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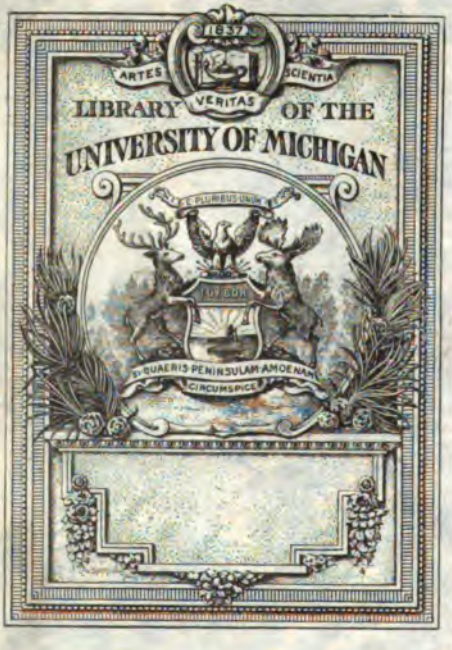
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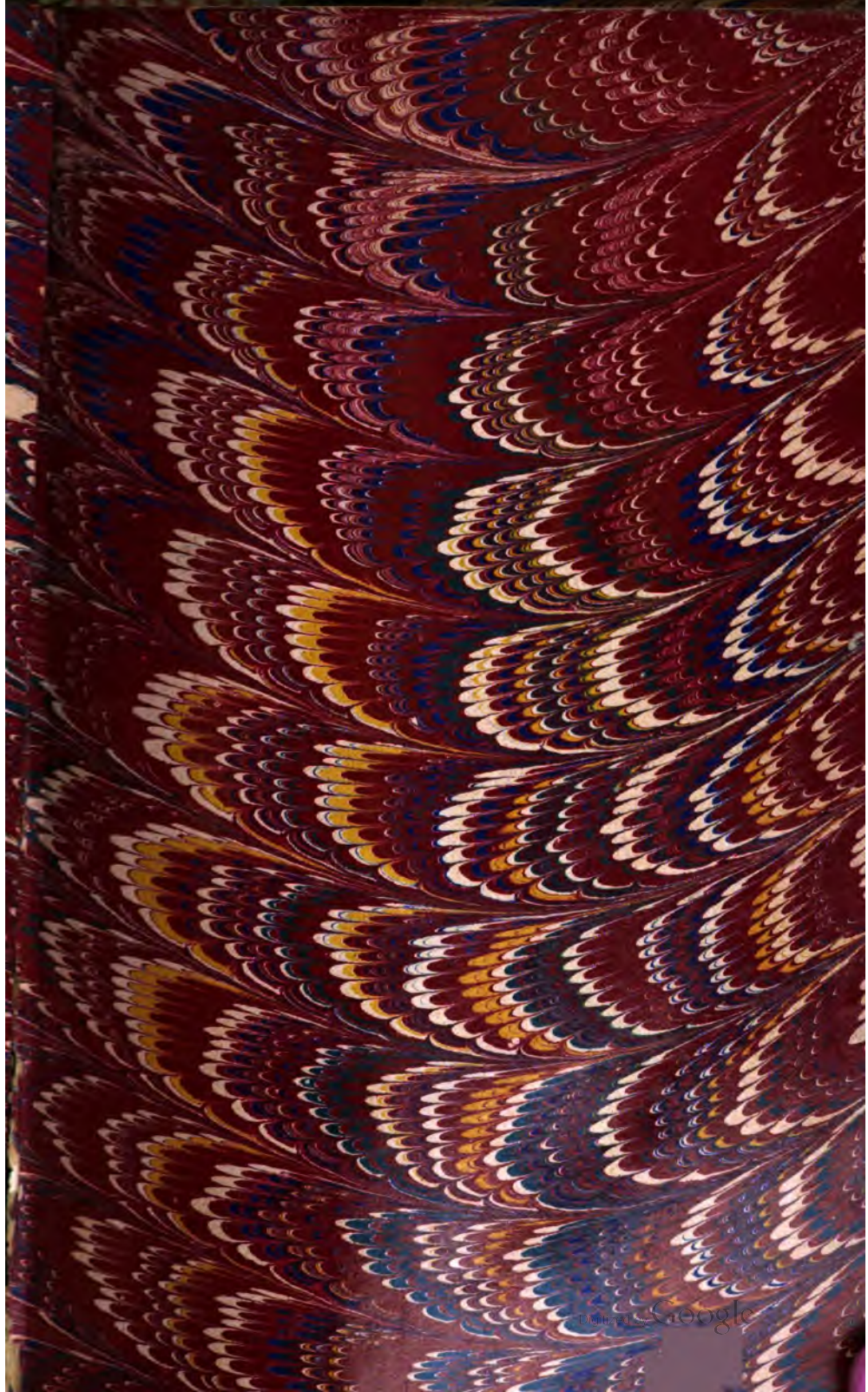
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THE

# North American Journal

OF

# HOMŒOPATHY.

A Quarterly Magazine of Medicine and the Auxiliary Sciences.



CONDUCTED BY

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# NORTH AMERICAN
# HOMŒOPATHIC
# JOURNAL.

AUGUST, 1858.

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ARTICLE I.—*Homœopathia and Nature against Allopathia and Art.* An Address delivered by Dr. EDWARD BAYARD, before the New-York County Homœopathic Medical Society, on the Anniversary of Hahnemann's Birthday.

*Gentlemen of the Society—Ladies and Gentlemen:*

By an act of the Legislature of the State of New-York, passed April 13, 1857, the existence of Homœopathia was acknowledged by law. Homœopathic physicians were then endowed with the same privileges that Allopathic physicians enjoyed. Under that Act this Society was organized. By its constitution, its President is required annually to deliver an address before it. With peculiar propriety was this day selected for that duty, and I, who have the honor of having been first elected to the office of presiding over this Society, now stand before you to discharge that duty as I best may.

An infant, born at Meissen, in Germany, a little more than one hundred years ago, on the 10th day of April, 1755, in the course of time, by the force of his intellectual power, labor and inspiration, became known to us; and that event

> "Shall ne'er go by,
> From this day to the ending of the world,
> But (he) in it shall be remembered."

For Samuel Hahnemann was a great man, and the founder of a great system, which has made his name immortal. His memory



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is loved, and his labors are honored. His example will be to his followers an anchor, to which they will hold fast in the hour of trial. Against all opposition his sun ascended, and it shone with increasing brightness through the clouds which for a time darkened the noon of his greatness. But a kind breath of Heaven swept away the mists, and Hahnemann stands like a beacon light, leaving his honors to live in the hearts of his disciples. What glory on earth can equal his—the Discoverer of the Law of Healing? No discovery before or since can outrank it in importance. Without health, an actual blight rests on the powers both of body and mind. Such is the intimate connection between them, that if the one is disturbed, the influence is reflected on the other. Sound thinking is dependent upon the soundness of the body. The brain, the medium through which the soul of man receives its impressions from without, and eliminates its thoughts from within, is a material part of this body. From this great nervous centre are poured forth the vital streams of health. Here, no doubt, are first made the impressions which disturb, derange and divert the healthy action.

