; complained of head and neck; the inflammation becoming erysipe-

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latous, extending from the puncture down over the mastoid process along the sternocleidomastoideus. Gave Bell.[3] and Rhus[3] alternately every four hours.

March 7th.—Had another chill; skin clammy, cold; features shrunken; pulse slow, small, and wavy; stupor; fæces and urine pass involuntarily, in fact a collapse, with every indication of approaching dissolution. Cinchona[6] every half hour was given with the most gratifying result. In the evening patient felt comfortable, except soreness of neck, which showed phlegmonous erysipelas; the scalp is quite sensitive to the touch, but the fungus seems to have lost all sensibility. Gave Rhus and Bell. every four hours, and a dose of Merc.[6] every six hours between. I felt satisfied that disorganization of the fungus had taken place, and the question is, will the inflammation and disorganization continue on within the meninges of the brain, or will the fungus slough off at the point of exit through the bones of the skull, and at that point cease its ravages? My hope was based on the smallness of the aperture in the skull, believing that in the engorged and inflamed condition of the morbid growth, the bones would have the effect of a ligature in severing the diseased from the healthy portion of the brain at that point.

March 8th.—Patient cheerful; rested well through the night; tumor discharging profusely of a marbled rose color; apparently cerebral pulp broken down, some dark spots and a grayish-looking matter irregularly intermixed, occasionally small masses of cerebral pulp not broken down, one of which measured one and three-quarter inches in length by three-quarters of an inch in diameter, and having the appearance of being recently torn from one of the convolutions of the brain, the inner side ragged, irregular, the upper or external surface smooth, lobular, unbroken, as if the pia had been carefully separated from it. The discharge continued in less quantity five or six days, and toward the last a healthy looking pus, the tumor having all disappeared, leaving a little soreness on pressure at the anterior angle of the parietal bone, and of the scalp, where it had been incised.

The inflammation on the side of the neck being erysipela-

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tous resulted in the deposition of pus in the sheath of the sternocleidomastoid, which under Hepar was evacuated. Some very marked tetanic symptoms with opisthotonos and trismus were treated with Rhus-tox.[3] and Nux.-v.[6] with an occasional dose of Mercur.

In conclusion I will state that my patient fully recovered, went into business again, and has up to date, a period of nine months, enjoyed the most excellent health.

It may be considered an impertinent procedure to criticise the above well written report of as severe a case as any physician would like to treat, and Dr. McFarland deserves full credit for the splendid result of such an unpromising case. Still we feel sorry that Grauvogl's great work did not make its appearance a few years sooner, as then our learned friend would have soon found out that there are in many of our patients constitutional conditions, which must be removed before we can apply our remedies to the special disease before us.

Let us examine the case more closely. We find a patient in the enjoyment of moderate health, but suffering from frequent (periodical?) attacks of neuralgia on right eye and temple. That his physicians considered it of miasmatic origin their steady prescription of Quinine shows, and they were right in their surmises, as the patient was continually travelling in Southern Illinois, a country well known for its obstinate intermittents. We find thus good reason for the *hydrogenoid* constitution. A sunstroke follows, affecting severely the already weakened brain, and dizziness with tendency to fall sideways on the left side (neuralgia on right side) or forwards; more severe paroxysms of neuralgia, sleeplessness, and at last paralytic symptoms, with coma, are the consequences, and, according to the wife's statement, aggravation and amelioration follow in a cycle of five or six weeks.

That Drs. Glass and McFarland are well posted in their Materia Medica, they showed at their first prescription, as Nux-v. covers nearly all the symptoms. Grauvogl (II., 301 G. E.) remarks, that among all remedies there are especially two

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which produce a more rapid change of matter, and thus bring more heat to the body. They not only restore the lost power of resistance to the influence of moisture and cold, but they also act renovating and refreshing on the nervous system. They are *Nux-vomica and Ipecacuanha;* but I would observe that they have to be given alternately, the Nux morning and evening, and the Ipecac. every two hours during the day, as each given alone shows far less curative action. These constitutional remedies have to be persevered in for a long time, in order to insure their full benign effects. He gives the remedies for a week, then makes a pause for one week, and so on.

In all diseases based on a hydrogenoid constitution, the quantity of water is increased, and produces a dyscrasia, which Virchow calls leucæmia, and we also find our patient suffering from œdema, which the doctor apparently relieves by Apis. We say apparently, for we consider the frequent comatose condition also caused by œdema of the brain, which finally produced a separation of the sutures (?), through which the disorganized brain matter made its way, showing itself outside by a continually growing tumor. Can we wonder that conservative nature sets up an inflammatory state around the disorganized tissue, showing itself by buzzing in the head, trismus, and other tetanic symptoms? It is especially this healing power of nature which renders the whole case so peculiarly interesting.

Hughes, Burt, Kafka hardly mention a remedy which Grauvogl brings forth again and gives it its just stand-point in the Materia Medica, we mean the *Aranea Diadema.* Vox populi already decrees that three pills, made from spider's cobweb, and taken regularly for a week in decreasing doses, would cure the most obstinate chills and fever, especially when the chills are very severe; and experience proves the full truth of this traditional remedy. In the meagre symptomatology of Jahr, we still find points which lead us to propose it in a similar case, if Nux and Ipecac., perseveringly given, should fail us, for Grauvogl remarks that it is far more powerful in reducing the influence of hydrogen on the organ-

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ism; it produces hæmorrhages from every orifice of the body (the blood becoming too fluid and losing its coagulability?); in its head and nervous symptoms it resembles Nux, and in its rheumatic symptoms it reminds one of Bryonia.

Let those who stand justly at the head of our profession freely come forward and give us their ideas how to treat such intricate cases. Thus, experience gained through a life of toil and duty will also benefit our younger brethren, whose fate it may be to be called to such cases before they are able to earn such an experience.

ARTICLE LIV.—Phosphorus in Inflammations and especially in Pneumonia.

By Dr. W. Arnold, Heidelberg.

Phosphorus is frequently made use of in inflammations, and especially in pneumonia, but physicians disagree about the value of this remedy. Some accord it a prominent place among our antiphlogistic remedies; others reduce it to a limited sphere of action in those diseases. Clinical observations cannot decide about the entire remedial power of Phosphorus, and we have to consider it from a physiological stand-point.

Here we immediately meet the question: Does Phosphorus produce inflammation in a healthy person, to what degree, and in which organs? Older observers made their conclusions of a gastritis and enteritis from the manifestations during life, as burning and heat in the stomach, great sensitiveness of the præcordial region, nausea, vomiting, fever, with quick, small pulse and cold extremities (Leroi, Brera, Sundelin, Dœffenbach, etc.). Where post-mortems were held, inflammation of the stomach and bowels, with necrotic destructions in stomach and duodenum, were found (Flachsland). A limited inflammation of the mucous membrane of the stomach, and a paleness of the other coats, as

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well as of the duodenum, with hyperæmia of the lungs was long ago observed (Worbe). Phosphor. produces, according to Orfila, when brought—in pieces or in oil—into the stomach, a redness of the mucous membrane of the stomach, and of the upper part of the intestinal canal; he rarely observed redness of the muscular coat. Perforation of the gastric coats was more frequent after a solution of Phosphor. in oil. In an experiment, where he found three holes in the coats of the stomach, he does not mention the redness of the coats, but remarks that the mucous membrane was changed to a ropy mucus, which could be drawn into long strings. Manifestations relating to inflammation of the abdominal organs, were only rarely observed during life. It is also worth mentioning, when Phosphor. was taken in lumps, reddish cylinders, covered with mucus and fæces, were found in the lower part of the intestines, when the animals remained alive for several days. After injections of Phosphor.-oil in the jugular vein, Orfila found livid spots in the lungs, its tissue more firm, less crepitating and of a pink color, but no change in the stomach. A redness of the gastric mucous membrane, which Orfila would call inflammatory, was nowhere to be found, and wherever present, he considers it as an effect of combustion of the Phosphorus, and ascribes it to the formation of Phosphoric acid, but the experiments of Lewin and others contradict this *in toto*, as PO_5 and PO_3 are neither caustic nor poisonous. Liedbeck did not find a trace of inflammation in the stomach and intestines of animals poisoned by Phosphor. The mucous membrane of the digestive organs is, according to his experiments, loosened, becomes paler, even colorless, by maceration in cold water pultaceous, and easily soluble. Round ulcers occupied the raised folds of the mucous membrane, which was there corroded. According to Liedbeck, Phosphorus does not produce inflammation of the mouth, œsophagus, stomach and intestines, nor in any part which it immediately touches.

My experiments confirm these statements, that Phosphorus is unable to produce a genuine inflammation either in the parts with which it comes in immediate contact, or in any

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other organ, though we may observe after death redness and hyperæmia in the stomach, intestinal canal, and in the lungs. *This is only a mere accumulation of blood in the veins, and extravasation of fluid blood in the tissues of the organs.* Such redness was taken for a symptom of inflammation, because the distinction was not made between a coloring produced by stasis, suggillation and infiltration of the tissues with fluid blood, and an inflammatory redness of the blood caused by a stasis of the blood in the capillaries. Even the perforation of the walls of the stomach is not a symptom of exulceration, as it is not the sequel of an inflammatory process; being soon observed after large doses of Phosphorus without any symptom of inflammation, it is rather the result of the dissolving action of Phosphorus on the relative organic matter.

Virchow also gives up to consider such a redness as a symptom of inflammation. He sees in the action of Phosphorus peculiar characteristic alterations, which frequently exist without any redness, without hyperæmia, without extravasations, with perfect paleness of the parts affected. It shows the most perfect similarity to that state of the kidneys denoted as a murky swelling, and considered as an expression of parenchymatous nephritis, and which regularly coexists in cases of poisoning by Phosphor. We find here the mucous membrane moderately thickened, of a dull color, not translucent, of a whitish, grayish, or yellowish-white color. By making sections we see that the murky swelling especially occupies the glands of the mucous membrane. They are enlarged, their epithelium fully fills up the glandular follicle, every single one is larger, duller, filled with a fine granular mass of ayellowish-gray or whitish color. After a while fatty granules appear, the cells become soft, fall to pieces, and granular detritus takes place. It depends here, according to Virchow, on an important diseased state of the gastric glands, and, as he thinks, as far as we can make out, we have here to deal with a gastritis glandularis or gastroadenitis, a disease not peculiar to poisoning by Phosphorus alone. We are sorry that we cannot agree with such high authority. We consider all these alterations as the result of the disintegrating

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power of Phosphorus, which we knew long ago in relation to the blood globules and to the different tissues. The result of all my experiments shows that Phosphorus itself produces no inflammation in the human organism; but in a combustible form, and in the presence of atmospheric air it may produce, as an effect of the combustion, a local inflammation in the organ which comes in contact with the burning Phosphorus. According to the law of similarity, we cannot put Phosphorus among the antiphlogistic remedies, as only such remedies justly deserve the name, which in larger doses by their own action will produce a genuine inflammation. But at the same time we do not mean that remedies deficient in this quality could never be indicated in inflammations, for, although they may be powerless to act directly on the course of the inflammation, they may still be able to remove states which cause or complicate the disease. From this stand-point we may expect aid from the application of Phosphorus in inflammatory states, and especially in pneumonia, when changes occur similar to those caused by the peculiar alterations of the blood by means of Phosphorus.

Kafka also accords to Phosphorus only a limited remedial power in pneumonia. Where not clearly indicated, it will not stop the localization, although it may aid us that the disease runs a normal course. Especially in croupous pneumonia it can never be indicated, and when thus given, the fever will increase in spite of the Phosphorus, the infiltration spread, and the disease will run up to its acme, and only then decline. Even in pleuropneumonia Phosphorus shows no decisive action, and we fully agree with our learned colleague that Phosphorus is only then a valuable remedy in pneumonia, when resolution of the blood and passive stagnation of the blood in the lungs, coexisting with it, takes place, in passive hæmorrhages or bloody effusions in the tissue, in tuberculous deposits connected with it, and in typhoid pneumonia. According to Kafka's experience Phosphor. is indicated when the pneumonia lasted already some time with considerable infiltration, but the fever decreases and becomes remittent, when the still tough sputum is only expectorated

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with labor, when no symptom of remission can yet be physically demonstrated, when sudden collapse threatens, or when, with a dry tongue and quiet deliria, adynamia sets in. Here Phosphorus is not an antiphlogisticum, but an analepticum, inciting the vital power to action, and its curative effect on the pneumonia is only a secondary one. Phosphorus will therefore act well in pneumonia typhosa and hypostatica, and may symptomatically do some good services in interstitial pneumonia, especially in hæmoptoe and tuberculosis.—*Hom. Klinik, Jan.*, 1871.

ARTICLE LV.—Differential Diagnosis of Phosphorus and Arsenicum.

By S. Lilienthal, M. D.

There never was written a sentence more true and more to the point than the one which Prof. Joseph Buchner gives us in his monograph on Bright's disease (page 63), where he remarks: The chief physiological indication for the application of Phosphorus is diametrically contrasted to Arsenicum, because their relations are as right to left—Arsenicum left or arterial heart, Phosphorus right or venous heart, or, in other words, Arsen. arterial stasis, Phosphor. venous stasis with or without lesions in the lesser circulation," and page 64: "The solution, which of these remedies may be indicated in ecclampsia, is simple: Phosphorus in symptoms of cerebral atrophy, Arsen. in œdema of the brain."

Nearly nineteen hundred years ago Dioscorides allowed to Arsenic "septic, styptic, and escharotic power, and at the same time while it coastringes, it empties the capillaries," and Johnston, a writer of our century, inclines, in his "Chemistry of Common Life," to the opinion that Arsen. lessens the waste of the body and the discharge of carbonic acid from the lungs, and consequently the quantity of oxygen required. Taxidermists use it in preserving specimens of natural his-

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tory and skins from insects and putrefaction, and it is a well-known fact that the corpses of persons killed by the effects of Arsen. do not decay very fast, and even after being buried for years their features may still be recognized.

Teste, in his "Materia Medica" (p. 193), puts Arsen. as the type of his fourth group, whose sphere of action extends over every sphere of the organism, but especially affects the digestive organs, the organs of the head, of locomotion, and the skin. Among its analogues Phosphorus has no place. On the digestive organs it acts as a tissue irritant, as even where Arsen. is applied to wounds, inflammation of the gastric and intestinal mucous membrane is usually demonstrated, whereas after injections of Phosphorus into the jugular vein, Orfila and others found no change in the stomach and intestines. The action of Arsen. on the cerebro-spinal system is a curious mixture of depression with irritation, and its primary action on the sympatheticus is now well established, since Barensprung demonstrated that every nerve is composed of motor, sensory, and nutritive fibres (the latter emanating from the ganglionic system),and we can now easily understand many symptoms formerly obscure, and among others also the spasm of the blood-vessels and the febrile symptoms, produced and so often relieved by Arsenicum. The Arsenic-eaters of Styria show us that excitation is the primary action of this metal, and faintness, depression of spirits, mental weakness, sleeplessness, a total loss of appetite, etc., only follow when these peasants are deprived of their usual morning dose. It is a curious fact, worth mentioning, that habitual arsenic-eaters are exempt from zymotic diseases. We read also in the *Brit. Journ. of Hom.* (xviii., 509) that a gentleman who twice tried to break off this seemingly pernicious habit was each time attacked by violent palpitations of the heart, accompanied by profuse perspiration, followed by pneumonia, and had he not been bled he would have died of apoplexy. All of which clearly shows that Arsen. produces an active arterial irritation, and, in fact, it would be worth while to compare Acon. with Arsen., and by such comparison the primary and secondary action of remedies (and thus inci-

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dentally their application in high or low dilutions, either one of which has its strict indications) would be greatly elucidated. Look, on the contrary, at the nervous symptoms of Phosphorus, and you see from the very beginning only symptoms of nervous depression, leading eventually to progressive paralysis, caused by a state of atrophy, which we can only expect from the morbid state of the blood, having lost the power to give the right pabulum to the nervous system.

The fluidity of the blood, found in most cases of fatal poisoning by Arsenic, differs again from that of Phosphorus. James and Christison observed that if venous and arterial blood be received into a solution of Arsenic, instead of coagulating in the usual way, a viscous jelly first forms (the blood of cholera patients is also not exactly fluid, but more like syrup, as from the constant drain the blood has lost its serum), and lumpy clots afterwards form. Campbell found the lungs so congested as to resemble a lump of clotted blood, and Henke reports a case where the lungs presented all the characters of pulmonary apoplexy (*N. A. J. of H.*, VII., *New Mat. Med.*, p. 665). This gelatinous state of blood is a secondary action, for, as already observed, the primary action of Arsen. is acceleration of the heart's action (through the ganglionic system), and increase of pulse; but this arterial spasm is soon followed by rapid, feeble, and irregular pulsations, diminution of animal heat and vitality, and finally a complete paralysis of the vascular system (*Marcy, New M. M.*, p. 665). In Phosphorus, on the contrary, the blood is found in a state of complete fluidity, not coagulable, and with very few corpuscles, while ecchymoses and sanguineous effusions appear everywhere. Thus we find it indicated, not in the early stages of simple pneumonia, but when the inflammatory process deviates from its normal course, and when typhoid symptoms appear.

Whereas, the mental and emotional symptoms of Arsenic show restlessness and irritability, a kind of irritable weakness (we differ here from Gross, and would rather reverse his statement), Teste puts Phosphorus among his Pulsatilla group (*Teste, Mat. Med.*, p. 236), and we all know that the

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great characteristics of Pulsatilla stand in strong contrast to Arsen., showing a mild, gentle, and yielding disposition; and, true enough, the same want of decision, aversion to society, sadness, a kind of weak torpid irritability, are surely found among the symptoms of Phosphorus. Under the action of Pulsatilla the veins seem to lose their vital resistance, so that varicosis readily occurs (*Hughes' Pharm.*, p. 473), and it is recommended even in dilatation of the right ventricle. But Phosphorus is more penetrating in its action, for even its primordial phenomena indicate a disturbed condition of the vascular sphere, as blackness and fluidity of the blood, a capillary engorgement (laborers in match factories suffer from pulmonary congestion, severe bronchial catarrhs, accompanied by emaciation and hectic), constituting a sort of ill-conditioned plethora, a diminution of vital heat and action, in fact everywhere a passive stagnation. In Phosporus, or rather in Teste's entire fifth group, we find the blood primarily affected, whereas in Arsenic and its analogues, like Veratrum or Nux-v., the blood becomes poisoned through the agency of the nervous system. It strikes me that the same difference can be found in diseases, and that in the so-called zymotic diseases, the nervous system becomes primarily affected, whereas in the so-called dyscrasiæ the blood is poisoned, and the vox populi appears thus to possess much show of reason, when they call dyscrasiæ blood-diseases. I admit that the fungoid theory of zymotic diseases apparently contradicts such a theory; but the problem is not yet solved, if in these diseases the nervous or blood system receives the first attack; still, we all know, that during epidemics every one does not fall a victim to it, but only those will be attacked who have a disposition to it, or, in other words, those whose vitality is so much lowered that they are unable to withstand the aggressive power of the poison, may it be a fungus or any other so far unrecognized agent. To our mind it seems established, that in zymosis the nervous system is primarily attacked, and the contrary will be found to hold good in all dyscrasiæ.