A little more than half a century ago, Samuel Hahnemann, breaking away from the past, and opening a new field of glory to his activities, as well as a new era of progress to the Medical Art, created an epoch in Medicine, by publishing his treatise, "*Divinibus Medicamentorum Positivis*," and also his "Medicine of Experience," and thereby himself celebrated the anniversary of half a century of his existence. When the divine truths therein contained were announced, how coldly were they received by the Medical schools! They resolutely set their faces against them; and, by denunciations and authority of great names of the past, attacked them with violence. But the light that had sprung into existence spread around them and beyond them, and the voices of adversaries, who, in the first years of the infancy of Homœopathia, raised such a furious clamor, are dying away. Homœopathia now conquers the masses, without an effort, by the sole influence of her superiority. From the success of her daily labors she draws her irresistible power. She has taken many steps in advance since the half century of her existence, and nothing can much longer impede her universal reign. Her opposers themselves, illuminated by her successes, will become her most fervent servants, and in time there will not be one

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who will not be constrained to do her reverence, and who will not hold it an honor to carry high her colors and publish afar her glory. The pure light from above, that over fifty years ago was shed into one mind, has continued steadily to increase until it now shines in every part of the civilized world; but nowhere on this globe has the truth been so universally received and accepted as in this free land of ours, where Truth needs no patronage for its success. I cannot offer a higher evidence of this fact than the Legislative Act under which we are organized, and which represented the popular demand that Homœopathia should have legal recognition and complete equality with all other systems of healing. Take, likewise, the fact that at this moment the authorities having in charge the public hospitals of this city and county, moved by numerous petitions from many of the most intelligent and wealthy of their constituents, have it under consideration to place one-half of these hospitals under the charge of Homœopathic physicians. If this most reasonable prayer of those petitioners shall be granted, and Homœopathic treatment be brought before the judgment of the country in fair comparison with the works of its opponent, Allopathia—which now, with jealous exclusiveness, monopolizes all the public institutions—we believe that on that day the prestige of the latter will be lost. On that day, when our inveterate opponent, venerable from the length of her years, intrenched in her prejudices and great in her boastings, shall be tried before the country, neither her high pretensions, nor the number of her partizans will be of any avail to her. She will be tested by no other rule than the good and the true that is in her. She will not be permitted to evade the real issue, under the childish artifice that to her belong exclusively the arts of surgery and midwifery—branches which she but holds in common with her Homœopathic brethren—the only issues being the principles involved in the application of remedies to disease. We Homœopathic physicians abjure Allopathia for this—she ignores nature and her powers, in her practice violates her, and in her place sets up the supremacy of her own art. We denounce her, because she is ignorant of the nature of disease. With her thousands of laborers, working for thousands of years, she has made little or no progress. And why? Because she is so grossly material, and because her attention has been directed to mere matter, and because the prin-

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ciples which pervade and control it, have been effectually hidden from her view. She is the offspring of Humoral Pathology, that can see but humors in the human system, which must be expelled. Hence comes the Evacuating School—hence comes the practice of opening the sluices of the body to give them vent—hence the Heroic practice, that with strong and powerful doses shocks and disturbs the human system. Nor has Allopathia, as the modern pathological school, taken many steps in advance. Not less material here, she sees in organic lesions and structural alterations the substance of each malady; and hence her alterative and revolutionary processes. How vast the difference between her views and those set forth by Hahnemann in his *Principia!* According to him, each malady rests, in its first internal cause, on a peculiar disturbance of the vital principle—a disturbance occasioned by an influence foreign to the organism, and without a material cause. Every time that the efficient cause is only of a nature to produce a transient impression upon the vitality-pervading structure, it results only in a transient indisposition, more or less decided, as in acute diseases of longer or shorter duration. But if the efficient cause, on the contrary, is of a nature to produce a durable impression, it results in chronic malady. Hence the humors that are formed, and the organic lesions and alterations of structure, result from disturbed vitality. Hence the immaterial morbid activity, of which the material lesions and humors are the consequences, cannot be perceived in any other manner *than in the symptoms and phenomena* that it produces. This is as wholly impossible as it would be to perceive, otherwise than by their phenomena, Heat, Attraction, the Centrifugal Force, Gravity, and other imponderable forces of Nature.

Nature is always in keeping, and she uses these immaterial forces in all her labors—the grandest as well as the most minute. Matter in her hands is but inert material. Pervading this with her constructive forces, she raises large islands from the depths of the sea—shapes and compacts the tiny crystals of rock, whose aggregation forms mountain chains—aye, and builds worlds and constructs solar systems. Homœopathia rests upon the idea, and carries it in her walks among the sick, that Nature never uses matter as a cause posssessing powers *per se.* How widely

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different, then, *must* her practice be from that of Allopathia! To establish the fact that Allopathia is ignorant of this, the nature of disease, we will quote from an authority that cannot well be denied—a man whose brilliant talents, profound learning and enlarged experience, have placed him in the highest ranks of the Allopathic school. We allude to Sir John Forbes, Fellow of the Royal Society, Fellow of the Royal College of Physicians, Physician to the Queen's Household. From his position, learning and abilities, he fully comprehends, in their fullest extent, the views and principles of the Allopathic school, and we have the highest respect for him who, standing in the front rank of his profession, is able to see and admit its weakness and to point out its errors:

"For the mind of ordinary or inferior powers, here or elsewhere, can scarcely ever escape from the conventional thraldom in which it has been nursed." In his last work entitled "Of Nature and Art in the Cure of Disease," embodying the results of experience in a practice for the long period of fifty years, he says with much solemnity: "I would fain regard the present work in the light of *a legacy to my younger brethren.*" Speaking of the Allopathic school he thus expresses himself:

"I believe that the doctrines respecting the power of nature to cure diseases, promulgated in the present work, *are at variance* as far at least as regards degree, *with those entertained by many of our best informed and most experienced medical men, and are at variance in every respect, and in an extreme degree, with those entertained by the majority of our junior and ordinary practitioners.*"

* * "The falsest and most absurd notions are entertained respecting the whole subject of the morbid conditions of the animal economy, and respecting the means deemed capable of modifying and removing them."

* * "The morbid condition constituting disease, whether consisting of actions of a merely dynamic or functional kind, or consisting of alterations of structure or composition of the solids or organic fluids, or both, are all either the immediate result of the vital actions ordinarily existing in the system, or are, at least, produced in subserviency to, or under the control of these actions. In no case (with the exceptions mentioned) have we the simple, physical results of physical agents, chemical or mechanical, operating according to the laws of mere matter. Consequently the knowledge of these laws goes, at most, but a very little way, and frequently goes no way at all, in helping us to comprehend or explain the operation of the causes of disease, when best known.

"What we (of the allopathic school, meaning,) term causes of disease,

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are not real or efficient causes, or indeed, properly speaking, causes at all; they merely constitute, as it were the *occasions*, on the existence or presence of which, or so to speak, on the *prompting* of which the natural or vital functions of the living body set about forming the diseases themselves, and do form them."

* * "It will thus be seen that disease, contrary to the vulgar notion of it, is no new thing superadded to the living body, and constituting a special entity *in rerum natura*."

Sir John Forbes thus states the views of the Allopathic school, for the purpose of pointing out its errors to his younger brethren, and at the same time states the true principles of the nature of disease, and which were announced by Hahnemann half a century ago. Again, he says in the work from which I have above quoted:

"In a very early stage of my medical experience, I became impressed with the conviction that the most fruitful source of false views, both in pathology and practice, prevalent in the profession, originated in ignorance of the natural laws governing disease: in other words, in ignorance of the natural history of diseases. And all my subsequent observations, through a long series of years, has only tended to strengthen the impression."

* * "It is very remarkable, however, that in regard to one most important part of the history of diseases—that, namely, of their natural course and event—infinitely less progress has been made; insomuch that it may now be affirmed that the practitioners of the present day are, speaking generally, almost as uninformed in this particular as were their predecessors fifty or a hundred years back.

"Such has ever been the want of trust in nature, and the over-trust in art, prevalent among the members of the medical profession, that the field of natural observation has been, to a great extent, hidden from them—hidden either actually from their eyes or virtually from their apprehension."

Thus we see that Allopathia, ignorant of the natural laws governing disease, regarding disease only as material, overlooks the immaterial essences, the vital powers, disturbances of which are alone disease. It apprehends not the laws which govern it. For we take it as the true principle, that all disease arises but from disturbing causes, acting upon the immaterial essences, the vital forces, creating abnormal conditions; and Nature has established a protective principle, as a law, that Vitality must resist these disturbing causes, powerfully, strongly and effectually, to restore herself to her normal condition—which done, is Cure, restoration to health. The existence of this law extends through, and is illustrated by, all animated nature. The constant activity

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of this principle is essential to existence, and is found exerting itself through both the mental and the physical powers. From the first moment that life is impressed upon matter, till it ceases to be, it may be said to be attacked by a host of assailants. The great principle of change under chemical affinity, malaria floating in the air, the alternation of the seasons, changes of heat and cold, poisons taken into the system, mental excitements, physical exertion—all of these, in their myriad forms, by this law, impressed upon her at the moment of her existence, she resists, and, as is most beautifully provided, by this very resistance she increases her power and her force. By virtue of this, the weak man becomes strong, and the invalid regains health. But when her antagonists overwhelm her, that is disease. From this results deranged functions and altered structure, in which changed functions and lesions of structure, Allopathia alone sees the *cause* of disease.

This resistance of Vitality to the changes of chemical affinity is illustrated by the fact that it sustains organic and inorganic atoms which, aggregated, form matter, whose affinities are constantly in play to resolve them into their constituents, dissolving their union, as is witnessed, when life has departed, in the rapid operations of decay. That she sustains health in malaria is seen in the process of acclimation, by which man is enabled to maintain existence in the most poisoned atmosphere, and which may be so intense that vitality, to sustain herself, must commence the struggle with her existence, and be "to the manor born." That she resists the baleful influences of sudden changes from heat to cold, is shown by the impunity with which navigators ascend from the tropics to a sunless residence within the Arctic circles. There water freezes, food freezes, wood freezes, iron freezes; but this power within man resists the frost, and defies a mighty agent which overcomes and changes the constitution of all matter around him. The power to overcome poisons, when taken into the human system, is seen in continued health in despite of agents inimical to life and constantly present, even in the food that nourishes us. And so perfect is the action of this power, that we do not recognise them as disturbing agents. She sustains herself against mental excitements and physical exhaustion, and by her action restores the wearied faculties and

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exhausted functions, strengthening the intellect by its use, and extending its capacity by its exercise, and to the muscle, flowing in increased quantities, gives it strength and endurance, in proportion to its use.

This law of Resistance, pervading matter, is the source whence cures, more or less perfect, can alone be made, and which is ever absolutely and purely Nature's own work. But Allopathia, blind to this law, ignores the power of Nature to cure. We charge upon her that she substitutes her *art* for Nature, and in proof of this we again cite Sir John Forbes:

"Since the medical art assumed its present formal, bold and complicated character, it is only in very rare or exceptionable cases that the disease is left to Nature, or treated merely regimenally. On the contrary, the strongest and most effective powers of art are usually employed for the very purpose of setting aside, or counteracting, or modifying in some way or other, the powers of Nature. Generally speaking, we may even say that all the heroic arms of physic are invoked purposely to disturb, and obstruct, and overwhelm the normal order of the natural processes."

From the time of Hippocrates until the present hour, there has never arisen a great and original mind in the Allopathic school, which, dissatisfied with her empyricism and hypotheses, has failed to form new theories, sometimes approaching the truth, sometimes departing from it, creating new sects and abandoning old doctrines.

Allopathia is ignorant of the exact action of the powerful drugs she uses, nor is aware of the profound and extensive influence they exert. Sir John Forbes shows to us the source and character of the knowledge of the drugs she so freely uses. Listen to him:

"Every drug that has at any time been regarded by anybody as possessing some special power, either in curing diseases or in influencing the functions of the organs in which they are supposed to have their seat; every drug that has been recommended by anybody, more especially by authors and teachers, simply as beneficial in certain diseases, though on no better evidence than that it was employed in cases that recovered! every drug that has been proposed by writers as of probable or even possible utility, on mere theoretical grounds; every drug that has been suggested by analogies however vague; every drug that has not been previously prescribed in the particular disease in hand; in a word, almost every drug in our overflowing Materia Medica, whether inert or active, has been, on some ground or other, copiously prescribed in every variety of disease, under the supposed sanction of this pseudo-specific or empyrical indication.

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"Nor let it be supposed that this empyrical practice is one of a past day only. It is at this very time in as great a vogue as ever, although its employment may be often veiled under the technicalities of newer science. Nor is it confined to the ignorant or inexperienced among us, but adopted and followed by men of the greatest abilities and greatest eminence in the profession.

"No doubt it is followed by such men not from any fixed convictions of its propriety or usefulness, but rather from the influence of other causes—from conventionalism or traditionary habit; from indolence or carelessness; from indifference founded on a just reliance on the restorative powers of nature; from consciousness of the inherent deficiencies of art, and from the uncertainty of having any agencies of greater promise at command."

And Allopathia calls this Science! How vague, how unsatisfactory such knowledge! How unphilosophical, how dangerous the practice founded on it! When we reflect that human life and human health are put in peril by it, no wonder that Hahnemann, before he made his discovery of the Homœopathic law, was made to exclaim:

"It was agony to me to walk in darkness, with no other light than that which could be derived from books, when I had to heal the sick, and to prescribe, according to such or such an hypothesis concerning diseases, substances which owed their places in the Materia Medica (the then Allopathic Materia Medica meaning) to an arbitrary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren by these unknown medicines, which, being very active substances, may (unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined,) so easily occasion death or produce new affections or chronic maladies often more difficult to remove than the original disease. To become thus the murderer or tormentor of my brethren was to me an idea frightful and overwhelming.

"Where could I find assistance, sure assistance, with our theory of medicines, (meaning Allopathic,) which rest only on vague observations—often even on pure conjectures—with these innumerable doctrines regarding diseases, which composed our nosologies? He only can remain calm in the midst of such a labyrinth, who believes, without examination, all that has been said upon the virtues of medicines, because he meets it in a hundred volumes."