But, to return to our subject: The influence of Arsenic,

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frequently repeated in small doses, is a diminution of the metamorphosis of the tissues, leading to obesity. The poison acts directly on the red globules, diminishing their power of taking up the oxygen supplied to them by the lungs, and the carbonaceous compounds thus unconsumed deposit themselves in the form of fat (*Hughes' Pharm.*, 105). Bock (*Diagnostic*, p. 130) describes obesity as an excessive accumulation of fat in the tissues, caused either by an abundant supply of food, rich in hydro-carbon, or by prevented re-formation (combustion) of the fat (as from sedentary habits or slow respiration) or by retention and resorption of fatty secretions. From such an adipose or lipomatose dyscrasiæ we frequently see a carcinomatous diathesis develop itself, with remarkably quick emaciation and sallow complexion (similar to the symptoms witnessed in Arsenic eaters, who quickly lose flesh when ceasing to take Arsenic).

Phosphorus, on the other hand, has the power of causing in every part of the body, susceptible thereof, not obesity, which may exist with an ordinary state of health, but rather a pathological process, known as fatty degeneration, the symptoms of which are those of blood poisoning, to which the nervous phenomena, as convulsions, are secondary, and thus we find Phosphorus indicated in acholia from hepatic atrophy, in renal atrophy, in cerebral atrophy, or in atonic states of the cranio-spinal axis and of the nerves issuing therefrom. Fatty degeneration develops itself from chronic hyperæmia, and if in the liver, the tissues of it become disorganized and supplanted by a lardaceous matter similar to vegetable cell matter. Professor Mapother (*Braithwaite L.*, p. 28) says: Our tissues do not remain permanently ours, but are in health constantly removed and renewed. Now, when renewal fails and substances lower in the scale of human chemistry become deposited instead, we give the name of degeneration to that condition. The fatty form in which a tissue is either chemically converted into fat or is removed to give place to this substance, is the most frequent, and chooses such vital organs as the heart (softening), the brain (yellow softening), or the kidney (Bright's disease). Dr.

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McNamara (*Braithwaite, LV.*, p. 273) thinks that the diseased action commences in the germinal matter, for as excess of germinal matter is tantamount to rapidity of growth (Scirrhus, Arsenic), so the converse holds good, and the decrease of germinal matter is consistent with the absence of formed material, and in its place the product of the changed tissue (*Beale on Fatty Degeneration*); and if the circulatory fluid is wanting in certain elements demanded by the germinal matter for the production of formed material, fatty degeneration necessarily follows. Now, in cases of poisoning by Phosphorus we find the circulating fluid thus altered, the blood globules perfectly dissolved or as a bluish-red coagulum swimming in the plasma, and the coats of the blood-vessels become also softer, more ductile, and take on different forms, especially in the smaller branches.

Examining the diseases of the external and internal skin, we also find differences, and whereas Arsenic is indicated in neoplasmata, like scirrhus and cancer, Phosphorus is curative in fungus hæmatodes, in polypi—in short, in those new formations depending on diseased blood-vessels. Hæmorrhages belong to both, but in Arsenic they are produced by the destructive agency of the neoplasma corroding and perforating the walls of the blood-vessels, whereas Hahnemann's characteristic symptom, "small wounds bleed much," leads us to the choice of Phosphorus, wherever the circulating fluid is lowered in vitality and its coats lost the necessary elasticity. In cutaneous diseases the same reasoning holds good. We find in Arsenic sensitiveness of external parts (the nervous filaments sensitive), itching aggravated by scratching, and we find it beneficially in those chronic and troublesome skin diseases, where it won its renown by all schools. Phosphorus gives us only petechiæ and suggillations from the oozing out of the fluid blood; we will hardly ever use it in skin diseases proper; but on some internal organs, as the bones, and here especially the lower maxilla, it shows a powerful dynamic influence, frequently ending in total destruction of the parts affected. Grauvogl justly, therefore, puts Phosphorus among the remedies indicated in his carbonitrogenous constitution,

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where with relative want of ozone the body is rich in carbon and nitrogen, whereas Arsenic takes high rank among his remedies of the oxygenoid constitution, as a powerful agent in preventing a too rapid oxidation of the tissues.

We refer our readers to the comparison of Arsenicum and Phosphorus in Gross's *Comparative Materia Medica*, found under Arsenicum, and continue our pathological researches. We find for

Phosphorus.	*Arsenicum.*
Suitable to tall, slender people, with fair skin, sanguineo-nervous temperament, sensitive disposition, quick and lively perceptions.	Suitable to persons of a lymphatico-nervous constitution, irritable, disposed to sadness, to mucous discharges, to dropsy, and tetters.
Acute affections, in the course of which the cerebro-spinal system of nerves becomes very much depressed, and finally threatened with paralysis. Debility from old age, from the loss of animal fluids, especially semen.	Excessive irritation of the ganglionic and spinal system of nerves; general paralysis and death of the ganglionic system, the activity of the cerebro-spinal system continuing in a state of irritation until death.
Great irritability from hypochondriasis; anxiousness, with much sweat on the forehead and heat of the face.	Fits of anguish, with internal heat, restlessness, fever, and cold sweat of the face.
Somnambulism; clairvoyance.	Dulness and weakness of the mind; loss of sensation, of consciousness, of speech.
Painful vertigo in the *morning*, or about noon, before or after a meal, with sensation as if he would fall forward.	Vertigo, with reeling only when walking, or every *evening* when closing the eyes.
Dull, stupefying headache, as after a night's revelry, with dizziness; relieved in the fresh air and returning in a warm room. Pressure on several parts of the head, as if nodosities were there. Scabs on the hairy scalp, occasionally itching. Dry scabs. Alopecia.	*Periodical* headache, very violent in the evening and night, with the greatest thirst, ameliorated by heat. Corrosive, burning itching of the hairy scalp, as if ulcerated; pustules, with burning pain and swelling of the cervical glands.
Retinal hyperæmia, with congestion to the head; flashes of light; dazzling points or rings of various colors before the eyes, indicating extreme sensitiveness of the retina. Glaucoma. Amaurosis.	Superficial or deep-seated ulceration of the cornea, especially in scrotulous subjects. Catarrhal ophthalmia, with thin secretion and irritation of the edges of the lids. Ulceration of the tarsal edges, with thin secretion. Excessive photophobia, with dimsightedness as through white gauze.
Congestive deafness; affection of the hearing after typhoid and inflammatory diseases; pulsations and throbbing in the ear; strong echo in the ears.	Roaring in the ears during the painful paroxysms; noise as of rushing waters; tingling and singing noises in head and ears.
Frequent alternations of fluent and	Profuse watery discharge from the

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dry coryza; fluent coryza of one nostril, the other being obstructed.	nose, excoriating the nostril and making the upper lip sore.
Polypus of the nose; frequent discharge of blood, particularly in the morning, with yellow mucus from the nose.	Cancer of the nose; violent bleeding from the nose, with burning pains; hard tumor of the nose.
Striking paleness of the face, with chilliness and headache; pale, sickly complexion, with deep, hollow eyes, and blue margins around; circumscribed redness of the cheeks.	Sallow complexion; sunken features, or bloated; puffed, red face, with elastic swelling under the eyes.
Aching of the malar and parietal bones and of the teeth, especially when chewing warm food or when entering a warm room, coming out of the cold air. Tearing in the jaws. Pressure, drawing and tearing in the lower jaw, with pains in the hollow teeth; pain as from ulceration when pressing the teeth together. The teeth are loose. Caries and necrosis of the jawbones.	Cancer of the face and lips, with a thick crust, and a base which has the appearance of lard. Swelling of the submaxillary glands. Elongation and painful looseness of the teeth; excruciating drawing, jerking pains, extending to the ears, cheeks, and temples; worse at night, and by lying on affected side.
Ulcers on the gums, bleeding at the slightest touch.	The gums bleed readily.
Painful sensitiveness of the mouth, gums, and palate; blisters on the palate, burning and suppurating.	Great dryness of the mouth and palate, with a sensation of roughness. Stomacace.
Viscid, slimy taste, as if much mucus accumulated in the mouth. Everything turns sour in the mouth. Acidity after every meal.	Putrid, fetid taste, as of putrid meat; bitterness of mouth, particularly after eating and drinking, especially in the morning.
Continual thirst; aversion to boiled milk. Spirituous drinks taste like water. Panting for refreshing things.	Violent, unquenchable, burning, suffocative thirst, obliging him to drink frequently, though but little at a time, or complete absence of thirst.
No appetite; no thirst, but food has its natural taste.	Aversion to food, with desire for acid things.
Oppression of the chest, coming from the stomach, and worse after eating. Sensation of great weakness of the abdomen, particularly across and below the navel. Palpitations; belching of large quantities of wind after eating. Vomiting immediately after eating, so that all food is brought up, or pure blood, or bloody, brown masses. Vomiting of drinks as soon as they get warm in the stomach; emaciation, anæmia, collapse.	Gnawing, corroding pain, alternating with pressure in the stomach, with weight as of a stone or a hard lump; sensation of soreness and ulceration, even small quantities of food are not well borne; vomiting aggravates the pain; anguish, fainting; pale, earthy complexion.
Stools scanty, dry, and difficult of evacuation, or watery diarrhœa, with lumps of white mucus or little grains of tallow; amelioration after sleeping. Thirst, with desire for very cold drinks, though it will be vomited again as soon as it becomes warm in the stomach. Green and bloody stools, the anus remaining constantly open.	Watery stools, offensive and painless, containing undigested food, with peculiar and distressing restlessness; tenesmus, with painful constriction above the anus and distension of the abdomen. Great weakness and rapid exhaustion.

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Frequent micturition, little at a time; difficult emission of urine, as if the passage were impeded. Urine has a strong ammoniacal smell; becomes turbid, and deposits a whitish, yellowish sediment. Greasy pellicle on the urine, of various colors.

Paralysis of the bladder; suppression or retention of urine. Involuntary micturition. Scanty, dark-yellow urine, or colorless and copious. Hæmaturia; burning pains during micturition.

Ulcer on the prepuce, healing rapidly. Irresistible desire for an embrace; erections day and night. Aversion to an embrace; impotence. Nocturnal emissions, without dreams.

Chimney-sweep cancer; excessively painful inflammation and swelling of the genital organs, with gangrene. Nocturnal emissions, with or without lascivious dreams, sometimes followed by continuous erections.

Menses too early, too profuse, and too long, with pains in the small of the back and abdomen; discharge of blood from the uterus between the catamenia. After the menses great weakness, with blue margins around the eyes, and anxiety. Delaying menses are a secondary effect of Phosphorus.

Profuse catamenia; too soon, with lancinating pains, accompanied by loud eructations; moaning. Induration and cancer of the uterus.

Milky, slimy leucorrhœa; smarting leucorrhœa, drawing blisters. Annoying sense of weakness across abdomen. Sensation of heat passing up the back.

Leucorrhœa, dropping out while the woman is standing, with emission of flatulence; acrid, corroding, thick, and yellowish. Constant chilliness; dread of cold water, which lies heavy in her stomach.

Irritation low down in the trachea, with oppression high up in the chest; painfulness of the larynx, impeding speech; the larynx seemed furred, as if unable to utter a loud word. Mucous expectoration, especially mornings; dry, tickling cough in the evening, with tightness across the chest; pain in chest when coughing, relieved by external pressure; trembling of the whole body when coughing.

Dryness and burning in the larynx; tracheo-phthisis, with deficient secretion of mucus; dry, racking cough, especially in the evening, after lying down, or at night, excited by drink, or cold air; suffocative fits, especially at night in bed; tenacious mucus in trachea and bronchi, with difficult expectoration.

Oppression of the chest early in the morning in bed, with chilliness and violent headache; tightness of the chest as if bound by a band; pressure on the lower part of the chest. Pneumonia typhosa and hypostatica.

Difficulty of breathing; anxious and oppressive shortness of breath; suffocative oppression, with excessive debility; fetid, or dingy, green expectoration, pointing to approaching gangrene.

Congestions to the heart, with palpitations and anxiety, very violent after dinner; a few strong beats during motion, going off when at rest.

Violent, excessive palpitations of the heart, particularly at night, also irregular, with anguish, or when lying on the back.

Frequent yawning, with chilliness in the evening; light sleep, and when waking up during the night has great difficulty to fall asleep again; sad or frightful dreams; is drowsy, and sleeps long in the morning,

Frequent yawning, with uneasiness and tossing about; restless sleep, interrupted from 3 A. M.; wakes early, and difficulty to fall asleep again; starting in sleep as if frightened, talking and quarrelling during

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but awakes unrefreshed and with great languor of the extremities.

Coldness of the whole body as if deficient of animal heat, even near the warm stove or in bed; violent chills at night, with diarrhœa; afterwards heat, with thirst and internal chilliness, and when the chilliness passed off heat and sweat the whole night. Hectic fevers. Night sweats, with feeling of exhaustion during the day.

Fistulous ulcers, with callous edges, secreting a thin, foul pus, and of a blue appearance. Yellow or brown spots on the body; sanguineous spots; formication and itching of the paralyzed parts. Small wounds bleed much. Eruptions bleed easily and excessively when scratched; old scars break open and bleed freely.

Aggravation: Morning, evening, on lying on left side; burning pains of internal parts.

Amelioration: On lying on right side, during rest, on application of cold water.

sleep; dreams full of care and anxiety, and wakes up early irritable and morose.

Mingling of heat and chilliness; heat generally dry and burning, sometimes accompanied by diarrhœa; great languor, weakness, trembling of the limbs, œdema of the feet and other dropsical symptoms. Partial sweats, or sour, fetid sweats. Inequality of pulse and heart's action.

Branlike, dry, scaly eruptions, with itching and burning, the latter increased by scratching and followed by bleeding. Chlorosis. Icterus. Anasarca. Gangrene, relieved by heat. Ulcers, with burning, lacerating pains; constantly extending in breadth; aggravated when the parts become cold. Burning carbuncles, with great desire for liquors, but the use of which aggravates the case.

Aggravation: In the evening and at night. In the open air periodical pains.

Amelioration: By heat.

Phosphorus and Arsenicum follow each other well, and are complementary to each other.

ARTICLE LVI.—A Lecture on Angina Pectoris.*

By E. M. Hale, M. D.

NATURE OF THE DISEASE—SYMPTOMS—PATHOLOGICAL CHARACTER AND RELATIONS—PROGNOSIS—CAUSE OF SUDDEN DEATH IN—DIAGNOSIS—TREATMENT.

Gentlemen,—Of all affections of the heart this is the most painful and distressing. While some authorities — among whom are Dr. Watson — would place this disorder among

* Delivered before the class of Hahnemann Medical College, Chicago, by E. M. Hale, M. D., Prof. Medical Botany and Pharmacology, and Lecturer on Diseases of the Heart. From the author's forthcoming work on "Diseases of the Heart."

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the organic diseases, the majority consider it a functional disease. Watson thinks it is not neuralgic because the paroxysms are excited by bodily exertion and mental emotion, and because it is so frequently and suddenly fatal. But Dr. C. Handfield Jones disposes of this by citing the commonly observed fact that many of the neuralgias are excited and aggravated by similar causes. Jones, after summing up the opinions of various authors, expresses himself in these words: "It is invariably a neuralgia, whose sole and constant seat is in the cardiac plexus."† This affection is characterized by paroxysms of intense pain, emanating from the region of the heart, and extending in various directions, often into the left shoulder and down the arm, accompanied by indescribable anguish, a sense of suffocation, and a feeling of impending death.

The pain radiates into both sides of the chest, into the back, upper extremities, generally the left, and sometimes extends into the lower extremities. The pain in the upper extremity does not always extend to the hand, sometimes it ends at the shoulder, at other times in the elbow, and the pain is occasionally felt only in the forearm. It commonly seems to follow the course of the nerves, and is felt all over the affected extremity, even to the ends of the fingers. The pain is alternated by a feeling of numbness, or as if the limb were paralyzed. A rare symptom is pain and numbness in the testicles. Hyperæsthesia or tenderness when the pain is felt has been observed. This is one of the affections that is purely paroxysmal — a strong proof of its neuralgic nature. The patient is seized suddenly, often during motion, as walking up hill, or against a strong wind, or when turning quickly in bed. From the first instant of attack all motion seems impossible; he seizes hold of some firm support, or fixes himself in some way immovable until the paroxysm passes off. Besides the pain, the feeling of suffocation alarms the patient, and he feels as if death were impending. Dyspnœa is not always present, but breathing is often suspended for

† Jones on Nervous Disorders, p. 212.

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an instant, or restrained by an act of the will, for fear of increasing the pain; but the ability to expand the chest and breathe regularly is not impaired. Speaking is often impossible or difficult, as it seems to aggravate the pain. Palpitation is often present; the action of the heart in some instances intermitting and irregular, the pulse strong or feeble, and sometimes very slow. The countenance is pale, and expresses terror, anxiety, and distress — a death-like complexion and haggard features suddenly taking the place of an appearance of health. Lividity is sometimes observed; the surface is cold, and bathed in cold sweat; the faculties of the mind are unaffected, or nearly so. After an attack a sense of prostration is present, and sometimes, as after other nervous attacks, a free secretion of pale, limpid urine.

The paroxysms differ in the frequency of their occurrence, durations, severity, etc. They may occur every few hours, days, or weeks, and often years may elapse between them. They are sometimes very mild at first, and increase in severity, or the first may be very severe; they may last for a few moments or seconds, or continue several hours; they will often subside as suddenly as they commenced, at other times the relief is gradual. You must not get the idea that they only occur after some physical or mental excitement, for they often occur at night during sleep. I have known persons who were thus affected so fearful of going to sleep as to render life almost insupportable. In one case a fearful dream seemed to the patient to be the exciting cause.

You will naturally inquire, What is the pathological character of this affection — also, its pathological relations? As I have said, I believe the affection is generally a form of *neuralgia*. The character of the pains all prove this. It has been ascribed to spasm, but a spasm of the heart lasting as long as an ordinary spasm of angina would destroy life; besides, the action of the heart is not, as a rule, disturbed. The pathological relations of angina are interesting. Flint says it involves, in a large proportion of cases, the existence of some organic affection of the heart and aorta, and adds that the lesions found do not agree invariably in any appre-

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ciable morbid alterations. Valvular lesions may be present or wanting. Calcification of the coronary arteries is sometimes present. Fatty degeneration has been observed. It has been asserted that "A weakened heart is essential to the presence of the disorder," but this theory is disputed by both Flint and Jones. While I do not believe a weak heart is a necessary condition, it is more than probable that a condition is often present which is similar to myalgia elsewhere in the body. In other words, cardiac myalgia may simulate or coexist with angina.