Who that believes in the beneficence of the God in whom we live, can doubt that He has provided and placed within our reach a remedy for the ills of man, and that in harmony with the rest of creation some law must exist restoring health, and that that law is within the comprehension of His creatures? If man

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abandoning hypothetical reasoning, with true scientific view follows Nature's and only Nature's lead, closely observing her silent workings, the law must be discovered. And we maintain that Samuel Hahnemann was such discoverer. So it was. Hahnemann found that every plant, and every mineral, and every substance that had the power to disturb the vital organism, had its own peculiar and distinct action, no two of them producing perfectly similar effects in their entirety. Thus he made the great discovery of the Natural History of medicinal substances, developing in its most minute detail the action of each substance. How scientific, how philosophical, how perfect, was the plan he adopted. And in what other way could such knowledge be obtained, than by exhibiting the drug upon a healthy organism? All, then, that is required to ensure a positive and pure result, is, in the first place, to take care that no artificial interference disturbs the process and its progress—and in the second place, to observe and to accurately and minutely chronicle the progressive events. It is a case of simple observation throughout; no sifting of premises, no elimination of causes, no grouping or balancing of effects, being requisite to ensure a just conclusion. How it stands in strong contrast with the empyrical knowledge of the effects of drugs contained in the Allopathic Materia Medica! To give a drug to a sick man, and from recovery infer powers in the drug, ignorant of the laws under which that recovery was made—not having knowledge of the natural history of the disease! Could such conclusions be other than imperfect and lead to grave errors? The sufferings endured—were they the results of the medicines given, or of the disease? Who can answer? How do the drugs act? All is dark, all is uncertain, all is supposition, when the highest interests of humanity demand that the information should be clear and manifest. By Hahnemann's method of testing the action of medicinal substances, what pains and sufferings, what distortions and diversions of nature's forces were brought to light, that otherwise must have been forever unknown, not recognised as the action of medicine, but supposed to be the effects of disease, throwing into deeper obscurity its natural history. Hahnemaun showed that the duration of medicinal action extended to months, to years, through life-time. His provings established the startling fact,

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intimately affecting man in all his relations of life, that each drug had its peculiar power of disturbing his mental and moral condition, as well as his physical condition; that this action was invariable and certain, in a greater or less degree, according to the intensity of the action of the drug. Take, as an instance, Mercury, a medicine which Allopathia so universally prescribes. Hahnemann, in his provings, has shown its action on man's mental and moral condition to be "ill-humor," "disposition to be angry," "to fly into a passion," "great susceptibility," "humor quarrelsome, mistrustful, suspicious," "distraction," "inadvertency," "difficulty of conception," "entire unfitness for meditation," "dread of labor" and "disgust of life." What fond parents, administering grains of Mercury to a child, prescribed by Allopathia in her gross doses, would suppose that they may be making an indelible impression upon the facile sensorium of their offspring, and giving rise to the above moral manifestations as proven by Hahnemann? Who could suppose, or trace to their causes, these effects, by any mere effort of human reason? They could have been obtained in no other way than by observations on a healthy organism, and never could have been seen; because they merely alter the disposition of the moral state, which alterations would be attributed to disease, or to peculiarities of moral character; and, under the supposition that the evil existed in the will or the spirit of the child, it has often been subjected to sharp reproof and punishment. The poor sufferer could no more control those mental manifestations, than it could control the pains and aches of its body. As well might the opium-eater resist the dreamy and fantastic fancies that gather around him, or the lethargic drowsiness that overcomes him. The will was shackled by the drug. How serious the reflections on the very grave consequences that must follow, when childhood has been subject to repeated action of such medicine, until it permeates the whole system, perverting the normal conditions of the mind as well as the body, setting aside the individuality and forming a character under the influence of drugs. Hahnemann announced that the duration of repeated gross doses extended through lifetime. This Allopathia, in her ignorance, sneered at. The cause of the duration that he had seen in his investigations of the natural history of drugs, has been brought within our com-

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prehension in the recent trial of Madeleine Smith, charged with the murder by poison of L'Angelier. Portions of his brain, his heart, lungs and intestines were subjected to chemical analysis by Dr. Frederick Penny, Professor of Chemistry in the Andersonian University at Glasgow. He reported to the Court, under oath, that he had subjected to a chemical, analytical process, the several organs mentioned, and detected Arsenic in the brain, in the lungs, in the heart, in the liver and in the stomach, and concluded that the poison had entered the body during life. Thus this poison, taken into the blood by the absorbents, is carried to all these nobler organs, *and deposited*, and there more or less influences their structure and functions, or both. There lying, there interwoven in the tissues of the brain, a constant source of recurring action, they alter and distort the very disposition of man, giving new traits of character.

To examine a medicament of every day use, Chamomile, *chamomilla vulgaris*, the ordinary mild tonic of the Allopathic school. In turning to the provings of Hahnemann, we find among the moral symptoms that Chamomilla produces "a sort of stupidity," "taciturnity," "apathy to pleasure and to external objects," "hypochondriacal humor," "a tendency to misapply words when speaking and writing," "mischievous disposition in children." Who could have supposed, from the mere exercise of reason, that these manifestations of character could have been the effects of the household remedy of Chamomilla, given in large doses? A case within my own practice proves the truthfulness of this proving of Chamomilla. I was called a few years since to see a lady, who had suddenly become hypochondriac. Her friends entertained fears that this was the commencement of a serious affection of her mind, for there was an unaccountable change of character. She who had been of a mild, kind and genial nature, was become sensitive to offence, and had a repugnance to conversation. She who formerly sought society, now avoided it. Yet she was not insane. She felt and understood her unhappy condition, but she could not control it. The power of her will was gone. Upon inquiry, I found she was taking, and had for some time taken, under the direction of an Allopathic physician, who had prescribed it as "mild tonic for the stomach," a wine-glassfull of the decoction of Chamomile each day.

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She was fully and fairly under the action of the drug. The discontinuance of its use, and a few Homœopathic doses of its antidote, removed all the symptoms, and restored her to her wonted condition.

Let me call your attention to a recent event which may have been a mere coincidence, yet may not have been, as an efficient cause was present to produce the effect. You all, doubtless, have read the account of the execution of Orsini and Pierri at Paris; Orsini entertaining his fate with manly fortitude, having his mind and all his faculties in command, natural and calm; Pierri, excited, voluble and loquacious in the extreme. In the language of an eye-witness, "his tongue was not at rest a moment, not even when his body was bound upon the slide, and his neck placed beneath the fatal axe." The world will say of the one that he died like a man, in the full possession of his powers; many would add that he died heroically. Of the other, by reason of his unnatural excitement and babbling, the world will say that he was of a timid, weak, and many would add, a craven spirit. This may be so; but on examination we will find this fact. On the morning of the execution, a strong extract of Coffee was offered to both. Orsini declined it; Pierri drank freely of it. Now, if we again turn to the Materia Medica of Hahnemann, to learn the action of Coffee upon the healthy organism, we will see it set forth in these words: "Great mental and physical excitability," "vivacity and elevation of the imagination," "*excessive loquacity.*" Herein may be found the cause of the difference in the bearing of these two men. The one natural, maintains his individuality; the other, under the influence of a drug, unnatural, may have lost his individuality. And in this connection, let me state the principle, that where strong excitement already exists in an organ, drugs which produce effects similar to that excitation, always greatly increase it—drugs which, otherwise overcome by resistance, would produce little or no appreciable effect.