As before remarked, angina pectoris is a very rare affection. In 338 cases of organic disease of the heart, Flint found it to exist in 15 only. That it occurs more frequently with than without organic disease seems proven.

The causes of this disorder are at best obscure. It has been supposed to arise from the rheumatic or gouty diathesis, but this supposition is not tenable; nor can it be said to arise from dyspepsia. Trousseau considers angina pectoris a form of epilepsy; but this seems to me only a fanciful idea. It occurs much oftener in males than in females, and in the majority of cases occurs after the age of fifty; but cases have been observed in youth, and even in infancy.

The prognosis will depend largely on the condition of the heart. If that organ or the aorta is in a state of structural disease, the prognosis is much more unfavorable than if the disorder is purely functional in character. If organic disease is present, you cannot assure the patient of exemption from their recurrence; while if not connected with lesions, years may elapse before another paroxysm occurs.

Paroxysms of angina sometimes cause sudden death. In such instances "the action of the heart is arrested by a morbid agency affecting it through the pneumogastric nerve, in the manner in which irritation of these nerves or the electrical current produces this effect in experimental observations." (Flint.) The danger is in proportion as the action of the heart is feeble, irregular, or retarded during the paroxysm; but if the action of the heart be little or not at all disturbed during the paroxysm, there will be but little danger

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of sudden death. Sudden death will oftener occur when organic disease is present than when the disorder is purely functional. Even if organic disease is present, judicious homœopathic treatment often cures, and generally cures the purely neuralgic.

The diagnosis of this disease is generally easy. I do not see how the paroxysms can be confounded with attacks of dyspnœa, or so-called cardiac asthma; for with the latter motion is not incompatible, and there is not the fear of impending death. There is a pseudo-angina occurring in hysterical, anæmic, and dyspeptic persons. The misnamed cardialgia may sometimes simulate angina, and I have known the pain under the left breast, occurring in women, to be so severe as to resemble that disorder. Intercostal neuralgia and myalgia may closely imitate it, but the tenderness on pressure, which is so diagnostic of the former, is rarely present in angina pectoris.

TREATMENT.—The treatment of this distressing disorder embraces, first, the remedies which will diminish the severity and shorten the duration of the paroxysm; and, second, such treatment in the intervals as will postpone or prevent the recurrence of the paroxysms.

It is a difficult matter, as you will find, to treat a single paroxysm. It is generally of such short duration that no remedy can be selected and given before the brief "reign of terror" is over. But in those instances in which the paroxysm is of longer duration, you should do your best to allay the terrible distress. A firm and reliant demeanor on your part, assuring the patient that he will not die, is of much service; for the deadly fear, added to the pain, may be a source of danger to the patient. There is some reliable testimony that a dose of Arsenicum 30 has shortened the paroxysm; the same has been asserted of Lachesis 30. Certainly these remedies, if any, will act with sufficient rapidity, and are generally indicated in the severer forms. If the action of the heart is very irregular and feeble, and there is a tendency to or actual fainting, you should resort to the diffusible stimulants, such as brandy, or any kind of

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spirits which you can immediately procure, or, what is sometimes better, Ammonium carb., a few grains dissolved in milk and water. A prompt resort to stimulants may save the patient's life, and ward off sudden and fatal syncope and paralysis. If, however, the tendency to faint continues, and the pulse is very feeble, slow, irregular, or intermitting, Digitalis is the appropriate remedy, and should be given in doses of five or ten drops of the 1st dilution, repeated every fifteen minutes. Watch the pulse, and suspend the medicine as soon as it becomes normal in force and frequency. Digitalin, 3d trit., may be substituted for the tincture. If, with the general prostration, the skin becomes suddenly very cold and clammy, and cramps of the extremities set in, give Verat. alb. 6, often repeated. If the pain is so severe as to predominate over all the other symptoms, and the action of the heart is not notably depressed, you may resort to the inhalation of Ether. In a case which occurred in my practice several years ago, Ether always gave relief in a very few minutes. Chloroform may be used, if more readily obtainable; it has one advantage, that it acts more quickly, but it should be used with extreme caution. If half or a drachm does not give prompt relief, it should not be tried further. The Hydrate of chloral acts very quickly, and a dose of ten or fifteen grains may prove a safe and efficient palliative remedy, used for the same conditions as Ether and Chloroform. Never give Opium or any of its alkaloids; they do not act quickly enough to palliate, and are useless as curative agents. It has been found that electrization of the skin in the præcordial region is remarkably effective, both in arresting the paroxysms and in postponing their occurrence. It is probable that, with the great advancements made in electro-therapeutics, some method of application will be discovered that will result in a more certain curative treatment than we now possess. Swallowing pieces of ice has been found an effective measure by Romberg. The application of mustard over the region of the heart may be of benefit. Dry cupping, and the hot foot bath, should not be forgotten.

You should never be at a loss for expedients in the treat-

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ment of such disorders. Anxious friends are too impatient to wait until you have tried to question the sufferer; for every moment seems an hour to both, and unless you do something very quickly, their criticisms will be anything but complimentary. Not only should you be quick to act, but you should inform the attendants just what to do if the paroxysms return, and supply them with the appropriate remedy for such emergencies.

It is seldom that a physician can be procured before the paroxysm has passed; for this reason it is your duty to anticipate the treatment. I will add, that you will find it difficult to decide whether your treatment has really mitigated the paroxysms, for they vary so much as to intensity and duration. Finally, you must caution them against exciting causes; namely, strong mental excitement, violent muscular exercise, excesses in eating and drinking, walking against the wind, or climbing heights.

For the radical treatment of angina pectoris, the best remedies are Arsenicum, Digitalis, Lachesis, Naja, Aconite, Spigelia, etc.

Arsenicum is probably the most reliable remedy for the removal of the disorder. Hartmann says: "Not only the actual paroxysm, but the disease generally finds in Arsenicum its appropriate remedy, provided the disease is not complicated with structural changes of the heart and the large arteries, or other extensive disorganizations. It is indicated if the patient can only breathe very gently with his chest, stooping forwards, and if the least motion causes a complete loss of breath; if oppression and stitches in the præcordial region are associated with anxiety and a fainting sort of weakness; if the breath gives out even while the patient is getting out of bed, and it takes him a long time to recover his breath; or if the paroxysm is excited by a simple change of position in bed." To these indications I will add, that Arsenicum is especially indicated in angina with regularly recurring paroxysms, as sometimes occurs in malarious districts. In these cases, if the 30th dilution does not prevent the recurrence of the paroxysms, use the lower

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dilutions. The dose should be repeated two or three times a day.

Digitalis and Digitalin come next in importance. Baehr asserts that he cured a case with Digitalin 2 x and 3 x trit., not often repeated. The symptoms and therapeutic range of the drug correspond with the disease, whether it be a pure neurosis or accompanying organic disease of the heart. In cases of angina pectoris indicating Digitalis, abnormal action and a sense of oppression, with tendency to syncope, are predominant; the pulsations are irregular and feeble, or spasmodic, and cause anguish, and pains under the sternum and below the ribs of the right side; the pain extends to the heart and left arm. Vertigo and fainting, with feeble, irregular pulse, is generally present. I advise you to use the 1st dilution or a few drops of the tincture of Digitalis in a half glass of water, and repeat the dose as often as every six hours, between the paroxysms. If you use Digitalin, use the pure alkaloid in the 1st centesimal or the 3d decimal trit.

You will find Lachesis and Naja useful when the pain and dyspnœa are concomitants of organic disease of the heart, and are attended with irritation of the glosso-pharyngeal nerves, causing distressing sensation of choking, constriction, or "rising" in the throat and inability to speak; use the 200th, and repeat not oftener than every twelve hours.

Aconite will prove an excellent remedy in your hands if your cases are marked by intense anxiety, fear of death, coldness and cold sweat, feeble pulse, and intense pain in all directions, and general or local numbness. It is highly indicated in pure neuralgic cases, and should be used in the lower dilutions.

Spigelia has been used with good results when there are severe stabbing stitches in the heart at every beat, pain and palpitation aggravated by bending forward, touching the stomach, lifting the arms, or any other motion. It is useful in the purely neuralgic, and also cases of organic disease; the 6th dilution is to be preferred.

Phytolacca will be indicated in these cases when the pain

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extends to the right arm. I once cured a case with Cimicifuga,* 1st dilution; the pains were sharp, lancinating, and extended all over the left chest, and down the arm and into the back, with dyspnœa and unconsciousness.

If the remedies I have mentioned fail to cure, do not be discouraged, but try the Valerianate of Zinc, Laurocerasus, Cuprum, Crotalus, Arnica, and Cactus,† which last may prove to be an excellent remedy in this disorder where its peculiar characteristic symptoms are present.

ARTICLE LVII.—Introductory Lecture to the Class of the New York Homœopathic Medical College, Session of 1870–'71.

By Wm. Tod Helmuth, M. D., Professor of Surgery.

Gentlemen,—It may appear to some inappropriate at a period when the course of instruction in this institution is so far advanced, and especially when the surgical department has been so successfully conducted, to offer for your consideration those topics which belong to an introductory lecture.

But coming to an entirely new field, to assume the responsible duties assigned me in this college, surrounded by new scenes and new faces, with a future to me as uncertain as it is unknown, I conceive that it will be both decorous and proper that a few introductory words precede those lectures which it will be my pleasure to deliver to you during that portion of the session which yet remains.

I am fully sensible of the honor and confidence which have been bestowed upon me, and shall endeavor, to the utmost extent of my poor ability, to prove myself worthy of the trust which has been confided to my care.

Let me, then, briefly call your attention to the true con-

* New Remedies, p. 234. † New Remedies, p. 322.

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dition of mind that should be possessed by the conscientious student while entering upon the study of medicine, to place before you the magnitude of the labor you have undertaken, the responsible duties you are about to assume, and, finally, to offer for your consideration an outline of those qualifications which are essential to the accomplished homœopathic surgeon.

Before entering upon any pursuit — whether of science, of business, or even of pleasure — it becomes the duty of every reflecting man to carefully consider the course to be pursued, the obstacles to be overcome, the end to be attained, and the advantages which may accrue from such attainment, and especially, by methodical self-examination, to discover if there exist between the mind and that upon which its energies are about to be centred, that congeniality — that harmony, so to speak — between mind and matter that will engender perseverance, untiring application, and, finally, the realization of our desires. Such considerations are not pointed out by society. The world takes it for granted that these conditions have received careful deliberation, and consequently there exists little or no sympathy in the community — apart from that of immediate relatives and friends — for those who have too hastily entered upon the business of a life; who drag on an harassing existence, laboring day after day in a pursuit with which they have become thoroughly disgusted, and which, notwithstanding every effort, will necessarily result, if not in complete failure, in that soured and broken spirit, that bitter temper and mistrusting affection which mark the mortified and disappointed man. But it is not at all desirable, because it is too late in a lecture of this kind to enter into a long and circumstantial essay upon "the choice of a profession;" and even if such a course were advisable, the subject, fifty years since, has exhausted itself in the writings of ten thousand medical gentlemen, both in this country and in Europe, as you will find that there is not a single topic — excepting, always, "the history of medicine" — which appears so much to have interested the minds of modern medical professors as that

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one — very expansive, very tempting, but VERY dry — which would yield the abundant natural and educational qualifications of those about to enter upon the study of medicine.

By your presence here you give us to understand that the circumstances and contingencies to which I have alluded have received your careful deliberation, and that you cheerfully proclaim your willingness to devote yourselves to the study of Homœopathy and the collateral branches of medical science, and that you have selected this college as your mother in faith and in practice. We expect you, then, to aid *us* in erecting an institution of learning which will redound to the credit of the great cause in which we all are so deeply interested, viz., the promulgation of Homœopathy.

A college or university cannot be reared in a day, a year, or a decade. To be successful its roots must be carefully planted, its growth unceasingly watched, its interests faithfully guarded. In this rapid American world, and especially in this great metropolis, every thing is "*fast*." The education of children must be hurried through, that business pursuits may be entered upon; our public buildings, churches, or universities must be built in a year or in two; our sewing must be done by machinery; our fields must be tilled with the steam plough — nay, even our barber-shops have steam brushes to curl up our locks; our ice-cream must be made in a "three-minute freezer;" our food is bolted in a half-masticated bolus; and doctors are expected to be turned out from our colleges like brads that drop from the machinery of a nail factory.

But, gentlemen, I assure you there are certain educational acquirements which cannot be learned in a day; there are certain profound and important studies which all interested in the relief of suffering humanity must understand. The field of medical science is new, almost trackless for a single mind, and in the last three quarters of a century the accessions to every portion of these wide domains have been so rapid and so frequent that the thoughtful student must stand bewildered at the boundless realms before him, realms of so

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noble a character that they give tone and magnificence to the age to which they belong, an age that when compared to those which have passed away rises so superior, so wonderfully prominent, that the institution of a comparison can only be accomplished after considerable research and mature thought; and what is still more surprising is the fact, that each degree upward in the scale of scientific advancement from the most remote eras to the present, from the lowest to the highest grades of medical learning, is marked with increasing rapidity; that an estimate of averages will give to this present over every former period an immense preponderance, and if there be no sudden impediment to this onward march we may naturally suppose that how far soever the medicine of to-day may be in advance of the age of the barbers and the tooth-drawer and astrologists of old, just so much greater in proportion will be the position of our science in years to come.

What, now, is the business you have in hand? It is to acquire that knowledge which will enable you to understand the intricate machinery of the greatest of God's created beings, the masterpiece of his omnipotence, the glory of his handiwork. The inspired word tells us, "So God created man *in his own image;* in the image of God created he him."

And, fully aware of the sublimity of his subject, the greatest poet writes:

"Why, what a piece of work is man! how noble in reason! how infinite in faculties! in form and movement how express and admirable! in action how like an angel! in aspiration how like a God!" Shall I tell you that this wonderful mechanism of the human species can be understood without study and without thought, without knowledge or without wisdom? Can you suppose that in a few short months you are sufficiently acquainted with the laws that govern life, that you are capable of repairing the equilibrium when, by any one of the thousand extraneous influences by which it is surrounded, it has become disjointed or disorganized? Would you have the audacity to suspect that with a limited or smattering knowledge of those sciences which belong to medicine

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you can ask from the community the care of their health and their lives? Can you expect that you are qualified to minister to the diseased condition of an organism which you have not studied, being ignorant of the laws which belong to it, either in health or in disease? These are the serious questions upon which you must deliberate after having prepared yourselves to become students of medicine. Have you ever thought of the complicated construction of your own bodies? Contemplate with me for a moment the wonders of a human skull, "The dome of thought, the palace of the soul." Consider its wonderful arch, or as it is termed the vault of the cranium; remember how its bones are grooved and fitted to each other to give strength and to shield from injury the brain, the material instrument of intelligence, the centre of sensation, the source of volition, the most important and exquisitely organized of all the structures of the human body. There are the chambers curiously carved for the reception of that organ, the study of which alone is said to be cure for atheism. Look into those mysterious labyrinths, the winding passages, the curious and intricate convolutions, which render us cognizant of sound. Here are the caverns belonging to the sense of smell, and there the chambers appropriated to mastication, to taste, and to speech. We are all too prone to forget the wonders of the master-piece, because from infancy we are accustomed to the ease and facility of its movements. Examine the spinal column with its arches and its curves; look at the wonders of its mechanical construction, the facility of its movements, and the strength of its pile, of which the celebrated Paley has written: "I challenge any man to produce in the joints and pivots of the most flexible machine that was ever contrived a construction more wonderful than that which is seen in the human neck." But time would fail me if I were to endeavor to lay before you the wonders of your own bodies, the separate workings of each organ, and the combined harmonious action of the whole; I have merely alluded to them here to indicate how thoroughly they must be understood before their healthy action or their abnormal conditions can be appreciated suffi-

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ciently to allow you to resort to the proper methods of restoring to life and activity the organs, when either from disease or accident they are interfered with, mutilated, or destroyed.

The responsibilities you are about to assume are numerous and very weighty. Life is the balance — human life! The lives of immortal beings are to be intrusted to your care. Will you carelessly look upon diseased and suffering human beings, and ignorantly tamper with that complicated and wonderful mechanism, of which I have spoken to you, when called upon to relieve it in distress? Recollect this, and it is a thought which may urge you forward in the proper prosecution of your studies. The widow and the orphan, the bereaved and the distressed, may have reason to lay their affliction at your door, or a life valuable to the age in which it was working out some problem for the present or future public good may be sacrificed to your ignorance.

The contemplation of a field of such magnitude as that which now lies before you, of the nature, frequency, and gravity of the responsibilities of the medical profession, should make us all humble and faithful students. You are *beginning* here to acquire knowledge; it is our part to assist you in the undertaking, and this college offers to you the means by which you will be enabled to *begin* the practice of medicine,—a beginning which, if you desire to attain to eminence, will have its termination only with your lives.

We are all too prone to suppose when we are equipped with our diplomas that we are prepared in a great measure to cope with disease and death. Why I distinctly remember when I had been decorated with my title,

> I thought that I could all diseases cure,
> Could dish out medicines for aches and ills,
> That no one need a *single* pang endure
> If I stood by with homœopathic pills.

But I was most grievously disappointed. Every day convinced me that I had merely acquired an alphabet, but that I must yet learn how to place the letters together; that I had been taught a few first principles as stepping-stones to other and higher attainments. The man who believes that

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the knowledge acquired in two or three courses of lectures is sufficient to carry him through life as a medical man, and majestically folds his arms and shuts his books, is generally the man who opens his mouth the widest, brays like the long-eared animal, and fancies the shadow of Æsculapius will cover his arrogance and self-conceit. Beware, gentlemen, of what I may term "loud-talking" doctors, whose only recommendation is the laxity of the articulation of the lower jaw and the facile action of the glossi muscles; as a general rule, they have not opened a book since their graduation, and have forgotten half they knew at that period. These are the men who make *great* records out of the smallest possible amount of material, and flood the periodicals of the country with the detail of trashy cases, theories, and suggestions, which *they* suppose will reflect more glory upon their egotistical and brainless heads.

It is my duty as well as my pleasure to lecture to you, during that portion of the session which yet remains, upon operative surgery.

In the present advanced position of homœopathic medicine it is impossible for us to draw a distinct line of demarcation between medicine and surgery, so intimately are they, in many ways, connected with each other. In olden times, when the chirurgeon was little above the barber, it was an easy matter to define his position; but in this age the division is more or less arbitrary and controlled by custom. A physician, to be successful or eminent in his profession, must understand the principles of surgery, and the surgeon must be accurately acquainted with the principles of medicine. We cannot allow, especially as homœopathists, that surgery is that department in the art of healing which appertains to merely the diagnosis, prognosis, and treatment of that class of diseases which require manual or instrumental measures for their cure.