Alcohol has undoubtedly inflicted much injury upon mankind; but Allopathia, with her drugs, has afflicted the human race with far greater evils. The one is but a diffusible stimulant, which by excessive use, and by its excitements and re-excitements, wears out both body and mind. But the other, affecting life in

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its seats, distorting and perverting the currents of vitality, act as poisons.

Allopathia is an art. If she relieves, she does it by revulsions by diversions, by revolutionary processes, substituting her art for nature—creating disease. We hold it to be a principle founded in truth, that any art or system of medicine that substitutes itself for the powers of Nature, if persisted in, must eventually break down the human constitution. And this is true; for art is at best but the work of man—Nature is the work of Deity. The one, from its source, must be imperfect, and limited by the intelligence that devised it. The other, from its origin, cannot be improved.

It is well for the patient, that Nature possesses the power of resistance, and the ability to resume her normal condition. She may be, and sometimes is, overwhelmed by massive doses, and if in the course of events they are frequently resorted to, the constitution must inevitably fail. And I would ask, What is constitution? I define it to be the power of the vital organism to resist disease, and maintain or resume its normal condition.

Let us look still further into its law. We have already spoken of the power of Resistance. Let us examine for a moment its extent. It increases with use, within certain limits. But if those limits are surpassed, so that the power is prostrated, she becomes enfeebled and may never again be restored to her original elasticity. And by every recurrence of prostration, she becomes more and more enfeebled, less and less vigorous, and slower and slower in her recovery. Let us take an example of common occurrence. You find a patient who has taken a severe cold, so profound that the lungs become involved; inflammation is the consequence, resistance gives way, and the disease prevails. But by this force of Nature he slowly recovers. Resistance has been enfeebled by the shock. He is again exposed. His constitution before the attack could have protected him without an effort, but now, weakened anew, it is easily overwhelmed. He may recover; but if he have a succession of attacks, death will ensue.

What position does Allopathia place herself in, when she uses her strong doses to produce her revulsions? Does she seek to strengthen the effort of Nature—the tendency to restoration—

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when she prescribes? Does she not rather assault the already weakened citadel? Is the effect of the disease which she has engendered by her drugs, less disastrous than the disease she combats? Both tend to the same results—utter prostration of Nature. Would not the natural powers be in a far better condition if they had been permitted to act against one disease, than if their forces had been divided to fight this double battle?

Hahnemann, having examined the principal drugs in use in the Allopathic school, and accurately observed their action on the immaterial essence, whose disturbance could be known only by its symptoms, faithfully recorded them, and was then prepared to treat the action of disease, disturbing that immaterial principle, also only known and appreciable by its symptoms. Then was he able to apply the principle of "like curing like." The medicines he administered, acting on the disturbed vitality, irritants producing similar symptoms, and the resistance excited against their action, in the recoil stimulated resistance of the vital forces against the disease, until health was restored.

By this mode of cure, and by Nature's powers and by Nature's method, he developed resistance, and strengthened the constitution of the sufferer.

How Nature restores the constitution, let us see. A man has weakened his resisting powers by the indulgences of civic life and sedentary habits. He has slept on down. He has enervated his existence, excluding himself from the free air, not letting the winds of Heaven visit his face too rudely. He has neither run, nor walked, nor fatigued his muscles. He never inspired his breath deeply. He sheltered himself from the heat and cold. All this enfeebled him. In other words, his constitution was weakened. For by Nature's law, powers disused fall into decline. Without having disease, he has become delicate. He seeks restoration by a journey to a distant land. There he runs, and walks, and exercises his muscles, even to fatigue, and rouses up the resistance of the vital essences. His muscles expand. He breathes deeply and long, and his lungs are enlarged and strengthened. He is now able to throw himself upon the ground, with only Heaven above him, and to rise refreshed, despite the night wind and the falling dews. His constitution is restored. What before would have

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sickened, perhaps killed him, now makes him strong. This is Nature's own beautiful work.

Hahnemann finds the vital power disturbed. By his method of cure, he affects the part diseased, in its exact and peculiar direction. With a remedy nicely adjusted to the precise degree of the patient's feebleness, and rousing up his resistance, little by little, he restores health. It is Nature's cure, after her own mode. Art is not here substituted for Nature.

Who could hesitate to choose between the operations of two systems so totally different. The one, though it may give relief, must, by the violation of the principles of Nature, injure the constitution. The other, being in harmony with Nature, mars no part of her work. It is for these reasons, Gentlemen of the Society, that we have abandoned the Allopathic school, in which we have all studied, and whose principles we have all examined, and whose diplomas for proficiency in her learning we have all had conferred upon us.

Why, it may be asked, do our Allopathic brethren reject truths so momentous, and fraught with such advantages? The answer doubtless lies, in the extreme minuteness of the doses which Homœopathia uses, attenuated almost beyond the appreciation of the human mind. Hahnemann, after he first discovered the Law of Likes, used large doses, not being aware of the extreme impressibility of the vital power when deranged by disease. In that peculiar disturbance it becomes exceedingly sensitive to a similar irritant. And such knowledge could not be obtained otherwise than by experiment. If Hahnemann had merely reasoned upon the small doses, necessary to secure resisting action, he would, like our Allopathic brethren, have never practised Homœopathia. But Hahnemann, seated at the feet of Nature, patiently examined her laws and was willing to be taught by her. He said, "I cannot put my poor judgment in opposition to a fact of Nature." Sir John Forbes—admitting many of these truths, and seeing that the principles of Nature were outraged by Allopathia, and seeing the true nature of disease, its subtle and ethereal essence, and believing that it is by the power of Nature that disease must be cured—with all this knowledge, stumbles, and is turned aside from Homœopathia by her small doses. He can see nothing in them, reasoning upon

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their inappreciable character, instead of proving them in the way pointed out by our great master. Sir John, having outstripped his contemporaries, and risen above his school, falters, being almost in view of the good land which he fondly hoped would one day or other be reached by Medical science. Like some traveller, who, having toiled many a weary mile up the side of some steep mountain, pauses ere he reaches the summit, from weariness of exertion, must fain be contented with this elevation. Had he taken one step more, all Nature would have been revealed to his view. So with Sir John. If he had taken but one step more, he would have beheld, and admitted, the glorious truths discovered by Hahnemann, and by him announced to the world. And we believe that generation after generation will fall back upon this great man's judgment, until there is left but one Medical school of reliance, and that the School of Hahnemann.

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## Article II.—*Theory and Practice of the Movement Cure.*

By Charles F. Taylor, M.D.

### I. Conditions of Nutrition.

*Purity of the Blood.*

§ 1. Proper corporeal nutrition constitutes perfect health. Passing by those important and interesting processes of digestion, absorption, &c., by nutrition, I refer to those interstitial changes by which the integrity of our tissues is maintained against the destructive agencies of time, and the wear and tear occasioned by those functional activities common to all animal organisms. The conditions necessary for this proper nutrition, seem to be;

*First.* A right state and composition of the blood, or other nutrient material.* That vital endowment of the cell-structure of every tissue and organ, by which they select from the blood just those materials necessary for their peculiar structures, is the most perfect arrangement by which the blood itself is constantly kept at its greatest purity. The law of Treviranus is, that "Each part of the body, in respect of its nutri-

* Paget.