This is the old definition, but it is too restricted in its limitation; for we find that there are many diseases termed "surgical" which *require* medical treatment especially, and are never to be touched by the knife; and I am very happy

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to be able to assert most positively that there are surgical diseases, which, according to the experience of the old school must necessarily be given over to operation, which can be cured by properly administered homœopathic medicines.

The better definition of the term, if I may be permitted to offer one, would be: Surgery is that branch of science which teaches the diagnosis, prognosis, and medical treatment of certain disorders which *may* under peculiar circumstances, either to save life or prevent their extension, require manual interference, as well as of those injuries and malformations which require purely mechanical means for relief.

This may be illustrated as follows: A patient applies for advice for a tumor of the neck, perhaps of fatty formation; the disease is essentially surgical. The prescription is *Calcarea,* and in a short space the growth disappears. So with cases of syphilis, gonorrhœa, hæmorrhoids, bone diseases, certain affections of the eyes, etc., none of them *requiring* manual interference for their cure, yet, under certain circumstances, each may have to be subjected to the use of the knife. But we also know that even a class of surgical diseases which are considered incurable, and very troublesome under the older systems of treatment, have recovered fully when medicine has been administered according to the law—*Similia similibus curantur.*

These are what may be termed the true triumphs of homœopathic surgery. I could cite to you cases not only from my own practice, but from the records of that of many of the physicians of our school, to prove this rather broad assertion; but I propose merely to adduce two examples, and, although they are not of recent date, I introduce them because they are *matters of history as well as of science,* and because the patients were men of such high position that their deeds and their names will descend to a remote posterity, and because the treatment of their intricate cases was conducted on purely homœopathic principles.

All of you have read of the great rebellion of 1848. France was declared a republic, Louis Napoleon was made

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its head, and began that career which has but just now so unfortunately terminated. Louis Phillippe, with the Princess of Namour, fled to the British Isles for protection. Then it was that Milan, Vienna, and Venice were the scenes of commotion, bloodshed, and insurrection which characterized the Italian rebellion. Probably the greatest warrior of those times was the Field-Marshal Radetzky; his iron will, his powers of endurance, his bravery, and military prowess are known to every reader of history. He it was who suffered from a fully developed fungus hæmatodes of the right eye, a disorder of most terrible nature and most virulent character. The disease was so alarming that the best medical and surgical aid were summoned to the bedside of this renowned nobleman. Dr. Flaser, professor of ophthalmic surgery in Pavia, on the 6th of January, 1841, after a careful examination of the case, publicly declared that the disease was incurable, and that nothing could be prescribed with any hope of success. Upon hearing this unsatisfactory prognosis, his Majesty the Emperor determined to send his staff-physician, Dr. Jaeger, one of the most renowned ophthalmic surgeons in the world, to visit the field-marshal. On the 26th of January, Prof. Jaeger arrived in Milan, and stated positively that neither medical nor surgical means could be of any avail in this terrible disorder, and that no cures had ever been effected, particularly when the disease had depended on constitutional dyscrasia. Gentlemen, I assert to you an historical fact when I say that Homœopathy *cured* this malignant disorder; the fact is upon record, and cannot be gainsayed!

Once more let me turn your attention to a modicum of history. On the 18th of June, 1815, in Belgium, two of the most magnificent armies the world had ever seen were arrayed against each other. The troops of Great Britain and Hanover, Brunswick, Nassau, and the Netherlands, with Blucher's Prussians on the one side, commanded by the Iron Duke; while those of France, eager, impetuous, and flushed with former victories, were led forward by the *immortal* Napoleon. You are all familiar with this memorable battle, memorable

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while the world shall stand; but I desire to call your attention to a single circumstance. The Marquis of Anglesey made a terrible charge with the heavy English cavalry under his command, broke the ranks of the French cuirassiers, and well nigh annihilated them; but in the very glory of his triumph he was struck by a cannon shot, and his leg so severely mutilated that he was obliged to undergo amputation, after which he suffered from that agonizing affection known as "neuralgia of the stump." He placed himself under the care of the most distinguished physicians and surgeons of his time, but all their efforts to relieve him were utterly fruitless. Worn out both in body and mind, and despairing of any relief, he solicited the advice of Hahnemann, and in a short season his sufferings were relieved.

You may see, gentlemen, by the recital of these cases that the law *similia similibus curantur* elevates the surgery of to-day far above the position it formerly occupied; it places in your hands the means (entirely unknown and untried by the old school) of combating most malignant diseases; it gives you an additional power both before, during, and after operative procedure, and necessarily will render your success in the practice of surgery proportionately as superior as is the homœopathic practice of medicine in advance of all other systems of therapeutics.

With such advantages, and with the wondrous steps that modern operative surgery has taken, the increase in our experience of what can, and what cannot, be effected by operations, it must be acknowledged that the faithful and studious surgeon, who adheres to the law of Hahnemann in the administration of his medicines, and who, being well versed in the modern improvements, can use a moderate amount of dexterity in manipulation, has before him every incentive for encouragement and success.

A surgeon to be *accomplished* must be a gentleman in manner, a gentleman in appearance, and a gentleman in instinct. For some reason, to me inexplicable, it appears to have become the fashion among certain operators, even with the patient before them on the table, to resort to profane lan-

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guage; to drink quantities of stimulus; to regale their hearers with stories of doubtful or vulgar meaning; to indulge in ribald jokes, or even in obscene remarks, or to relate apocryphal stories of their own prowess in the fields of surgery, or, in other words, *to swagger*. I believe, gentlemen, that you will find in the majority of instances that such conduct is adopted to cover up timidity, or lack of real knowledge, or that there is a consciousness of *inability*, which is so potent that it is necessary, for actual self-preservation, that such be screened from public gaze, even by the bedaubed curtain of moral depravity. There is no place less fitting for such conduct than at the operating table, where, perhaps, the hazard of a life is to be placed in your hands.

"*Knowledge is power*," and most emphatically is it so to the surgeon. He must possess a knowledge of the improvements in his science up to the very day of his death. He must know that operations which a few years since were deemed totally impracticable can be, and are being, successfully performed on the human body. The kidneys have been cut down upon and removed; the spleen actually taken from the abdominal cavity; the uterus, both ovaries, and Fallopian tubes extirpated; masses of omentum and intestine excised from the alimentary canal; the abdominal parietes opened through their entire extent, and other operations of appalling magnitude have been performed to preserve life. In direct contradistinction to this "audacity," if I may be permitted so to speak, "of modern surgery," the surgeon must know its wonderful conservatism, and while enabled to undertake operative procedure of any magnitude, he must, from his knowledge, refuse tot ouch the scalpel in other cases in which there may be apparently but *half*, nay even a quarter, the risk. When we examine these two points, namely, the audacity and the conservatism of the surgery of to-day, the old adage of "extremes meeting" appears to be verified.

A knowledge of the anatomical relation of the parts that are to be exposed, as well as of the accidents that may occur during an operation, and especially an acquaintance

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with results, are also of vital import. I have heard the remark made, and by medical gentlemen for whom I have had high regard, and offered, too, as a proof of their skill, that "they care not through what they cut; if an artery bleeds they tie it; they know what they have to do and they do it." Can anything be more unscientific, or really criminal? I tell you, gentlemen, in the performance of those operations in which dissection is required; where the wounds made are in close proximity to vital structures; where the tissues are altered from a long lasting disease or malformation; where the normal relationship of parts is destroyed, and where the blood flows freely from every stroke of your knife, you MUST KNOW where to look for the important structures, and you must *know* them when you do find them, and this, I assure you, is by no means easy of accomplishment. When we remember that the celebrated John C. Warren placed a ligature beneath the first dorsal nerve, supposing it to be the subclavian artery; that Dupuytren, in attempting to tie the same, included a large nerve and but half the vessel, and that Sir Astley Cooper failed to tie the artery on the first rib; that the elder Delpech was stabbed to the heart by a young man upon whom he had operated for varicocele, but by mistake had included the spermatic arteries in the ligature; and that the celebrated Dr. Dease, of Dublin, committed suicide after having erred in a diagnosis, and performed an operation which cost the patient his life—when, I say, we are made aware of these and very many facts of a similar nature, the necessity of accurate knowledge to the practical surgeon will certainly be acknowledged.

In fact, the "cut and comè again" surgeons are little better than those tradespeople who serve us with our beefsteaks for breakfast, or our "roasts" for dinner, and can never occupy high places in the Surgical Forum.

Another important item of knowledge is that regarding *results*. You must be prepared to state frankly and fairly to your patient the contingencies of his case, and the result which he may have to expect, from a comparison with others of a similar nature. This will be especially serviceable in

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treating difficult and complicated fractures and dislocations, and no circumstance should prevent the surgeon from making such statements fearlessly and fully, especially in the very beginning of the management of a case. Such a course will often shield you from misrepresentation hereafter, may save the costs, damages, and mortification of a suit for malpractice, and may preserve your reputation from being bandied about among your enemies and the public, who are generally, in such cases, ignorant of the facts in the case. But with all the knowledge you may command, you cannot become eminently successful without wisdom. Do not confound the terms.

> "Knowledge and wisdom, far from being one,
> Have oft times no connection; knowledge dwells
> In heads replete with thoughts of other men,
> Wisdom in minds attentive to their own.
> Knowledge, a rude and shapeless mass,
> The mere material with which wisdom builds,
> 'Till formed and squared and fitted in its place,
> Doth but encumber him it seems to enrich.
> Knowledge is proud that he has learned so much,
> Wisdom is humble that he knows no more."

A surgeon may possess all the knowledge necessary for the performance of a most serious operation, and may be really eager to enter upon the bloody procedure, but his wisdom tells him, No. His wisdom must be his *own*. His knowledge comes from *others*. His knowledge tells him *how* and *where* to cut; his wisdom tells him *when*. His knowledge would allow him to use the edge of his knife; his wisdom gives the preference to the handle of the scalpel. By the proper combination of these two essentials, I may say, you may be assured of success.

Again, a surgeon must endeavor to control his temper, and I assure you that, under certain circumstances, this is especially difficult of accomplishment. There are so many little annoyances that may arise even in the simpler operations, that with all the knowledge, nay, even wisdom, too, they cannot be foreseen. I lately was consulted in the case of a boy about eight years of age, who, having every symptom of stone,

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it became necessary to sound. The little fellow roared with fright before an instrument was exposed, and therefore chloroform was necessarily exhibited. He had eaten a hearty breakfast, which in about three minutes, in the transformed condition of chyme, was hurled over my face and clothes with the force of an hydraulic ram. Undigested cantaloupe, half-digested bread, butter, and coffee, conglomerated with a certain amount of gastric juice, profusely laid over your person and apartment, is not particularly conducive to equanimity of mind. The very act of administering anæsthetics; the refractory nature of persons when the will is not under their own control; sometimes the mere introduction of a needle, or a suture; the risk of having a tedious operation ruined by some unforeseen circumstance; bungling assistants, the breakage of instruments and ligatures, and a thousand other trifles, tend to irritate the nervous system, and it requires a large amount of self-control to prevent giving vent to a complete thunder-gust of temper.

Gentleness is another attribute of the accomplished surgeon. Never be brutal, either in manipulation or in manner. Never wound either the body or the spirit with unnecessary torture. You cannot imagine what an influence you obtain over the whole being of your patient, by a few gentle and kindly words. Imagine yourself in the situation of the being upon whom you expect to operate, or, as Charles Reade would say, "Put yourself in his place," and act accordingly. The patient has suffered long; his weary expression of countenance, his wasted body, perhaps his life-long deformity, bear witness to his distress. You stand beside him in the fulness of health, and manhood, and strength; he looks to you for assistance, as perhaps to the only one from whom relief is to be expected. He is about to be placed in a position of utter insensibility, from which he may never, in this world, be aroused. He gives to you, as far as he may to any living mortal, the tenure of his life. Speak to him gently; speak to him kindly, and when he is aroused from the stupor of the anæsthesia, you be the first to whisper to him a comforting and a hopeful word. Many a time have I seen the eye fill

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with tears, and have felt the pressure of the hand of some poor mortal who has gone through the ordeal of the amphitheatre, and have made him a friend for life.

I do sincerely trust, gentlemen, that such feelings would emanate spontaneously, that the natural impulse of a generous heart would lead you all to such a course; but if any of you are so phlegmatic that they suppose they would be unable to exhibit any feeling on such occasions, then let me advise such to cultivate this kindness of manner as they would a habit, and use it, if even you do not feel it,—if, for nothing else, as a stroke of policy.

In some operations coolness and self-reliance are very necessary.

We must be prepared for emergencies and unforeseen circumstances. Such requisites are especially serviceable in accidents which may occur to blood-vessels. I have known a surgeon amputating at the shoulder, and have seen a poor assistant let go his pressure on the axillary from sheer nervousness. When the lower flap was made, from an abnormal course of the vessels, three arteries, not an eighth of an inch apart, poured the warm current of life directly in the face of the operator. How satisfactory it was to see the surgeon blinded with blood place the fingers of one hand on the bleeding orifices, and his thumb over the course of the great vessel of the arm-pit, saying with remarkable *sang froid* to his assistant, "wipe off my face, sir, if you please, and then hand me a ligature."

Above all, endeavor to be scientific as well as practical surgeons. Arrange your knowledge in such a systematic and orderly manner that it may be governed by those laws and principles which are known to be true.

Enlist yourselves as medical men under the banner of true science, but not dogmatism, and you will find your minds expand under its influence; it will elevate your mental status, give you control of the minds of your fellows, and bring you nearer to your Creator. This is the elevation which we should all endeavor to attain. Strive for it, gentlemen; WORK for it in earnest, with all the ardor of youth and an

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intense love of your profession. By such a course abundant success and an enviable reputation will be your certain reward.

ARTICLE LVIII.—Case of Conservative Surgery.*

By Dr. C. H. Von Tagen, Harrisburgh, Pa.

During the month of August, 1868, W. B., a lad aged 9 years, while riding on the rear end of a large four-horse wagon, threw his right leg out to one side, and somewhat forward, to gain a foothold upon the hindmost axle, and while making the attempt his foot slipped and the limb passed between the spokes of the wheel. The entire limb and a greater portion of the unfortunate boy's body was drawn in between the body of the wagon and the wheel, and became so tightly wedged in that the wheel ceased its revolutions and slid along the ground some distance before the screams of the injured lad attracted the attention of the driver, who halted his team, backed the wagon, and then, with the aid and assistance of two other men who were at hand, released the boy from his perilous position which was accomplished with considerable difficulty.

I was summoned to the case, and repaired at once to the residence of the boy's parents. An examination revealed a comminuted fracture of the shaft of the femur together with a very severe contusion on the anterior aspect, and an extensive laceration at the outer side of the thigh to the extent of 5 inches in length and $\frac{1}{2}$ to $\frac{3}{4}$ of an inch in depth. The entire spine of the tibia was denuded and abraded of both integument and periosteum, and the calf or dorsum of the leg presented an extensive lacerated wound fully an inch in depth and extent.

In addition to all this the arch or dorsum of the foot was stripped clear of its soft coverings, leaving only the tendons

* Read before the Cumberland Co., Pa., Homœopathic Medical Society.

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and connecting ligaments of the tarsus intact. The scaphoid and cuboid bones, however, were denuded of periosteal covering, and their connecting ligaments more or less torn.

In fact the limb presented a shapeless, mangled mass, and so severe were the contusions on the thigh, foot, and leg, that the soft parts presented the appearance of lifeless pulp.

Reaction set in very slowly; the boy, a mild, delicate, strumous-looking child, bore his sufferings very heroically and pleaded hard for his limb to be saved. Half in doubts, I yielded to the parents' and child's urgent appeals, and resolved to make a most desperate effort to save the limb; at the same time admonished them that I feared the attempt would cost the patient his life. *Primary amputation really did seem the only thing to be done to save life.*

Carefully cleansing and dressing the limb, I bandaged it as loosely as circumstances would permit and placed it on a double inclined plane or splint and ordered the limb to be kept moistened with Tinct. of Calendula, 1 part to 5 or 6 of water. Gave also Arnica Montana internally, 5 drops 1st dilution to Aqua 4 oz.; dose, a teaspoonful every 15 minutes to a half an hour until reaction was fully established, which took place in about 18 hours.

On the morning of the fourth day gangrene declared itself at the outer part of the thigh, and quickly extended to the calf of the leg; these, it will be remembered, being the two most extensively injured parts.

On the fifth day all the other injured parts participated in the gangrenous condition. Of course all bandaging, splinting, and extension had now to be dispensed with. The entire limb was laid in soft bran dressing, and Carbolic acid lotions used to arrest the destruction which threatened to involve both life and limb.

The patient's system sank rapidly down to a very low condition; he complained of chills, had paroxysms of severe fever daily, a hectic flush appeared on each cheek; the conjunctiva of both eyes became icteric; pulse ranged from 150 to 160, and delirium manifested itself when he slept, also at times when awake. Notwithstanding all this, the patient's

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appetite remained rather good. Meanwhile the discharges from the different gangrenous wounds became very profuse and exceedingly offensive, so much so, that a liberal use of disinfectants had to be resorted to. The bran dressing served as an admirable medium for absorbing the discharges, which were very profuse.

The gangrenous condition spread in depth and extent, involving the integument, subcutaneous, cellular, and connective tissue, until the superficial and deep muscles and blood-vessels on the anterior and outer side of the thigh and calf of the leg, as well, were laid bare and dissected out as skilfully as if the work had been executed by an experienced anatomist.

The bellies of the vastus, externus, and rectus muscles of the thigh and gastrocnemius muscles of the leg were involved in the destructive process. These, it will be remembered were the muscles which were so severely bruised and reduced to a pulpy condition at the time of the accident.

At the expiration of the tenth day the patient had become so reduced and emaciated that his death was looked for daily. Night sweats and bed sores made their appearance despite the utmost care and skilful nursing. The latter appeared at the sacral prominence and along the spine at different points. The patient complained of *burning heat and pain in the palms of the hands and soles of the feet*, particularly the sound foot; at the same time had *shivering spells* accompanied with *heat and almost constant thirst*, for which Lachesis 10th was given in repeated doses every two hours until relieved, which was in about twenty-four hours.