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tion, stands to the whole body in the relation of an excreted substance."* In this sense we may say that the nutrition of any one tissue is a purifier of the blood for the uses of all other tissues. Abundant illustrations of this principle can be seen on a little reflection. The amount of Carbonate of Lime contained in the fluids of an oyster or snail, would seriously interfere with the development of the other tissues of these moluscs, were it not elaborated in the form of shell. In those that have no shell, it forms a simple secretion from their fluids, which is washed away by the waters. So of the Carbonates, Phosphates, and other components of animal bone; if they were not selected from the blood in the formation of osseous tissue, but were allowed to remain as a component part of that fluid, they must wholly unfit it for the proper nutrition of other tissues. The same principle must hold good with regard to all tissues, the muscle as well as bone, selecting from the common blood those materials which, remaining, would be inimical to the best development of other structures. This mutual interdependence of function upon function, and organ upon organ, is well illustrated by such organs as the kidneys.

It is said that, if in a healthy man, the secretion from the kidneys be suddenly suspended, he cannot live much beyond seventy hours. In that time the urea that has accumulated in the blood is sufficient to destroy life, by its interference with organic processes. It is true that the kidneys are excreting organs, and that the substance separated by them from the blood has already been used in formative processes, and is now on its downward course towards inorganic compounds; but the process by which this selective separation is performed, is as much a functional act of formative endowment, as the nutrition of muscle or nerve —only the resulting products are different. Even from the partial suspension of any of the nutritive processes—as of the muscular, when an active man is obliged to suspend activity; or of the sanguineous, when a large arterial trunk is tied—there is always more or less disturbance of the system, arising from deterioration of blood from this cause. Every interstitial process,

* Carpenter's Principles of Human Physiology, p. 327. Paget's Surgical Pathology, p. 21.

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whether of secretion, excretion, innervation, or new formation, may be called nutrition, for all of these are themselves processes of cell-growth. But the only manner by which any part or organ can be maintained in its integrity, is by the performance of that particular function for which it was specially created. A function itself has reference to all other organs; the *performing* of the function is self-reparative to the organ performing it.

§ 2. Those progressive and regressive* molecular changes occurring in every tissue, simultaneously with every functional act, have relation to the purity and right condition of the blood, not only by selecting from the blood those materials necessary to the proper nutrition of every tissue, thereby preparing a more perfect plasma for other tissue formations, but the blood itself is thus enabled to perfect its own organization. The blood, if not a tissue, is at least an organ, having its own progressive and regressive processes, subject to all the liabilities of other organs, and whose special function it is to carry nutrition to the other tissues, and bring back, for purification or excretion, the general waste. But if tissue transformation take place inadequately, the blood, independent of all other considerations, must deteriorate from sheer want of opportunity to perform its special function, upon the performance of which, as with all other organs, its healthy condition depends. It is tied up, as it were, like a bandaged limb, and languishes for the want of something to do. It has been said that, "when we have the most perfect health, we die the fastest," that is, in the most perfect nutrition, molecular death takes place the most rapidly, in consequence of the great functional activity; all of which, as before stated, are accompanied by progressive and regressive metamorphoses. All these influences upon healthy nutrition, as well as that exercised through the nervous system, which will be considered further on, are entirely independent of the quality of the food and its digestion. The reader will by this time see the importance to the physician of understanding all the conditions under which nutrition or molecular transformation takes place. He will also begin to appreciate how important in disease it is to be able to control these processes in accordance with the indications of the

* Lehmann.

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case. That he can exercise control within certain limits, must be apparent, when we reflect that at least *one-half* of the gross weight of the body is muscular and areolar tissue; and from the great supply of blood it is probable, that with ordinary activity, *three-fourths* of the aliment taken into the system goes to supply the voluntary muscular system, over which we have entire control. The amount and direction of muscular nutrition depends entirely upon the amount and direction of the muscular motions which we employ; for every motion is the result of the calling into action of muscular contractility—which is the only function of muscle—with its accompanying formative progressive and regressive changes.

§ 3. But perhaps the most important of all the results of muscular motion is the increased *oxidation* of the tissues, and the consequent increased introduction of oxygen through the lungs. Not that the respiration is necessarily accelerated, but that the *affinity* of the blood for oxygen is increased in the ratio of the tissue metamorphoses, consequent on the muscular contraction. Now, when it is recollected that in *all* diseases the introduction of oxygen is always less than in health—because the transformation of tissue is always less—it will be seen how important a part this increased oxidation must have in the cure of disease. Lehmann says, "There are no acute and but few chronic diseases in which the oxidation of the constituents of the blood is not diminished or impeded;" and again, "There is no disease characterized by too rapid or too sudden oxidation of the blood."* Since oxygen plays an essential part in all vital manifestations, and since all diseases are characterized by a *deficiency* of that element, and since muscular contraction is a function requiring a large supply of oxygen for its manifestation—urea, the result of muscle-oxidation being abundant after muscular exertion—it follows that this presents the proper conditions for the correcting of those states of the system depending on imperfect oxidation of the blood and tissues, by favoring a larger introduction of that element.

Thus it will be seen that at least as far as the muscular system is concerned, comprising the great mass of all nutrition, we *do*

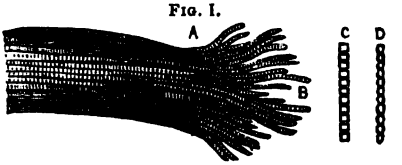
* Lehmann's Physiological Chemistry, p. 199.

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have intimate control of all the molecular transformations. It will be seen by and bye that we can influence the *quality* of those changes as well as their amount and direction. And thus, in so far as the purity of the blood depends on the nutrition of the muscular system, according to the preceding view, we are enabled to exercise a most important and controlling influence.

§ 4. *In the second place*, a proper *circulation* of the nutrient fluids is essential to perfect nutrition. Motion is an essential quality of all organized bodies. Indeed, we cannot conceive of any, even the very lowest organisms, before there are either nerves or special organs of motion, where molecular movements are not only essential to the development and growth, but even the existence of the organism. What is life itself but the capability of specific motions that enables certain elements of matter to assume certain forms? In the lowest forms of animal life this capability of motion or nutrition is entirely confined to cell-endosmosis and exosmosis. It is still the same in the higher orders of animal life, but with the circulation in the vessels superadded. Still, it is estimated that the quantity of the fluids circulating *outside* of the blood-vessels is as great as that within them. The proper circulation of the endosmotic fluids is as important as the proper circulation of the blood in the vessels, and both are indispensable to perfect nutrition. The following cuts from "Peaslee's Human Histology," will sufficiently illustrate the formation of the muscular and elastic tissues, and the blood capillaries, with which we have more particularly at present to deal.

FIG. I.



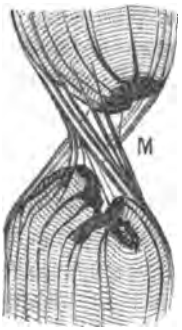

*a, b, Fragments of striated muscular fibres. c, d, more highly magnified fibres, detached.*

Fig. I. represents fragments of muscular fibre magnified 300 times, showing the fibrillæ detached at the end. (*b.*) More highly magnified fibrillæ are seen detached at *c d*. Without at all entering into histological discussions, it will be recollected that the muscular fibre, like that of all other tissues, is of cell-formation, each fibrilla being a row of cells with its enveloping Myo-

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lemma, and that an accumulation of these with their investment, forms the muscular fibre; an aggregation of such fibres constitutes the muscle proper. It will also be recollected that the muscular fibre-cell performs every functional act, whether of contraction or nutrition.