In the course of two or three days all the foregoing symptoms were more or less relieved, excepting the *night sweats and extreme prostration;* these remained, accompanied with a *nervous tremor and a yellow or jaundiced condition of the skin and conjunctiva of both eyes.* Th discharges now presented an *ichorous character and a very putrid odor.* China 3d was given and the Lachesis discontinued. A generous diet was ordered, consisting of beefsteak, game, milk-punch, beef-tea, etc., which produced slow improvement for about

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one week, when I had the great pleasure afforded me of seeing my patient mend more rapidly, and his appetite increased so markedly, that he would wake up two or three times during the night and ask for a bite of something to eat. This favorable condition of affairs continued but for a few days, when a secondary hæmorrhage occurred from the anterior tibial artery. Fortunately, I happened to be near at hand; the hæmorrhage, however, was considerable before it could be effectually arrested. The bleeding appeared to proceed from the vessel first named, high up, where it perforates the interosseous structure; at which point I succeeded, after some trouble, in arresting it, the coats of the vessel having up to this point been softened by the gangrenous process. The patient seemed to rally slowly from this relapse only to receive another set back some ten days later, when another and more severe bleeding occurred, this time from the communicating branch of the dorsalis pedis artery. This hæmorrhage came on while the patient slept, and was discovered only by mere chance. The boy's mother left the room in which he lay, to get something, and was absent some minutes, and on her return observed that he lay unusually quiet, and upon going to his bedside perceived that he scarcely breathed, with unusually long and marked intervals between each breath; he looked ghastly pale. She instantly despatched a messenger in search of me, who was fortunate enough to find me. Upon reaching the place I quickly removed the bed-covers and dressings, and found the foot lying in a pool of clotted blood, much of which had been absorbed by the bran upon which the limb lay. The boy had actually fainted from loss of blood, and to all appearance lay completely exsanguinated. Hastily, as circumstances would permit, I secured the bleeding vessel, and then, by prompt administration of dilute stimulants, in small and repeated doses, the patient was literally snatched from the jaws of death. Slowly, and almost imperceptibly, each succeeding day brought with it some slight improvement. Three weeks were thus consumed, at the end of which time the patient presented a marked improvement, at least was able

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to sit up in bed, and continued thus without any further drawbacks, made a good recovery, much to the surprise and gratification of all concerned.

All the wounds, with the exception of the one on the dorsum of the foot, granulated and healed, though slowly. Some four months after the accident occurred, both the scaphoid and cuboid bones became necrosed, and were removed by means of the dressing forceps. Subsequently this wound also healed, and the vacancies left by the removed bones were filled with a dense cartilaginous material, which in due course of time may become ossified.

As a natural consequence, the limb was much shortened and considerably deformed; a different result could not be expected, for as soon as extension was removed, which became an absolute necessity, when gangrene declared itself, the fractured ends of the femur became displaced by muscular contraction, and consequently overlapped some distance. Careful measurement revealed a shortening of some three and a half inches; a portion of this shortening was due to the flexed condition of the limb, but the precise amount I could not positively determine.

I comforted myself with the thought that at some future time I would have the privilege of overcoming this defect by breaking up the faulty union and resetting the limb, thus re-establishing its proper length. I made a proposition to this effect to the parents of the patient, and they then readily assented. This severe measure could not, however, be resorted to with any hope of success until the patient's health became fully re-established.

A year or more was allowed to pass, at which time the limb was found to have increased in length one and a half inches. Encouraged by this improvement, though a very slow and tedious process, I was nevertheless content to give nature a further chance. Another year has rolled around, and fully three-fourths of an inch has been added to the length of the injured and once mutilated limb; there still remains at this present time of writing (Feb. 20th, 1871) scarce an inch of shortening. The lad has been able for



some months to walk, and play at times, without the aid of crutch or stick. His general health is better than ever before, but the limb remains much atrophied of course, and probably always will be for the balance of his life. Free use and exercise of the muscles may in time develop and strengthen the limb.

The provisional callus and the overlapping of the bone at the seat of fracture, where there was such marked deformity for a long time after the bone had united, has rounded off very nicely, and presents to the eye an almost even and plane surface.

Before drawing this report to a close, I will take occasion to add that this case is probably the most remarkable one of conservative surgery it has ever been my privilege to treat.

ARTICLE LIX.—Formica.

By C. Lippe, M. D., Tremont, N. Y.

Mind and Disposition.—Sudden and unexpected return of sense of mortification and grief, with vivid recollections of circumstances long since passed, which had caused great mortification and shame, and which had rendered several years of his life unhappy (this was caused by the transactions of a near relative), Oct. 26 to Nov. 2.—C. W. B.

The grief continues and manifests itself whenever he is not wholly occupied, Oct. 26th to Nov. 2d.—C. W. B.

Remarkable and unexpected activity of the mind during the day, with absence of usual dulness and sleepiness, 3d day.—C. W. B.

During the day remarkably happy and able to study; everything seems easy to be accomplished; more than usual agility, Nov. 8th.—C. W. B.

Same happy state of mind and body, but easily depressed, and by slight causes this happy state has changed for a short time to despondency; sudden but momentary spells of

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unhappiness. Everything looks dull (mentally), Nov. 19th.—C. W. B.

Great agility of mind and body, Nov. 19th.—C. W. B.

Easily depressed; things do not look as cheerful as they did yesterday and the days before; little things cause lowness of spirits, yet cheerfulness soon returns, Dec. 2d.—C. W. B.

Decidedly low-spirited and irritable without any cause, Dec. 3d.—C. W. B.

Great exaltation, wants to run, but soon becomes tired in running, especially 1st day.—W. L. G.

Unable to study long at night, 1st day.—W. L. G.

General lightness of spirits, 2d day.—W. L. G.

All day very happy and inclined to be jolly, 2d day.—S.

Spasmodic and convulsive laughing, ending with shedding of tears and lockjaw, 10th day.—Miss B.

HEAD.—Inclined to be giddy while eating, 2d day.—S.

Dizziness after dressing in the morning, when writing, 2d day.—C. W. B.

Pain in left supra-orbital region, when going to bed, with giddiness, 11 P. M., 2d day.—S.

Giddy on attempting to rise, 4 A. M., 3d day.—S.

Black before the eyes, must sit down for a few minutes, 5th day.—Miss B.

Headache, like pressing out in the forehead.—A.

Headache, 9 A. M.—A.

Frontal headache, dull, lasting all afternoon till 10 P. M., 3d day.—C. G.

Headache at 12 M. as bad as yesterday; same pain and still lasting, 4th day.—C. G.

Headache daily from 12 M. till 10 P. M., worse when stooping, 4th day.—C. G.

Headache, after dinner, on the left side, 3d day.—W. L. G.

Intolerable drawing headache in the left side, lasting two days, relieved after supper, 12 M., 4th day.—Z. B. E.

Dull headache in the right frontal region, 1st day.—P.

Headache in the forehead, with nausea, 11 A. M., 2d day.—Miss B.

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Awakens with headache in the forehead, 5th day.—Miss B.

Dull headache, evening, 9th day.—Miss B.

Headache, with vomiting; stitches in the left side of the chest, when awaking in the morning, 15th day.—Miss B.

Sensation as of a bubble bursting in the forehead, running around the left side of the head, 12 M., 1st day.—W. L. G.

Singing in upper part of the brain, momentary, followed by a slight dimness of vision, 2d day, 10 P. M.—W. H. H. N.

Pain in epigastric region, extending from left to right, then shifting to the top of the head, with creeps down the back, 3d day, 10 P. M.—W. H. H. N.

Tearing pain in occiput, 3d day, 10 P. M.—W. H. H. N.

Heaviness of the head, and sensation as if the brain was too heavy and large, 1st day.—P.

Inclination to pain about one inch above the left eye, alternating with pain in the left parotid region, accompanied with pain in the whole left temporal region; worse when touching the spot with the hand, 2d day.—S.

Pain in left supra-orbital region, when going to bed, with giddiness, 11 P. M., 2d day.—S.

Dull, uncomfortable pain in forehead, with heat, fulness and pulsations, 3d day.—S.

Dull pain in forehead in the morning, 7th day.—Miss B.

Slight pressure over the left eye, lasting for a few moments, in 15 minutes, 1st day.—C. G.

Pain over both eyes, aching, every day, in the morning, earlier every day, 4th day.—C. G.

Itching of scalp and head (well marked), 12th day.—P.

EYES.—Appearance when looking at objects as if seen through a mist, 2d day, 11 A. M.—I. P. H.

Black before the eyes, must sit down for a few minutes, 5th day.—Miss B.

Singing in upper part of the brain, momentary, followed by a slight dimness of vision, 2d day, 10 P. M.—W. H. H. N.

Feeling of fulness in the eyes and ears, with fine stinging in the ears, 2d day.—C. W. B.

Spasmodic twitching of the upper eyelid of the left eye, lasting an hour, 2d day.—W. W.

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Shooting pain in the left eyeball, 2d day, 11½ to 12 P. M.—W. H. H. N.

Intolerable itching in the conjunctiva, which burn when rubbed in the morning, 1st day.—P.

EARS.—Feeling of fulness in the eyes and ears, with fine stinging pain in the ears, 2d day.—C. W. B.

Slight pain in the left ear, 3d day.—W. W.

Shooting pain in the left ear, 3d day, 10 P. M. W. H. H. N.

Stitches deep into the left ear and upper arm, 2d day, 2 P. M.—Miss B.

Awakens with stitches in the left ear, 5th day.—Miss B.

Nausea in the morning, followed by stitches in the left ear, continuing all day, 8th day.—Miss B.

Stitches in the ear in the evening, 11th day.—Miss B.

Stitches in the left ear and upper arm, 13th day.—Miss B.

Deep-seated itching in the left ear, amounting at times almost to pain, lasting two days, 4th day.—Z. R. E.

After 6 days small ulcers under the left meatus auditorius, which soon heal; great tickling in the ears remains for weeks.—Miss B.

FACE.—Inclination to pain about one inch above the left eye, alternating with pain in the left parotid region, accompanied with pain in the whole left temporal region, worse when touching it with the hand, 2d day.—S.

Hand and face very hot, 1st day.—P.

MOUTH AND THROAT.—Tearing, drawing, grumbling pain in the two incisor teeth, superior maxillary bone, right side; this pain was accompanied with much soreness, 2d day, 5 P. M.—A. H. C.

Occurrence of this and the following pain at regular periods of the day for about 5 days, when it gradually disappeared.—A. H. C.

Teeth felt elongated, 2d day, 5 P. M.—A. H. C.

Lower lip dry and cracked, 4th day.—J. P. H.

Soreness at the corners of the mouth, 6th day.—J. P. H.

Sensation of stinging in the palate, worse from eating, smoking, or contact; stinging continued for 2 days and then extended to the tip of the tongue, 2d day, 12 M.—W. H. H. N.

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Slight pain in the right side of the pharynx during empty deglutition, 4th day, 12 M.—J. P. H.

Difficult deglutition, sense of contraction in the œsophagus; food passes with difficulty and causes pain; sensation continued about 12 hours, 3d day, 12 M.—W. H. H. N.

STOMACH AND ABDOMEN.—Nausea and vomiting in the morning, 6th day.—Miss B.

Nausea in the morning, followed by stitches in the left ear, continuing all day, 8th day.—Miss B.

Nausea and vomiting, 10 A. M., 10th day.—Miss B.

When awakening in the morning, vomiting, with headache, 15th day.—Miss B.

Vomiting of bile and mucus, with headache, and stitches in the ear, 9 P. M., 16th day.—Miss B.

Much pain in transverse and descending colon, from incarcerated flatulence; was obliged to rise in the morning on wakening, 6 A. M., 4th day.—J. P. H.

Continued pain in descending colon, 4th day.—J. P. H.

Rumbling in the bowels, with a nervous feeling, as from strong coffee, 3d day.—S.

Diarrhœa early in the morning, as soon as awake, with rumbling in the bowels, 3d day.—C. W. B.

Pain in epigastric region, extending from left to right, then shifting to the top of the head, and followed by creeps down the back, 3d day, 10 P. M.—W. H. H. N.

Itching of the abdomen and trunk (well marked), 1st day.—P.

STOOL AND ANUS.—Increased constipation for two or three days, 2d day.—C. W. B.

Constipated stool, passed but two small balls after much straining, 2d day, 11 A. M.—J. P. H.

Evacuation of bowels with difficulty, ending with thin fæces, painless, 2d day.—W. W.

Loose stool, Nov. 18th, 8 A. M.—C. W. B.

Soft, pappy stool in the morning, with inclination to sit at stool, Dec. 3d.—C. W. B.

Same kind of stool every morning to this date, when it was natural. The passage was accompanied by a feeling as

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though the mucous membrane was thickened and stiff, Dec. 3d to 7th.—C. W. B.

Diarrhœic stool early in the morning, as soon as awake; compelled to go to stool at once, with rumbling in the bowels, 3d day.—C. W. B.

Stool soft and painless; another stool immediately after breakfast, with urging, 3d day.—C. W. B.

Much pain in transverse and descending colon from incarcerated flatulence; was obliged to rise; stool papescent in the morning on awakening, 6 A. M., 4th day.—J. P. H.

Stool papescent, followed by constriction of the anus, 4th day.—J. P. H.

Another stool with violent tenesmus, 9 A. M., 4th day.—J. P. H.

Soft, pappy discharge from the bowels in the morning, 2d day.—S.

Dysenteric feeling, 3d day.—S.

Compelled to get up for stool, 3d day.—S.

A loose diarrhœic stool, which left a desire for another stool, with an uncomfortable feeling in the anus, as if the passage were not all through, and more must pass, 3d day.—S.

Slight diarrhœa; two small passages, painless, in the morning, 4th day.—W. H. H. N.

Two stools every day for four days (one is the rule).—C. G.

Bowels more regular (always has been costive), 4th day.—K.

Diarrhœa, with some tenesmus; pain in lower umbilical and upper hypogastric regions, before moving the bowels; relieved after stool, 2d day.—Z. R. E.

Sensation of constriction in the anus, 3 days.—C. G.

Constriction of anus after stool, 9 A. M., 4th day.—J. P. H.

Painful desire in the rectum and anus for stool, which however, did not pass, 3d day.—S.

Pressure in the rectum, worse in the evening and in bed, 3 days.—C. G.

Itching of the anus (well marked), 1st day.—P.

Itching of the anus, relieved by scratching, 2d day, 10 P. M.—W. H. H. N.

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Intolerable itching about the anus, relieved by scratching, 3d day, afternoon.—J. P. H.

URINARY ORGANS.—Double the quantity of urine at night, Nov. 19th.—C. W. B.

Urine like saffron, bright yellow, passes often; no sediment, 4th day.—W. L. G.

Frequent urinations, urine darker, 5th and 6th days.—W. L. G.

SEXUAL ORGANS.—*Male.*—Hot, red swelling of the prepuce; secretion under the prepuce much increased, lasting for one week, 5th and 6th days.—W. L. G.

Great sexual excitability, 4th day.—Z. R. E.

Lewd dreams at night, with erections, 3 days.—W. L. G.

Vivid lewd dreams at night, erection of penis, and seminal emissions, 2d, 3d, and 4th days.—P.

Sensation of pain in the fore part of the urethra, 3d day.—W. W.

Female.—Menses appeared rather scanty and pale, with bearing down in the back, 3d day.—K.

Same symptoms, discharge darker, 4th day.—K.

The menses continued with crampy pains through the hip-joint and pelvis, 5th day.—K.

This discharge becomes scanty and pale again, the pain in the back diminished, 6th day.—K.

RESPIRATORY ORGANS.—Pain in the right side of the chest, could not breathe for a moment, stitching pain, 4½ P.M., 4th day.—C. G.

Sudden pain in the left lung, followed by a sensation as if falling, 1st day.—P.

Pain in the lower part of the left breast, followed in two minutes by the same sensation in the right breast, accompanied by continued chilliness down the back, and extending down the inferior extremities, 3d day, 8 P. M.—W. H. H. N.

Pain in the left side of the chest continuing 1¼ hour; better when walking, worse when sitting and when drawing a long breath, with stitches or sensation of adhesion, 10 P. M., 11th day.—Miss B.

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Stitches in the left side of the chest on waking in the morning, 16th day.—Miss B.

Uneasy pain in the region of the heart, lasting half an hour, 10 P. M., 1st day.—W. W.

BACK.—Shooting pain in the region of the left scapula, 2d day, 11½ to 12 P. M.—W. H. H. N.

Itching of the abdomen and trunk (well marked), 1st day. —P.

EXTREMITIES.—*Upper.*—Twitching in the triceps muscle, left arm, 9 P. M., 4th day.—J. P. H.

Stitches deep into the left ear and upper arm, 2 P. M., 2d day.—Miss B.

Awakens with stitches in the left ear and upper arm, 5th day.—Miss B.

Stitches in the left ear and upper arm, 13th day.—Miss B.

Biting pain in the left forearm, lasting a short time, 3d day.—W. W.

Tearing and drawing in the left arm and leg from above downwards, 3d day, 10 P. M.—W. H. H. N.

Tearing pain in the middle finger of the left hand, 10.50 A. M., 2d day.—C. G.

Hand and face very hot, palms of the hands burn, 1st day.

Burning pain in the left carpal bones, 11 P. M., 4th day.—J. P. H.

Shooting pains in the carpal bones while writing, extending down the third and fourth fingers, 2d day, 9 P. M.—W. H. H. N.

Violent itching on the inside of the left arm and hand, followed by a red rash, in stripes like the seams of a glove, evening 7th day.—Miss B.

Lower.—Pain through the pelvis, as if from one acetabulum to another, 5th day.—Z. R. E.

Bruised sensation of the lower limbs, 4th day.—Z. R. E.

Tearing and drawing in the left arm and leg from above downwards, 3d day, 10 P. M.—W. H. H. N.

Sharp intermitting pain in the fourth toe of the left foot, 8 P. M., 6th day.—J. P. H.

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Soon after a burning pain just behind the ball of the first toe of the same foot, soon after slight pain in the lower part of the tibia of the left leg.—J. P. H.

Stinging and burning in the left great toe, 2d, 11½ to 12 P. M.—W. H. H. N.

Stitches in the left ankle, 4th day.—Miss B.

SLEEP.—Very wakeful after going to bed, 1st day.—W. W.

Wakefulness all night, with very little sleep, 10½ P. M., 1st day.—C. W. B.

Sleepless during the night, 4th day.—C. W. B.

Sleeplessness the first twenty-four hours, with sleeping and waking alternately afterwards, Nov. 19th.—C. W. B.

Alternation of sleep and wakefulness very regular every night, Oct. 26th to Nov. 2d.—C. W. B.

One night getting to sleep with great difficulty and waking often during the night, the next night the sleep is quiet and profound, Oct. 26th to Nov. 2d.—C. W. B.

Great sleepiness in the evening, removed, 2d day. W. W.

Slept well during the night, 3d day.—C. W. B.

Sleeping easily in the evening, 3d day.—W. L. G.

Slept well, 1st day.—Miss B.

Very sleepy for half an hour during the night and little sleep, 3d day.—Miss B.

Same sleepiness, 4th day.—Miss B.

Sleepy in the evening, 5th day—13th day.—Miss B.

Restless sleep, 3d day—5th day.—Miss B.

Restless night, 6th day—10th day.—Miss B.

FEVER.—Continued chilly sensations during the night, 2d May, 11½ to 12 P. M.—W. H. H. N.