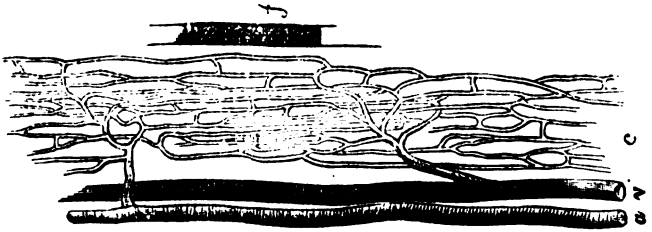
FIG. II.




*The Myolemma of torn muscular fibre.*

Fig. II. represents the Myolemma, the membranous envelope of the fibre-cells clinging between the fragments of a torn muscular fibre.

FIG. III.




*Capillaries of a small fasciculus of muscular fibres, from the neck of the dog. a,) terminal twig of artery; v,) commencing twig of vein; c,) capillaries; f,) single muscular fibre to show the relative size and direction of those to which the capillaries here represented are distributed.*

Fig. III. represents the capillaries of the muscular system. The capillaries (Fig. III.) lie between the fibres principally in their longitudinal direction, with numerous frequent communications between them, as shown in the cut. It will be noticed that their arrangement is exceedingly favorable for their contents to be effected by the pressure upon them of the contracting muscle. The lateral expansion of the fibre during contraction encroaches upon the space occupied by the capillaries, forcing

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the blood in these vessels forwards towards the veins, the capillary valves rendering a regurgitation towards the arteries impossible.

§ 5. It will be remembered that there is no direct communication between the muscular fibres and the capillaries, but that the nutrition takes place through the walls of the capillary vessel, the myolemma and fibre-cell. Muscular contraction, causing progressive and regressive changes in the fibre-cell, is the incentive for endosmotic and exosmotic action to take place, provided there is the presence of arterial blood in the capillary net-work. For the presence of arterial blood is necessary to the performance of any vital act, and the act is weak or intense according to the purity and the plentiful supply of blood. Paralysis would result as speedily, if it were possible to wholly cut off the supply of blood, as if the nerve were severed that supplied the part with nervous stimuli. We have, therefore, independently of the heart's action, a certain portion of the *circulation* under the control of the will. In corroboration of this statement, let us inquire why it is that a person suddenly sick, though having the same volume of muscle, is obliged, to prevent fainting, to assume the recumbent posture, in order to relieve the heart's labor, made more labored by the stopping, to a certain degree, of the movements of the fluids attending the metamorphoses in the tissues? In such circumstances we are obliged to assume the most favorable conditions, in order that the circulation, unaided—for total suspension would be death—by organic changes, may be kept up.* Those writers who attempt to account for the circulation of the blood, besides the impulse given to it by the heart, by suggesting the "viscidity" of the blood and its "capillary attraction," seem to have overlooked the fact that the variations in the rapidity and quality of the pulse is always in the exact ratio of the disturbance of nutrition, i.e., of molecular motion.

Dr. Neuman mentions the following as bearing upon this point: "Irregular desire for food or drinks, especially the latter, may be caused often in a few minutes by strong movements

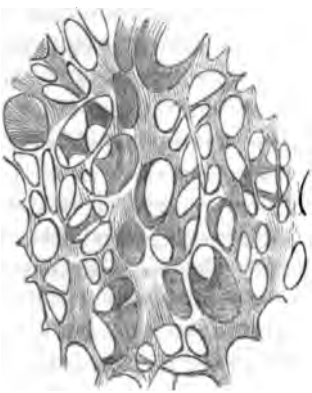
* Experiments instituted by the writer on his patients, have revealed the interesting fact that in consumptive patients treated by "movements," the pulse invariably *falls* from five to ten beats per minute, during the hour the treatment occupies, conclusively demonstrating the view in the text.

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of the body. This could not arise except from great and rapid changes in the formative processes in the body, which is caused by the movement of the muscles in connection with the general organic movements. Thus the fluids of the body must become rapidly diminished, because the exhalation through the lungs and skin and the external and internal capillary net-work is increased, and because at the same time a great quantity of the fluids have been changed into solids." We are, therefore, to conclude that the circulation, both within and without the vessels, is very sensibly influenced by the nutrition and its accompanying molecular movements in the substance of the tissues.

§ 6. There is another tissue, which, though generally minutely described by anatomists, is often practically overlooked by physiologists. The *areolar* tissue of modern authors is here alluded to. Fig. IV. gives a good illustration of the structure of this tissue.

Fig. IV.



*Portion of areolar tissue inflated and dried, showing the general character of its larger meshes. Each lamina and filament here represented contains numerous smaller ones matted together by the mode of preparation.*

The areola is the true investing and connective tissue. It isolates the various organs, dipping down between them and supporting them. It accompanies the veins, arteries, and even surrounds the capillaries, and often the nerves also. "Indeed, it enters to such an extent into every part and organ, that if all the other tissues were entirely removed from the body, its conformation would still be preserved in every part by the areolar tissue; and except from the removal of the osseous and muscular tissues, its weight would be but slightly diminished." "It invests the muscles and gives off prolongations investing the fasciculi of the fibres."* This tissue is capable, by its relaxation or retraction, of causing *mechanical* variations in the *capillary* circulation, and of other fluids generally, and in this way seriously interfering with nutrition; thus affording the

* Peaslee.

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basis of several pathological conditions, to be considered hereafter.

§ 7. The *third* point to consider, is the influence of the *nervous* system upon the nutritive processes.

Vegetative life is common to all organized beings, but in the higher orders this vegetative life has superimposed upon it, the dynamic or animal life, whose medium is the nervous system. The animal life furnishes the conditions for the vegetative life to operate in. In other words, while the cell-formations take place by virtue of their own endowments, the nervous system controls many of the conditions under which this inherent plastic power must operate. Through the influence of the nervous system, there is kept up the most complete inter-relations of part to part, organ to organ, and function to function. The cerebral, sensitive, motor and sympathetic have actual fibrillated connections and mutual dependence, so that it is impossible to influence one without influencing in some measure all the rest. The nervous system is a republic, delegating, it is true, certain duties to each member, but never giving up the dependence of each part upon the whole body politic. Every action of one engages the attention of all the rest. It is the duty of the physician to see that these actions are in harmony one with another, and not discordant.

§ 8. Doctor Marshall Hall's doctrine of the *reflex* action of the cerebro-spinal system, explains many of the phenomena of nutrition, and by the Movement Cure is made of practical use in medicine. The idea of reflex action, of afferent and efferent nerves is something more than a mere abstraction, or even than a well-established, but simply curious and interesting matter of physiology. It is a matter of precise gunnery—a means of hitting the mark without round-a-bout or doubt, and of producing in a given part or organ just those conditions of nutrition required to promote a right instead of a wrong functional manifestation. What can be more plain? To act upon it we have only to patiently investigate the laws under which these manifestations of the nervous system take place.