Continued creeps down the back, 3d day.—W. H. H. N.

Pain in epigastric region from left to right, then shifting to the top of the head, followed by creeps down the back, 3d day, 10 P. M.—W. H. H. N.

Pain in the lower part of the left breast, followed in two minutes by the same sensation in the right breast, accompanied by continual chilliness down the back and extending down the inferior extremities, 3d day, 8 P. M.—W. H. H. N.

Some fever, 1st day.—P.

Pulse 92, irregular, 1st day.—P.

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ARTICLE LX.—Icterus Gastro-Duodenalis.

By Prof. C. Gerhardt, in Jena.

Gentlemen,—The patient before us is a servant girl, 21 years old, whose menstruation set in when 15 years old, and a year afterwards she began to suffer from gastric troubles, which still continue. She then complained of pain in her left side after eating, and lying on the left side increased the pain. Once she vomited blood, and hence the round ulcer of the stomach could be easily diagnosed. A place close to the left arch of the ribs still remains very sensitive to pressure, and it is more than doubtful if the disease is cured. Her present disease commenced on the 12th of February, with chilliness, loss of appetite, frequent eructations, and headache. On the 15th we observed yellowish coloring of the conjunctiva, which since spread over the skin and mucous membranes. The pains in the stomach are more severe than formerly. She abhors fatty food and her stools are scanty, hard, of clay color. She mostly complains of the severe itching, which especially troubles her at night. Her urine is dark yellow, and shows an addition of NO_5 and NO_4, the beautifully colored oxidation products of bilifulvin, of which especially the violet and green are characteristic. This is Gmelin's test for the coloring matter of the bile. If, as here, the urine turned green on heating after the addition of a few drops of acetic acid, it clearly shows, according to Schwarda, the presence of bilifulvin in opposition to allied coloring matters of the bile. Another reliable test for the coloring matter of the bile, is the green color after the addition of Tincture of Iodine. If we shake the urine with Chloroform after being acidulated, it separates the coloring matter and the acids of the bile, and by extracting the residue with water, impure acids of the bile remain, according to Pettenkofer's test. We know, therefore, that not only the ineffectual coloring matter of the bile enters the blood of the patient from the overloaded bile ducts, but also tauro and glyco-cholic acid, the latter acting

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paralyzingly on the cardiac ganglia and in corresponding concentration also on the cardiac muscles, in consequence of which we find in a febrile icteric patient the number of pulsations frequently reduced to fifty. Years ago we treated a case of tertiary syphilis where the number of pulsations remained up to 150 for months without being the least influenced by large doses of Digitalis, but immediately fell to 90 as soon as jaundice set in. I then suspected that the vagus fails to respond to excitations, and concluded that the slowness of the pulse caused by the acids of the bile is produced in a different manner from that of Digitalin.

The regulation of heat in the body is also influenced by the acids of the bile in the blood, and most frequently this reduction of heat is produced by the nerves. The itching, a very common symptom of icterus, may also be explained by the action of the acids of the bile on sensitive nerves.

The appearance of severe cholæmic manifestations depends on the concentration of the acids of the bile in the blood, and on the perfect closure of the bile ducts, on the quantity of bilious secretion and the soundness of the excretory organs, which the kidneys are nearly exclusively for the bile. When unfavorable relations prevail, when the acids of the bile accumulate in the blood, they act as irritantia on the cerebrum, and finally paralyze it; the patients suffer at first from wild maniacal excitement, followed by unconsciousness with paralytic muscular debility, and the motions of the heart become extremely weak and accelerated. Bloody spots simultaneously develop themselves on the skin and mucous membranes; from the latter also copious hæmorrhages; the urine becomes scanty, bloody, containing large quantities of leucin and tyrosin; the liver diminishes in size and falls back on the posterior abdominal wall, so that we fail to perceive its dull sound on percussion. Should we take the fatty degeneration of the cells of the liver, and the missing dull sound, as our criterion, to diagnose therefrom acute atrophy of the liver, then all cases of catarrhal jaundice, or rather every icterus, where accumulation of the acids of the bile produces this fatty degeneration of the liver, heart

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and kidneys, and an acute hæmorrhagic diathesis, form a part of the material belonging to that disease. Most acute yellow atrophies of the liver are far different, being dependent on most acute septic infection, especially from a dead fœtus in utero. But I intended only to draw your attention to some of the dangers from accumulation of bile in the blood, and let us now consider the manifestations which we observe directly on the abdomen. We find now the liver of normal size; in the first days it appeared smaller. The lower edge of the liver divides now centrally the median line between xyphoid process and navel, and reaches the arch of the ribs somewhat behind the mamillary line. The left lobe reaches as far to the left as the apex of the heart. These are our three characteristic symptoms of the normal size of the liver. Below the edge of the liver we find no dulness of the gall-bladder; where such a dulness passes the lower edge of the liver in the form of a silver dollar, from which one-third was cut of, it is a characteristic symptom of the closure of the ductus choledochus. The changing position and form of the gall-bladder renders it easily understood why the gall-bladder does not always increase in such a degree, to be felt and percussed, when the ductus choledochus is closed; but such a percussion remains always a valuable symptom, as thus we may distinguish between slight attacks of colic from gall-stone and the pains of gastralgia. For catarrhal icterus, the case stands thus: when the mouth of the choledochus is clogged up, we find a swelling of the gall-bladder; but if the catarrhal closure takes place in the bilious channels of the liver itself, as in poisoning by Phosphorus, then such a protuberance will be wanting. Those swellings, coming and going, as we also find them in consequence of long hunger, differ by their softness from the tense swelling, found in hydrops vesica and from the tuberous masses, depending on neoplasmata in the walls of the bladder. When the icterus lasts for a longer time, we see the dulness of the liver increase in the beginning on account of the dilatation of the bilious canals, and decrease at a later stage on account of the atrophy of the parenchyma.

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from pressure. At such late stages we may also find this peculiarity, that ectatic bilious canals form flat knobby prominences on the surface of the atrophic tissue of the liver.

After deducting all symptoms belonging to the old ulcer of the stomach, and also everything peculiar to the present gastric catarrh, still enough symptoms remain, which are directly the consequence of the acholy, as the remarkable dryness of the clay-colored stools, caused by the want of dilution, which the intestinal contents receive by the afflux of bile. The abhorrence to fat is too constant in comparison to other gastric catarrhs, for bile is necessary to the digestion of fat. The patients emaciate, because they neither feel the inclination to take the necessary quantity of food for the preservation of their usual weight, nor are they able to assimilate it in such a state of their digestive organs.

The diagnosis of icterus catarrhalis is at first not reliable, and only its further course will give us certainty. Whereas the existence of icterus from closure of the choledochus can easily be made out, we find it sometimes difficult to exclude a number of rare diseases, whose symptoms are not yet clearly made out. We might suspect lumbrici or ecchinococci, if we could find their ova in the fæces. Microscopically, they are easily recognized. More difficult to diagnose are the cases of closure of the duct by cicatrization or from compression by neighboring tumors. Croupous inflammation can hardly yet be made out. A quick and rapid cure decides the best on the nature of the disease in question.

In the beginning we must distinguish between icterus catarrhalis and colic from gall-stones. The latter commonly sets in with a severe chill, produced by the irritation of the walls of the duct from the penetrating stone, analogous to the chills following catheterization. Slowness of the pulse also sets in early, the more so the severer the labor-like colicky pains are. It does not depend on the action of the acids of the bile, but on a reflex irritation of the vagus, which we also witness in other paroxysms of colic and in severe neuralgia. Icterus follows, just as in experimental ligation of the bilious duct, in choledochus-catarrh in three days from the beginning

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of the disturbance. In colic from gall-stones the bile within the bile-ducts becomes not only affected by the pressure of the secretion, but also by that of the spasmodically contracting gall-bladder. It thus passes quicker into the hepatic veins, and after 6 hours we may find traces of icterus, after 12 hours the disease fully formed. With what power such contractions of the gall-bladder act, I saw in a case where, at the autopsy of a man, dying under reflex spasms, we found a large stone wedged in at the entrance of the ductus cysticus, from which splinters were broken off at its anterior end and entered the mucous membrane.

As our patient suffers from an ulcer in the stomach, let us consider the possible relations between the two diseases. The ulcer may cause the thrombosis of the portal vein, and hence through embolism hepatic abscess; still this is rarely the case, and certainly not in our case, or else the symptoms would be far more severe. The catarrh of the mucous membrane surrounding the ulcer sometimes extends to the duodenum.

The prognosis of icterus catarrhalis for itself is always favorable, provided that dietary mistakes, irregular mode of life, want, and poverty, do not diminish the success of our remedial plans. Severe cholæmic symptoms produced by accumulation of the acids of the bile in the blood, are rarely seen influenced by the above-mentioned unfavorable influences. Severe nervous symptoms usually give a fatal prognosis. Long-continued icterus, even when cured, easily produces anæmia and emaciation; chronic atrophy of the liver, lasting dilatation and catarrhal state of the bile-ducts, and perhaps also a beginning to the formation of gall-stones, may be named as secondary diseases of icterus, affecting the liver itself.

The prevention of the disease, and the first part of treatment, relates to the gastro-duodenal catarrh, which causes, by its extension to the ductus choledochus, obstruction of most narrow intraparietal part. Most gastric catarrhs never its reach the duodenum and bile-ducts, else excesses in Baccho would produce more frequent cases. The earliest

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infantile age is most disposed to catarrhal icterus, and with advancing years the disposition to the disease decreases. Hot countries and the summer season incline to its production. Not everything that looks like it is mere catarrh of the bile-ducts; we find the same symptoms very frequently in the different stages of syphilis. Especially icterus appears frequently at an early period of secondary syphilis, at a time when also condylomata are often observed. In this form the liver shows no physical alterations, and it remains questionable if this frequent ephemeral alteration should be without any connection with syphilis.

In most cases, a plainly outspoken error in diet, or a cold, produces jaundice. Remarkable are the observations of epidemics of icterus. Rahn describes such an epidemic raging among children. In a French fortress, epidemic icterus appeared in the barracks as often as the ditches were cleaned out, and the question may be put, if we deal in such cases only with a mere catarrhal disorder of the digestive organs, or with a conditional disorder, which is a preliminary of malaria or yellow fever.

The relations between gastric catarrh and jaundice may differ during its further course. The catarrh may nearly cease in the stomach and bowels, and still obstinately continue or relapse in the choledochus. More rarely the jaundice ceases and the digestive disturbances continue. Most frequently the chief bile-duct remains longer disturbed than the digestive organs. Gastric catarrhs have been usually treated by dieting, vegetable extracts, alkalies, acids, pepsin, mild laxatives, and at the start by emetics. In most cases dietary prescriptions suffice, and remedies must be specially indicated for the hastening of the cure. All remedial measures have the indication to increase the pressure on the contents of the bile-ducts, and thus to pass downwards the mucus, which secreted from the wall of the bile-ducts obstructs the intraparietal part of the choledochus, so that the bile may again flow freely. Emetics have been used for that purpose. The contraction of the diaphragm, which is already of great importance for the discharge of bile in the normal state, pro-

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duces thus by compression of the liver an increase of pressure in the bile-ducts. Others consider more its action on the gastric catarrh by removing noxious masses and accumulated mucus from the stomach. We do not favor emetics, as more apt to produce gastric catarrhs than to remove them. Acids are also praised in the treatment of icterus, as Aqua regia, Chlorine water, Citric, Muriatic or Nitric acid, for the reason that the bile entering the gall-bladder does not flow in a steady stream into the intestines, but is rather expelled in flashes after coming in communion with acid fluids in the diverticulum Vateri. Most patients suffering from gall-stones give us an observation in consonance with it. Their paroxysms usually begin three to four hours after their chief meal, at the time when the great mass of the alimentary pulp passes the duodenum. Acids were thought to increase by reflex action the contraction of the gall-bladder. For the same purpose others prescribe alkaline mineral waters, but neither one acts quickly or with any certainty.

When in simple icterus the gall-bladder can be felt through the abdominal walls, we might attempt to press it against the spinal column and thus to empty it. But under the pressure of the hand the gall-bladder suddenly cannot be felt any more, we hear fine vesicular rattling murmurs, and percussion fails to discover the dull sound of the gall-bladder, and after a few days we may then expect to meet bile again in the fæces; the appetite returns and the itching sometimes ceases in the next night. The result is mostly permanent, but should the duodenal catarrh continue, the duct may close up again and the whole treatment must be repeated.

There are cases where the gall-bladder can neither be seen, nor felt, nor percussed. Its original form may be to blame, or pathological shrinking of its walls prevents an extension over the edge of the liver. In such cases I follow the treatment mentioned by Copland, and apply one electrode of a strong induction current to the region of the gall-bladder, and the other horizontally opposed to it to the right side near the spinal column. If we thus succeed in liberating by the pres-

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sure of the contracting gall-bladder the mouth of the duct, the urine will soon show remarkable changes. We had in our patient after three applications, bile in the stool. On the 21st her urine had a specific weight of 1030, and was of a dark brown color, at noon it was 1017, the next day 1014. Its color is now of a yellowish red, and constant amelioration may be expected, though the urine and the skin may show coloring matter of the bile for a week yet, as we know that this coloring matter clings tenaciously to the tissues, and can only be slowly extracted by the blood, to be carried off through the urine. As the existence of muscular fibres in the bile-ducts remains still problematical, we may assume that the muscles of the gall-bladder alone act in pressing the stagnant bile against the obstruction and wash it away. The fine vesicular murmur which the discharging bile produces in the duodenum was clearly heard in our case. The simultaneous observation of copious thin urinary secretion does not depend on the liver, but may be explained by the action of nerves influencing such secretion. Whether vagus or splanchnicus, is still doubtful. So far all my experiments have failed to produce an increase of urinary secretion by the induction current applied to the same parts of the body in healthy or in dropsical subjects.

But this would lead us too far. Certain success well surely follow the application of the induction current in diseases of internal organs, and among others in icterus catarrhalis. Both methods, compression and faradisation of the gall-bladder, complete one another; they have, although not the same life saving, still the same healing effect, as the taxis of a hernia. —*No.* 17 *of Volkmann's Samlung Klinischer Vorbraege.*

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General Record of Medical Science.

Mania-puerperalis

Weber, of St. Petersburg, reports 46 cases of this disease, treated by him from 1855-1865, at the lying-in hospital. Among them were 11 unmarried and 35 married women, a remarkable circumstance, inasmuch as pregnancy and confinement causes more frequently mental depressions in the former than in the latter. Probably the cause is, that unmarried women hardly ever nurse their children. Thirty-seven of them were multiparæ, mostly weak, anæmic, cachectic women ; in five cases operative interference was necessary; hereditariness could not be proven, but atmospheric, and telluric influence could not be denied, as the cases always appeared in groups.

The disease mostly appeared in the form of furibund deliria with a maniacal character, rarely as melancholia. Mania was sooner or later followed by collapse, apathy bordering on sopor, again interrupted by paroxysms of mania. Five cases set in during labor, 25 during the past week, the remainder from the second to the fifth week, and in all late cases a powerful mental shock during lactation was the cause of it. Duration of disease from 10 days to 5 months, only in 13 patients the disease lasted longer than 30 days. Twenty-three cases were discharged cured, 15 improved, 8 died, one of them during a maniacal paroxysm with all the symptoms of severe cerebral congestion, although the autopsy showed in none of them meningitis. The fever in puerperal mania depends entirely on complicating puerperal processes ; but still pulse and temperature always rose during a maniacal paroxysm. In post mortem examination of acute cases, hyperæmia of the brain and of its membranes was found, in chronic cases anæmia and œdema.

Prognosis of puerperal mania is favorable, as death is nearly always caused by complications. Cases arising from fright, or from suppression of the lacteal secretion, are quickly and thoroughly cured. (*All. Med. Cent. bl.* 87, 1870.

Manid from Inanition. By Dr. Wiedemeister.

Gustav Sarres, a Prussian soldier, son of a teacher, is naturally very poor in flesh and anæmic, as his weight never came up to a hundred. When admitted to the hospital, he was so miserable that he could not walk up stairs. Moderate fever, evening temperature vaccillating between 37° and 38° C. (98° to 101½° F.), pulse very frequent, about 120. His respiratory and abdominal organs show nothing abnormal, suffers from a chronic foul-smelling otorrhœa and some swelling of the left tonsil, but he enters the hospital on account of his mental trouble, considering himself Lieutenant-General, a special favorite of the King, enjoying a large yearly income, and the handsomest, strongest

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man in the hospital. He wonders why the freight trains neglect to bring his baggage, etc. It is clear that patient suffers from monomania de grandeur; but this is not a disease, only a symptom, most frequently observed in general progressive paralysis, which is not the case here, as the invariably present palsy of the tongue and of the iris are wanting. Sarres neither stammers nor has he unequal pupils. Furthermore, progressive palsy is not found at such an early age. Similar high notions are also found temporarily in mania, but maniacal patients suffer from sleeplessness, and our patient sleeps well; they are in constant muscular irritation, sing, jump, dance, are only with difficulty restrained to keep the bed; whereas Sarres is quiet, though desirous to leave his bed, and he is far cleaner in his habits than maniacs usually are. We might consider, also, acute delirium in our diagnosis; but there the fever is more considerable, the delirium more general, without connection, frightful and anxious, all of which is not the case. It remains, therefore, to consider if the delirium of our patient is not an accompaniment of a bodily disease. But neither pneumonia, nor typhus, nor meningitis, as we might think on account of the purulent otorrhœa, is present, and, per exclusion, we are obliged to diagnose it as delirium per inanitionem. The unusual fatigue and mental excitement of a siege—the patient stood before Metz—acted severely on the weak body of a delicate person, and a disturbance of the equilibrium of the somatic and psychical functions follows, which may be called mania, but which, by putting the patient in better hygienic circumstances, will be easily cured, and, in fact, in less than two months our patient was able to return to his regiment. Anamnesis showed that mental diseases were unknown in his family, and that he always enjoyed moderately good health.

Fleming says, in his pathology and therapy of mental diseases, p. 122: "There are a number of indirectly acting noxious agents, producing a quantitatively deficient nutrition of the nervous centra. Such are hæmorrhages, bodily exhaustion by hunger, thirst, or mental overwork, producing those sudden hallucinations with general exaltation of the mind, from which travellers in tropical climates sometimes suffer, and the mania, which has in rare cases been observed in the exhaustion caused by protracted sea voyages." (*Berl. Klin. Wochens.* 3, 71.)

Pyæmia: Abstract of a Letter from Prof. Th. Billroth.

Thirty-five cases of pyæmia are especially noted, of which 28 suffered from gunshot fractures of the pelvis, femur, knee, and gunshot wounds in the chest. In 15 cases abscesses of the lungs were found; in one case, also, a large hepatic abscess; of 14 cases, the results of the autopsy have not been received. *Death from such severe complications happens mostly in the third or fourth week after the wound was received,* and it may be now considered certain that *pyæmia develops itself from certain states of the wound, essentially depending on the mode of the lesion and on the parts injured.* The appearance of pyæmia is thus connected with circumstances which can be recognized as appertaining

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only to certain wounds, and setting in only at a certain time, whereas hospital-gangrene, diphtheria, erysipelas, trismus, are produced from external causes, and these poisonous agents (which I consider as extremely fine particles of dust) may infect any wound at any time. Septhæmia appears mostly on the first days after severe injuries, at a time before pus formed in the wounds, but the wound may also secrete ichor at a later date from external causes, more rarely by spontaneous accidents (hæmorrhage, decomposition of foreign organic bodies, etc.), and thus give rise to septhæmia or septopiohæmia. In all the cases I ever examined, I always found a puriform or ichorous focus, whence the infection originated.

There are still a great many surgeons who believe that the pyæmic poison could be inspired like the typhus virus, or it may enter the body through exposure at water-closets. My firm opinion is, that the wounded becomes pyæmic from the wound or from an inflammatory focus, an ichorous focus; the infecting matter in the wound is driven by abnormal pressure in the lymphatic or venous circulation, or they arise in the thrombi of these blood vessels, and are by any motion quickly pushed forward in the circulation. Acute inflammations of the wound, be they primary or relapsing, mostly cause the formation or retention of an especially poisonous pus in cavities whose walls favor resorption. The quality of the wounds, their locality on the body, the pressure of the blood in their neighborhood, their position, under compressing muscles and fasciæ, and similar relations, favor the origin of pyæmia. Secondarily, we have mechanical accidents, artificially produced hæmorrhages, accidental impregnation, inoculation of the wound with poisonous organic matter (originating in other wounds or carried hither by bandages, by the surgeons and nurses, or by instruments); but the latter will be rare where hygienic rules are strictly carried out. Some might affirm, that when after a great battle, so many severely wounded patients suffer from pyæmia in the third and fourth week after receiving their wounds, that there is an epidemic, just as we find it in erysipelas, in gangrene, in trismus. But we object to such an idea, for we cannot prevent pyæmia by isolating the patients, nor by the greatest cleanliness and the utmost care, nor by the purest air. We thus only effect that those suffering from mere trivial wounds are better guarded against complications.—*Berl. Med. Wochenschr.*, *Jan*, 1871.

Hood found in a case where he extirpated the tonsils, that the consequent hæmorrhage which he could not stop with any usual procedure, suddenly stopped when the patient vomited, and did not return any more. In a second case of such hæmorrhage, he produced emesis with the same beneficial result.—*Lancet*, II. 18.

The Catheterismus of the Larynx.

Weinlechner uses india-rubber tubes of different sizes, open on both ends, To save the larynx from any possible injury, an elastic catheter is introduced

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in the tube, so that it covers its free edge. As soon as the tube is in the larynx the catheter is withdrawn. The thickness of the tubes differs according to the age of the children—Nos. 9, 11, 13, are mostly used. For grown persons, tubes of the size of the small finger may be used. The instrument is most easily introduced by the direction of the index finger, while depressing the tongue. The finger may be guarded by a dilator or by an india-rubber ring. The rima glottidis is most easily reached by pressing the finger close to the glottis in order that the tube be with certainty introduced into the glottis, of which we can convince ourselves by making some lateral motions with the catheter, as the larynx takes part of these motions. In croup and diphtheritis, catheterismus is a rational symptomatic adjuvans by which we can momentarily prevent the fatal danger, when symptoms of laryngostenosis increase through spasm of the glottis or through accumulation of membranes or mucus. The catheter can only usually remain for some minutes, when all the symptoms of dyspnœa decrease. By repeated catheterism, laryngotomy may be rendered superfluous, or at least delayed for a few days. Catheterismus is the best, least dangerous, and most safe expectorant, and produces cough and expectoration where emetics totally fail. It may also be used in œdema glottidis, in threatening suffocation on account of copious secretion of the bronchial mucous membranes in the lungs, in asphyxia of new-born infants, in laryngospasmus of children or hysterical women, in foreign bodies moving up and down in the trachea, in stricture of the larynx, or after an incision in order to stop bleeding, or after extirpation of polypi, where we better affix a sponge to the external side of the tube; in fractures of the cartilages of the trachea such a tube might help us to reset it. The catheterism of the larynx may also be made use of for the introduction of remedies, for artificial respiration during chloroform narcosis, or when asphyxia sets in during tracheotomy and when it does not seem advisable to penetrate the soft parts at once. The insufflation of air can be easily done by attaching a bellows to the catheter.—*Jahrbach fur Kinderheilkunde*, IV., 69.

Dr. Madden communicated the following case to the Dublin Obstetrical Society:

Feb. 9th, 1870, I was sent for at 7 P. M. to visit a patient, attended by the pupils of the hospital. She had been in labor and the liquor amnii had been evacuated for 24 hours. The pupil in charge had only been sent for an hour previously, when on examining her he found about three inches of the cord prolapsed and two feet, with a rounded tumor behind, then presenting. He concluded this was a breech, and as the cord pulsated strongly, endeavored to return the prolapsed funis. In doing this he discovered that the rounded tumor he felt was the head tightly jammed down through the brim by the closely contracted uterus. He then made a decided attempt to push the feet and cord above the head, but could make no impression on them. He now sent for assistance and meanwhile tried to keep the pressure off the funis. On my arrival I found the account of the presentation perfectly correct. The feet were pre-

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senting at the posterior part of the vagina, the heels to the sacrum, the toes pointing directly forwards. The feet could be followed up to the lower part of the legs, where they were tightly caught between the head and the promontory of the sacrum. There was a loop of the funis about three inches, prolapsed between the legs and pulsating strongly in the intervals of the pains. The head lay in the second position or rather more transverse, and was jammed down upon the feet and cord, the pulsations in the latter now ceasing during each pain. Version being considered difficult under these circumstances, I applied the long forceps in the hope of bringing the head past the feet; they, however, failed to make any impression, although I tried them in the occipito-frontal as well as in the transverse diameters, and as they slipped in both after several attempts, I abandoned them. She was now put under the influence of Chloroform and this had the effect of so far relaxing the parts, that I was enabled to draw down one foot. The foot was then secured by the attending pupil whilst I reintroduced my hand and, using some force, succeeded in pushing back the head through the brim of the pelvis and into the uterus, at the same time making forcible traction on the foot. After these efforts had been continued for some time without apparent effect, the fœtus suddenly rotated, the foot came down, the head receded, and the delivery was now easily accomplished. The child was born alive, though apparently stillborn, and was resuscitated by the diligent application of the usual means. Mother and child are doing well.

There are two points of interest in the case: 1, the extreme rarity of a compound presentation; 2, the length of time which had elapsed between the rupture of the membranes and the birth of a living child in this case of prolapsed funis. Mauriceau is the only writer who records a case nearly analogous.—*Dublin Quarterly Journal of Medical Sciences, May*, 1870.

Insolation (Sunstroke) is the expression of the presence of a morbid degree of heat in the organism, dependent mainly on the arrest of the cutaneous function. Post mortem observations reveal that death results from the entire or partial suspension of the depurative functions, and the appearance of the blood, lungs, and brain, indicates that there is extreme venalisation of the blood, resulting in narcotism of the brain and heart. Premonitory symptoms are: weariness, debility, prostration, nausea, vertigo, and incontinence of urine. The pupil is frequently contracted, the face invariably pale, *the skin harsh, dry*, and burning to the touch, when the disease is fully expressed. Frothy mucus, clear or of a brownish color, is ejected from the mouth and nostrils before death. In some cases we have a predominance of lung symptoms; in others the brain is the organ affected, constituting a true heat-apoplexy; while in others the spinal cord and great nerve-centres are the principal seat of morbid action. Two conditions are indispensable to an attack: 1. General depression of the vital forces from whatever cause; and 2, a temperature of from 95° to 120°. The suppression of the cutaneous secretion is always accompanied by a rise in the temperature of the body from 104–112°. This is

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a constant percursor of an attack, and this intense degree of heat is lasting even after death.—*New York Medical Journal, Aug.*, 1870.

Tetanus:

We will add from time to time all cases of tetanus appearing in the different journals, in order to keep up the statistics so diligently given by Dr Eggert in our last number.

Dr. Boutflower mentions a case of traumatic tetanus successfully treated by Calabar Bean internally and by hypodermic injections.—*Manchester Med. and Surg. Rep. Oct.*, 1870. *Braithwaite, Jan.*, 1871.

Dr. Birkett, of Guy's Hospital, reports three cases of tetanus treated by drachm doses of Chloral, all with successful results.—*Lancet, Sept.*, 1870.

Dr. Ballantyne, Dalkeith, cured one case of traumatic tetanus with Chloral. —*Lancet, June*, 1870.

Dr. Leach cured one case of idiopathic tetanus with Chloral.—*Lancet, Sept.*, 1870.

Dr. Macleod relied almost wholly on feeding, on the ground that the hope of recovery rests on keeping up the vigor till the disease has run its course and exhausted itself. Nothing in the form of specifics is known or is likely to be found.—*Glasgow Medical Journal, Nov.*, 1870.

Dr. Ogle cured a case of traumatic tetanus with Chloral. The evening temperature is always higher than in the morning. Wunderlich records the highest temperature arrived at in tetanus as 108° shortly before death, 112.55° at death, and 113.56° after death. In cases of tetanus death always occurs, according to Chunder Roy, if the muscles of deglutition were affected, but in the absence of this symptom the prognosis might be favorable.—*Lancet, Oct.*, 1870.

Prof. Gerny, of Vienna, treated in a military hospital 7 cases of severe tetanus. He praises Chloralhydrat as an excellent remedy in that disease. It lessens the paroxysms, and by keeping the patients in a constant hypnotic state, it gives us more chance to bring them over the acute stage. As only small quantities of the remedy can be given per os, he advises injections per anum with large quantities of the same remedy. Nourishment must be steadily given per os or per anum, to keep the patient's strength up. Curare failed in his hands to give relief. The severe chills, which regularly happen after the use of this remedy, are not mere accidents, and Lawson Tait (*Lancet*, 1870) gives us a case where a patient died during the paroxysm from half a grain of this powder.—(*Wiener Med. Wochenschr., Jan.*, 1871.)

Granulating wounds usually cicatrize from their edges, but only to a certain degree. All further healing process is produced by drawing on the neighboring skin, and when the wound is too large, or the skin firmly attached to its base, a cure is impossible. On some points of the neck and extremities, not only the skin, but whole parts of the body are drawn upon to produce cicatrization, and thus contractures arise. A wound of 4 square inches has a cicatrizing edge of 8", but 4 wounds of one square inch each have 16"

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cicatrizing edge, and heal, therefore, in half the time than the first wound. In fact, the curative proportions are still more favorable. Dr. Gerny increases the cicatrizing edge of a granulating surface by transplantation of skin from other places. Skey makes many small incisions through the cicatrix and the underlying tissues, and thus gets many places which produce epidermis, and thus act their part to the enlargement and extension of the cicatrix. The incisions may be made close one to another, but they must never run together. Skey assures to have thus removed large contractions of the head, elbow, and neck.—(*Wien. Med. Wochenschr.*, *Jan.*, 1871.)

John Rose communicates three cases of chorea cured by showering a spray of ether over the whole spinal column, after the usual treatment failed to give relief.—*Lancet.*

Hill read a paper on strictures of the uretha, before the Medical Society of London. Of 140 cases, 120 were treated by forced dilatation, according to Holt's method, the other 20 by external urethrotomy. He divides strictures in four sections: simple, multiple, complicated, and cartilaginous not expansible. For the first three divisions he recommends Holt's method because expansion is here possible and no more danger may be feared than in common catheterismus. Its benefits are: 1. Quick success. 2. Immediate relief. 3. Absence of chronic discharge from the uretha which is so often the consequence of gradual dilatation. 4. It produces not more pain than catheterismus and is only rarely accompanied by hæmorrhage. 5. Inflammation seldom follows. 6. It is less dangerous than gradual dilatation.—*Lancet.*

The Liver the Seat of Formation of Urea.—Late researches, and especially the beautiful experiments of M. Grehant, demonstrate that the kidneys are by no means secretory, but purely excretory organs for urea. Dr. Cyon publishes in the *Centralblatt* a few facts to show that urea is probably produced in the liver. The plan of experimentation adopted was as follows: The whole of the blood was abstracted from the carotid of a dog and a portion, after being defibrinated, was transmitted by means of mercurial pressure, through the liver. Coincidently three canulæ were introduced—one into the inferior vena cava, the second into the hepatic artery, and the third into the vena porta. The results of careful analysis showed that the blood which had passed through the liver contained a much larger proportion of urea than ordinary arterial blood. In one experiment 100 c. c. of the arterial blood, when defibrinated, contained 0.08 grammes of urea, but after having been passed four times through the liver, the same quantity contained 0.176 grammes.—*Lancet and Ecclectic Med. Jour.*

The new disinfectant, "Thymol," is separated from Thymoil at a low temperature as a crystalline substance (Stearopten); it smells strongly after Thyme, and is fusible at 111° (44° c. + 35.8° h.) Whereas it is a caustic in its pure state and has been used for a long time against warts, carious teeth, etc., it is now known as an excellent disinfectant when highly diluted (1:1,000). Paquet recommends it so diluted for dressing wounds and for injections in ichorous cavities. It is also used for embalming purposes in a mixture containing 4 grm. Thymol, 2 grm. Aniline, 4 grm. Tannin, and 100 grm. Glycerine. Injected in the blood vessels, it keeps putrefaction off, and the parts so injected retain their color and consistency.—*Klinik.*, *Jan.*, 1871.

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Prof. Gaillard Thomas, in lecturing on placenta prævia, remarks: There is no question in my mind of the fact that when it becomes the recognized practice to resort to premature delivery as a prophylactic measure in these cases, the statistics will be very much improved upon. By resorting to this measure we should be dealing with a woman who is not exhausted by repeated hæmorrhages; the obstetrician would be in attendance at the commencement of labor, and he would be able by hydrostatic pressure to control flooding, while the same pressure accomplished rapidly and certainly the first stage of labor.

Prof. Wilson, of London, praises the anæsthetic property of Carbolic acid, and employs it very commonly previously to the application of caustics to lupus and epithelioma. It benumbs the surface, it dulls the excessive sensibility of the superficial nerves, and it thereby permits the caustic action of our remedies with a great reduction in the amount of pain. The Carbolic acid exercises its usual effect of coagulating the albumen of the surface and produces a white film, which, after repeated applications, reaches a considerable thickness. Now is the time for the caustic, which may then be applied with an almost painless result.—*Journal of Cutaneous Medicine.*

Proving of Acid Lac. By S. SWAN, M. D.

Sept., 19, 1869.—Took Acid lac, 15th cent. potence, presented to me by Dr. A. Reisig; drop doses every hour till I had taken ten.

SYMPTOMS, Sept. 20.—Nausea with retching and water brash after eating.

Vertigo when turning the head suddenly—fulness of the head.

Dull pain in forehead with desire to close the eyes.

Dryness and burning of larynx after twelve hours.

Dryness of posterior fauces with hawking of mucus from posterior nares.

Sept. 21-22.—Rawness of pharynx from posterior nares, left side, down to œsophagus, withs ensation of a quantity of mucus lodged in the nares and larynx, causing hawking.

Hawking does not seem to relieve it entirely, a portion only of clear viscid mucus coming away.

Erysipelatous redness of left cheek and left side of nose, with small sore vesicles on nose in the morning.

Nausea on rising in the morning; after eating, sick feeling, not amounting to nausea, with taste of food.

Belching, with taste of ingesta.

Sept. 23.—Dryness and rawness, extending to larynx, the rim of the glottis being particularly affected.

Elongation of uvula.

After retiring last night, the rawness and swelling increased with spasm of the glottis, awaking me from sleep and causing severe pain and suffocation.

Secretion of and a hemming up of small lumps of tough mucus of grayish color.

Saw-like, rasping sound of the respiration. Took Bell. 1 m.

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Commenced soon to secrete large quantities of saliva, which in the morning was found to contain grayish lumps; afterwards the expectoration was yellowish and tasted salty. This appeared to be secreted just inside the glottis.

For an hour and a half after rising, my voice was *entirely without control*, whispering and squeaking when expecting to speak loud, croaking and deep hoarse voice; this continued more or less through the day, and, with the other symptoms, gradually disappeared the day after.

CURATIVE.—Baby.—*Epistaxis every morning*, greenish yellow stools with tenismus (the italicized symptom got from Dr. Reisig).

Lady.—Great dryness of throat, hoarseness, and dry cough.

Boy aged 15.—Hoarse, hard, dry cough, sensation of dryness of throat with spasmodic contractive sensation quite painful.

Sundry cases morning sickness during pregnancy.

Miss O.—Pain as of soreness behind lower end of sternum and sensibility to contact in left hypochondrium.

Lady reported by Fincke.—30th, in pellets, caused catarrhus nasi, with copious thick, yellow mucous discharge, whilst the habitual leucorrhœa stopped. At the same time it acted beneficially on the whole system.

Fincke, self, 30th, 2 drops.—Peculiar taste on the tongue posteriorly, extending into the throat, with immediate accumulation of saliva.

New York Homœopathic Dispensary—Department of Skin Diseases.

CHANCRE AND SECONDARY SYPHILLIS.—Case 1.—Thomas R., Ireland, aged 38, married.

March 9.—Patient states that about three months ago he contracted a chancre, and that of late secondary symptoms have disclosed themselves.

Examination reveals a chancre upon the corona of the glans penis, with enlargement and induration of the inguinal glands. Secondary symptoms are present, as follows: Enlargement of the left posterior auricular and the post-cervical glands; psoriasis upon the nape of the neck, nodes upon the tibiæ, sensitive to pressure, and severe angina faucium with grayish ulceration, hoarseness and well-pronounced fetor of breath. The symptoms are aggravated at night in bed. Administered Merc. sol. 30th, a powder, three times a day till better, then not so often. Touched the chancre with strong Nitric acid.

March 20th. -Patient experienced relief from the very first, and now manifests a gradual though satisfactory improvement; complains of fever at night. Aconit. 30th, a dose three times a day.

March 23d.—Febrile symptoms have abated; resume treatment—Merc. sol. 30th, a powder at night.

April 6th.—The condition of the patient is now much altered; the enlarged cervical glands have subsided, the psoriasis has disappeared, the nodes upon the tibiæ are not to be found, while the angina faucium has sensibly abated.

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The chancre has healed under local treatment. Continue Merc. sol. 30th, at night, as usual.

May 22.—Since last date patient has been absent from the city, and for a short season without medicine; appears well, though there is a slight manifestation of the old symptoms. Merc. sol. 30th at night as usual.

June 12th.—Patient is now about well, having been without medicine for the past fortnight; he returns to renew the prescription with the conviction that he "feels better while taking the powders." Continue Merc. sol. 30th, as usual.

Since this date patient has returned; at one time suffering with osteocopic pains in elbow joint, with lachrymation in alternate eyes on alternate days, and at another time with the characteristic headache in vertex and nape of neck, with scalp sensitive to touch. On each of these occasions Merc. sol. 30th has afforded decided relief.

Secondary Syphilis.—Case 2.—Eliza R., Ireland, aged 35, married.

March 11th.—Patient states that the above-named person is her husband, from whom she claims to have contracted her disease.

An examination affords many of the characteristic constitutional symptoms. Enlarged post-cervical glands, nodes upon the tibiæ, and angina faucium are prominent among others. The primary lesion has already received local treatment elsewhere. Administered Merc. sol. 30th, repeating the dose each night.

March 18th.—Patient much improved. The severity of the symptoms has abated. Continue Merc. sol. 30th, at night, as usual.

June 15th.—Patient about well. Since last date has escaped notice till her return a few days since to insure full recovery by a repetition of treatment. A few intercurrent doses of Sulph. 30th were used to satisfy special symptoms, otherwise Merc. sol. 30th was continued, as usual.

Since date, patient has not returned, but her husband has reported her well.

Impetigo Calvitiea.—Case 3.—John R———, America, age 5 weeks.

August 19th.—Patient appears in good health, but exhibits upon the forehead between the eyebrows small patches of a pustular eruption, with greenish yellow scabs. No history obtained, but in the entire absence of special symptoms, and in view of an implied constitutional taint, concluded to try Merc. sol. 30th, a powder each night.

August 26th.—No material improvement in face, while the scalp now presents a similar appearance. Hoping a lower attenuation might prove more efficacious, gave Merc. corr. 3d, a powder at night.

September 2d.—While the eruption upon the scalp has not changed, that upon the face has almost disappeared. Continued Merc. corr. 3d, as usual.

September 21st.—Patient remains about the same; again administered Merc. sol. 30th, a powder at night.

October 19th.—Patient of late has steadily improved till now not a vestige of the eruption can be found upon either the face or scalp. The skin is perfectly clean and the child is discharged cured. No local applications were used.

Philip E. Arcularius,
43 E. 21st st.

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Rhus Toxicodendron, 75 m., *for Ptosis*. By CAROLINE LE BEAU, M. D.

Lizzy B., five years old, a healthy child from birth, has ptosis of the right eyelid, which was noticed from the time she was five days old. Her mother, fearing it might be a source of great annoyance in later years, sought therefore my advice, as already, whenever she wished to open her eye to look at anything, she involuntarily opened widely her mouth, which made her look rather ludicrous. After hearing the history of the case, I told the mother that her child needs rather surgical than medical treatment, and requested her to let me take Lizzy to a skilful oculist. With her permission I brought the child to the clinic of Prof. T. F. ALLEN, who proposed to make the usual operation for ptosis; but as I wished the presence of the mother, if she desired it, he suggested to give, in the interval, the child a dose of *Rhus* 75 m., which was taken dry on the tongue.

Nov. 10, 1869.—Two days afterwards, on coming home in the evening, I found a message calling me to Mrs. B., as Lizzie was down with scarlet fever. To my knowledge there was no case in the neighborhood. I found the child in bed, covered from head to foot with a fine red vesicular rash, itching and burning terribly, especially in the joints; worse at night, causing constant scratching with little or no relief, and which felt very hard upon pressure with the finger. Skin burning hot, fever high, pulse 130, great debility, sore throat, deglutition difficult, with stitching pains, throat much swollen externally, as the maxillary and parotid glands were greatly enlarged, no appetite, constipation. I felt confident that it was not a case of scarlatina, however much it might simulate it, but assured the mother that Lizzie would come out all right, if she followed strictly my orders, and considering the whole eruption caused by Rhus, I put the child on Sacchar. lact. in water, a teaspoonful every two hours, and ordered a tepid sponge bath, in which a small quantity of Bicarbonate of Soda was to be dissolved, this bath to be applied gradually over the whole body three times a day, intending thus to alleviate the itching and burning, which it did to our satisfaction. To satisfy my own mind, I went to consult Dr. Allen, and, to my great relief, found him much pleased with my action, bidding me to keep straight on with the placebo, and to watch the case carefully until the child is fully recovered.

Nov. 11.—Found the child in the same state with no inclination to rise from the bed, but the throat symptoms were much improved, debility less, pulse still high, heat of surface great and the rash more red and hard. Cont. Sacch. lact.

Nov. 12.—Lizzie still the same. The face, which had so far been free from eruption, is now covered with large red blotches, not elevated above the skin; appetite returning, though tongue still coated.

Nov. 14.—Patient sits up, fever has abated, but pulse still high and full. Itching and burning decreasing; bowels regular.

Nov. 18.—Desquamation fully sets in. Child feels well.

Nov. 24.—The drooping eyelid can be raised higher and remains longer open than it ever did before her sickness. She has since lived with her grand-

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father, in the country, and her mother informs me now, a year afterwards, that Lizzie's eye is much better, and when the child comes to the city, next spring, we may try some more sugar pills for that eyelid.

Dr. Shoenheider treated 153 fever patients at the military hospital of Dammartin, about 30 miles from Paris. Of these 107 were decided cases of typhus, showing extreme debility, gastric and nervous disturbances, and roseola; 15 died, giving a percentage of 14.02. Patients were all of the Garde regiments, therefore all robust young men. The typhus showed a very acute character, and more than half of the deaths fell in the first week after their reception in the hospital. In most cases we found great malaise, dry fuliginous tongue, quiet deliria or raving, so that the patients wanted to jump out of the window, restless or no sleep, roseola, and affections of the respiratory organs; the intestinal canal was only rarely affected. All fatal cases were caused by affections of the lungs. In many cases the pulse remained during the fever at 96, in some even at 84, and only during reconvalescence the pulse rose to 120. Roseola was in nearly all cases observed during the first three weeks. Gangrenous spots on the feet disappeared quickly under local applications of Inf. Arnicæ; parotitis once with fatal result. Cough was rarely observed, objectively extensive very fine rattling murmurs could be heard in the posterior lobes of the lungs, exceptionally only in front. It set in sometimes over night, or in a few hours, the face collapsed, and only in a few cases the frequent use of strong Hungarian wine succeeded in rousing again the sunken vital power. Treatment consisted in water treatment, continual fresh air, and keeping the strength up by wine and beef tea with egg. Great care was taken to have the excrements immediately removed. Mur. acid, Chinin, and Opiates were the only remedies given. The mortality stood in inverse ratio to the duration of the disease. A temperature of 41° (probably Centimetre) was found more favorable than one of 40 and below it. In three fatal cases the thermometer never rose above 30°.

Reviews and Bibliographical Notices.

Our review department is unavoidably crowded out, but we will try to make amend in our next number.

Books and Journals received.

The Homœopathic Directory of Great Britain and Ireland, and Annual Abstract of British Homœopathic Literature, 1871. London: H. Turner & Co., 1871. Applied Homœopathy, or Specific Restorative Medicine, by William Bayes, M. D. London: H. Turner & Co., 1870. Gynæcological Journal, Vol.

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Miscellaneous Items.

Editorial.—Let us have Peace.

For pity's sake, stop that quarrelling in our ranks and let us have peace, as far as possible. To arrive at a clear understanding about the point of dispute, we must find out where the shoe pinches. Decker, in the American Cyclopædia, says: "The distinguishing characteristic of Homœopathy consists in the employment of medicaments agreeable to the principles denoted by its name, viz., 'like cures like,' and its recognition of this precept as the *sole law of cure.*" Hahnemann has laid down some rules or guides for our treatment of diseases, called *the three principal rules:* as, the minimum dose, the single remedy, and to give that minimum dose of the one remedy the necessary time to fully exhaust its action before a repetition of the same remedy or a dose of another remedy would be ventured upon. Hahnemann himself never tried to raise these three golden rules to the standard of a law, and why should we be more tenacious than the master? But, says our pure Hahnemannian: The latitude which so many so-called Homœopathists now take with our law, or rather against our law, is sure to end in damaging or even destroying our holy cause, and it is therefore our duty to cry out, "Watchman, what of the night," to loosen the ties which bound us together, and to throw them back to that mongrel school of physicians whence they came and to which they really belong. Others cry out: They, viz., the mongrels, call themselves Homœopathists, but their practice belies their creed, and this rational ecclecticism is only another name for medical licentiousness. They sail under our flag, they enrich themselves by our device, but in their daily practice they fail to carry out the teachings of our master. Another class of our pure

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Hahnemannian friends fold their wings, draw their heads in like the snail, sorrow about the depravity of our medical age, and, sorrowing and wailing, intend henceforth to go their way alone, to do good as long as life lasts, and, as they cannot prevent the deluge, to let matters take their own course.

On the other side, the so-called "rational or liberal" Homœopathists look forward to the time when "the lion shall lie down with the lamb," and to that medical millennium when all the different schools shall again be united under one banner. For them Homœopathy is not an orthodox law, but only a stepping-stone in this direction, and they consider it their duty to meet men like Ringer, Ainstie, Rogers, etc., half way, for a mutual reconciliation. To give no offence to rational and material minds, they remain wedded to palpable doses; adjuvantia and external applications are to them a *sine qua non*, and ecclecticism in its purer sense is the guiding principle of their practice.

Thus the different parties stand, each having hosts of friends, every one more or less successful in his mode of treatment (for I never saw that physician yet who would not have to plead guilty to some self-admiration), each and all working for the benefit of suffering humanity (and only secondarily for our own emoluments); and the question comes before us, how much of a sacrificing spirit is needed, not only to keep our institute up to that high standard which it took in Boston and Chicago, but to achieve a lasting conciliation between the contending parties.

We meet next June, Deo vol., in Philadelphia, the City of Brotherly Love. Let this be our omen, and let us meet one another in the spirit of brotherly love. We say to the pure Hahnemannian, the time has not yet come when Hahnemann's golden rules, although accepted by all as tending to a high standard of our art, could be carried out by every practitioner; let us abide our time, keep on instructing by words and example, so that our pupils will start in their practice with a fixed habit, to carry out rules which to us have taken the standard of principles and of laws. We say to the liberal Homœopathist: We respect your progressive spirit, we love your conciliatory tendencies, but you have to acknowledge in all candor, that pure Homœopathy finds its strongest exponents, its most learned scholars of our ever-increasing Materia Medica in the ranks of pure Hahnemannism; you have to acknowledge that those physicians who strictly adhere to the three Hahnemannian rules, are certainly more apt to find out the characteristic indications for each and every remedy; you have to acknowledge that the totality of the symptoms, pathological, psychological, and remedial, contain everything which can be claimed by and from a scientific physician. Meet us, therefore, in the same conciliatory spirit which you extend to different schools, and if you are proud, as you ought to be, to belong to the Homœopathic school, then let strife be banished and let all of us work out its truth, so that it cannot fail to be acknowledged by every candid inquirer.

Errors on both sides have been committed last year against the code of ethics. If some of our Western friends showed themselves guilty by endorsing a somewhat doubtful Bitters, but an acknowledged humbug, Father Hering is equally guilty in endorsing another humbug, the so-called "Odo Magnetic Sugar of Milk." We ask every Hahnemannian, has this solar remedy ever been

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proved? By whom or where can this proving be found? Its friends may extenuate the error by pointing to experience and its benign influence on nervous constitutions, all of which we willingly admit; but it is a compound as much as those vaunted Bitters, and experience, good for the one, may also extenuate the other error, and then where are we drifting to? On the other side of the ocean, the *British Journal of Homœopathy* published Dr. Acworth's paper on Mattei's medicines. Though adding a disclaimer, still this very publication advertised them near and far. Even some families in the United States, having confidence in the honest purposes of the writer, sent for these quack medicines, and were benefited by them (the unsuccessful cases being always omitted to be noticed). The question comes up, is any physician allowed to use simple or compound remedies of which we possess no provings, or is such practice detrimental to the cause of true science? Are there any provings of Fincke's, Lentz's, or Jenichen's highest preparations? Though decried by many as the greatest of humbugs, still the experience of candid and truthful observers has tested their value in too many a case. After all, medical science is still in a state of transition, and mutual forbearance is not only a necessity, but a duty which we owe to one another. To err is human, to forgive, divine. Let us meet one another with such a spirit in the City of Brotherly Love, and Divine Providence, which has showered so many blessings on our holy cause, will bless us and our meetings for the benefit of Homœopathy and of suffering humanity.

Having been requested by Messrs. Boericke & Tafel to accept with the beginning of the next volume, the sole management of the editorial chair of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, we beg our contributors to send their manuscripts as early as possible, to insure their publication in the following number. Exchanges and books for review, will please send their favors either to my office, 230 W. 25th street, or to the publishers, Messrs. Boericke & Tafel, 145 Grand street, N.Y. S. LILIENTHAL.

Homœopathy is still on the war path, and all over the country the physicians of our school have energetically protested against the unjust removal of Dr. Spooner, of Oneida, by the Commissioner of Pensions. Our ever active friend, Dr. Verdi, of Washington, has laid the case before the President and the Secretary of War, but in spite of our heavy patronage, matters most probably will remain as they are. How can we expect strength without union and without harmony?

Dr. W. H. H. Neville of Philadelphia, Pa., has triumphantly passed through the severe trial of a prosecution against his life and character. The *Hahnemannian* of February gives the case *in extenso*, and the worthy Doctor may justly feel proud of the many persons among all classes who were ready to give their testimony in his behalf.

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Boston is waking up, and we are glad to hear that the course of public lectures, delivered at the Homœopathic Hospital by several physicians, has proved a success. Wasselhœft, Gersdorff, Talbot, Woodbury, and Angell, are good material to form a nucleus of a New England Homœopathic College, and although we deprecate the formation of so many colleges, still, as long as we cannot get a university, the Hub might just as well appoint the physicians of their hospital (?) to the classical chairs to which they are entitled.

The *Propagador Homœopatico*, is the name of a new periodical, the official journal of the Homœopathic Institute of Mexico. The Argentine Republic also issues a Homœopathic journal under the title—*Boletin de la Sociedad Hahnemanniana Argentina*. *Il Dinamico* is now the third Italian Homœopathic journal. It appears under the editorship of Dr. Tommaso Cigliano, in Naples. Success to our new colleagues.

Chiquinquira, in Bogota, boasts of a Homœopathic Society, a Homœopathic journal *(La Homœopatia)*, and now of a Homœopathic hospital, granted to them in spite of all the clamor and difficulties raised by the old school.

San Miguel de Allende, in Mexico, honors the name of our master by erecting a hospital bearing his name. The well known Dr. Degollado is the medical director. It is the first hospital in Mexico where patients will be treated according to Homœopathic laws.

Dr. Anastasio Garcia Lopez gives a course of public lectures on Homœopathic medicine, at the University of Salamanca, Spain. Dr. Heinigke, of Leipzig, Germany, requested the same favor from the authorities of the University of Leipzig, but, without entirely refusing it, they evaded an affirmative answer by the request that it is necessary, before becoming a lecturer (Privatdocent), to hand in a thesis on some scientific object. Dr. Heinigke intends to comply with the request.

New York Homœopathic Medical College.

Graduating Class.—Oscar M. Barber, Mystic Bridge, Conn.; William C. Bryant, Brooklyn, N. Y. (July 8, 1871); Edmund Carleton, Jr., New York, N. Y.; Charles A. Church, Norwich, N. Y.; George M. Dixon, Ripon, Wis.; S. Wardwell Goodrich, Melrose, Mass.; Rollin B. Gray, Brooklyn, N. Y.; John E. Hartranft, Penn's Grove, N. J.; William Lee, Oxford, Ohio; Edwin Lodge, Detroit, Mich.; Julius L. Monmonier, San Francisco, Cal.; E. C. Parke, Yates, N. Y.; Charles F. Scudder, Northport, N. Y. (April 21, 1871); E. Z. Schmucker, Reading, Pa.; A. T. Schuman, Gardiner, Me.; T. Morris Strong, Ithaca, N. Y.; Armin Uebelacker, German Valley, N. J.

Honorary Degrees.—Prof. C. G. Raue, M. D., Philadelphia; W. W. Rodman, M. D., New Haven, Conn.; R. McMurray, M. D., New York.

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New York Homœopathic Medical College for Women.

GRADUATING CLASS.—Mrs. Charlotte C. Drummond, New York city; Mrs. Fannie B. Holden, South Norwalk, Conn.; Miss Helene S. Lassen, New York city; Mrs. Josephene Smith, New York city; Mrs. P. J. B. Wait, New York city; Miss Fannie E. White, Kalamazoo, Mich.

St. Louis College of Homœopathic Physicians and Surgeons.

GRADUATES.—John L Kane, St. Louis, Mo.; Henry C. Miller, Pittsburg, Pa.; Thomas N. McCorkle, A. M., Naples, Ill.; Christian J. Wendt, New Brighton, Pa.; Peter H. Wessel, Davenport, Iowa; William H. Boardman, Pittsburg, Pa.; Emanuel A. Grivaud, St. Louis, Mo.; William F. Dill, Pittsburg, Pa.; Thomas Bradford, M. D., St. Louis, Mo.; Barton W. Welson, Clinton, Mo.

HONORARY DEGREES.—Dr. Martin Mayer Marix, Denver City, Col.; Dr. J. Kafka, Prague, Bohemia.

Errata in Proving of Iris Fœtidissima.

Page 362, line 15, for "working" read "winking."
" 365, " 6, for "under" read "inner."
" 365, " 16, for "shooting" read "cutting."
" 366, " 29, for "cessation" read "sensation."
" 367, lines 23 and 24, for "1 P. M." read "8 P. M.", and add "for one half hour" after sweat.
" 367, lines 27 and 28, for "confounded" read "confused."
" 367, last line, for "days" read "hours."

OBITUARY.

Sedan, France, December, 1870, Christopher J. Davis, le bon Docteur noir, died at Pont Mangis, after a short attack of variola. Though young yet in years (born at Barbados, 1843) and only a graduate of 1866, his life promised to be a useful one. He joined during the late Franco-Prussian war, the Sanitary Commission, and attended, at his own expense, an extemporized hospital containing five hundred patients. Homœopathy loses in him a stout adherent.

Dr. John Wheeler, the founder of Homœopathy in Cleveland, Ohio, after an active professional life of more than half a century, died at Cleveland a few months ago. As a man, a physician, and philanthropist, he leaves a record of which his family may well be proud, and the physicians and faculty of Cleveland honored themselves by the speeches and resolutions passed at their meeting in honor of their deceased friend and father.

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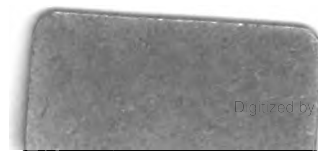
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