It has been long known that the *irritation* of the sensitive loops of an afferent nerve will produce a similar irritation (pathological) in the organ upon which the efferent nerve is distri-

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buted. Such, for instance, as the production of vomiting by tickling the throat; uterine contractions by irritating the breasts, &c. But while physicians have followed the *pathological* manifestations of the law by the use of the whole batch of counter-irritants, both internal and external, they have entirely ignored its *physiological* manifestation. It surely is much more philosophical practice and the only one consistent with the well-established doctrine of physiology here alluded to, to cause a *healthy*, instead of a diseased condition in the region of the afferent nerves, if we would produce a healthy manifestation in the organ to which the efferent nerves are distributed. (See § 20.)

§ 9. The special influence of the mind and will upon the general bodily nutrition, is daily manifested and acknowledged by every physician. "The patient must keep up his hope," says the doctor; "He must have confidence in me, or my efforts will be unavailing," says another, and so on. Hope to the sick man brings life and health; despair to the well man brings disease and death. Each mental manifestation has not only its natural language of position and motions peculiar to itself and different from all others, (thus effecting of course the nutrition of the muscular tissue employed,) but there is always more or less disturbance of other functions with their corresponding change of organic processes. When luscious fruits are presented to the eye, we not only reach forth the hand to receive them, but the "mouth waters"—the salivary glands pour out their secretion. Bad news impairs the appetite and the secretion of gastric juice; while good news increases both. Melancholy destroys the action of the bowels, causing constipation; while sudden apprehension often causes a cathartic effect.* Fear acts upon the skin, causing a "cold sweat" to bedew its surface. Sympathy, contrition, grief, produce tears, and so on. Now, all this indicates that there may be a *Medical Psychology;* that, as both general and local variations of the formative processes take place in accordance with mental manifestations, so these manifestations may be so *directed* as to control nutrition for special pur-

* The writer knows a lady, who, though an excellent specimen of health, regular in all respects, yet fifteen minutes of anxiety for her husband or child produces a violent purging, six or eight times in an hour, and till the anxiety is removed.

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poses. For instance, it is easy to conceive that a muscular contraction under the influence of *volition*, would be *different* and *more* than muscular contraction produced by reflex action. If now, a movement is made for a special purpose, with pre-determination and precision, the muscular contraction advancing slowly and uniformly, that the nutrition of the muscular tissue is effected by the contraction, every one knows; but is not the steady, unvarying direction of *volition* upon it for promoting a special functional manifestation particularly favorable to its *proper* performance? When a patient *feels* that his exercises are doing him good, no one can doubt that he is peculiarly fitted to receive good from them; then why not, if he can be made to feel that his *special* movements are calculated to remove his special ailments, allow that they have a similar effect? There is no doubt but that the effect of all modes of treatment is much influenced by what is here termed the "medical psychology." This view may account for the wonderful results produced, generally among ignorant and superstitious people, by various means wholly absurd and inefficient in themselves, such as the laying on of hands over diseased parts, incantations, &c., but if we are to believe evidence, with all due allowance for exaggeration, producing often manifest *results*.* We have then to study the influence of mental states upon general and special nutrition, and direct our treatment accordingly.

§ 10. The law of the expenditure of nerve force seems to be that it is in the ratio of its *intensity*. In other words, fatigue seems to be caused in the ratio of the *effort* made, without reference to the amount of contractions in the muscles, at least till a certain point is reached. For instance, a certain number of steps can be taken in walking with perfect ease, which it would be wholly impossible to take running. And so of all our voluntary movements. But *habit* may in part supersede volition—where dexterity is acquired—in which case the movements are automatic, the spinal cord presiding over them, where there is very little comparative fatigue. Again, movements directed by another,

* This view has nothing to do with the truths or errors of "Mesmerism." Indeed, Mesmerism, what there is of it, seems altogether too ill-defined and uncontrollable for practical direction, at least till some genius shall arise to place it on a more strictly scientific basis.

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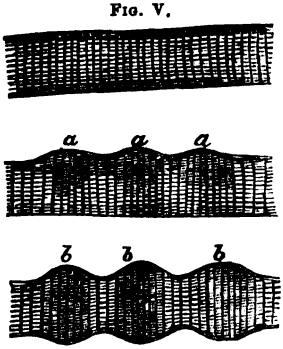
prevent so large an expenditure of nerve force, requiring slight volitionary effort.

§ 11. Thus some of the most important conditions of nutrition have been barely hinted at; to do more would be to reproduce the whole of physiology. Modern physiological science so generally treated of in the books, and regarded by medical men as simply curious and interesting subjects for the student, but having little relation to the purely experimental and empirical systems of medicine, is by the Movement Cure made the basis of an exact science of healing.

## II. Muscular Contraction.

§ 12. Muscular contraction depends upon the primary fact that muscular fibre, under appropriate stimuli, shortens itself. This shortening of fibre under stimulus is the result of the shortening of the fibre-cells in length, and their corresponding increase in diameter. But it must not be inferred that this action takes place in the whole muscle, or even in the whole length of any one fibre, at the same moment of time. "Different portions of the length of the fibre assume this condition at different moments, and hence the whole structure is thrown into a form which recalls the motion of a worm." The different degrees of energy with which a muscle contracts does not depend so much upon the energy with which the fibre-cells contract, as upon the *number brought into action at one time.**

Fig. V.




*Muscular fibre previous to and in successive stages of contraction, showing that only a part of the fibre is in action at one time.*

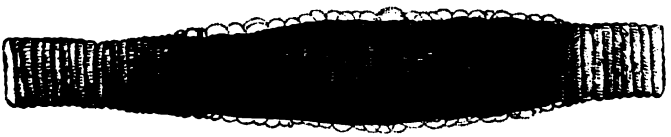
Fig. V. represents stages of contraction seen in the skate. The uppermost figure shows the state previous to the commencement of active contraction. *a a a*, successive "waves" of contraction seen moving along one margin of the fibre, marked by bulging of the fibre, on approximation of the transverse stripes, and a consequent darkening of the spots. *b b b*, similar "waves" still moving along the fibre, but engaging its whole thickness.†

* Draper's Physiology, p. 439. † Peaslee's Human Histology.

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Fig VI. is a muscular fibre of the Dytiscus, contracted at its centre, with the myolemma raised on the surface.

FIG. VI.



*Muscular fibre contracting; the length shortened and diameter increased; the myolemma raised in bullæ on the surface.*

Dr. Draper* has very clearly shown that muscular contraction is the *result* rather than the cause of muscular waste; that the *oxidation* in the cells caused by a stimulus occasions an actual waste—the waste matters passing by exosmosis into the venous capillaries—and that the *contraction* is the mechanical result; supply and repair taking place immediately from the arterial blood. But it is sufficient for us to know that actual loss of tissue takes place with every muscular contraction, which is immediately supplied from the blood by the plastic power of the fibre-cells themselves. But this repair is not immediately perfected, and hence we spend at least one-third of our lives in the total unconsciousness and inactivity of sleep, that the reparative process may be completed for the activities of each succeeding day.

§ 13. It is evident that to produce the greatest change in the nutrition of muscle, the contraction must be very slowly performed, in order to allow time for the successive "waves" of contractions (see Fig. V.,) to be propagated along the whole length of the fibre—as it occupies the same spot only a moment at a time—or resistance should be opposed so as to bring a larger number of the fibres into action at the same moment to overcome it; or still better, both the slow and the resisted movement should be employed. It can readily be seen that such a contraction would effect an almost infinitely greater part of the muscle, and besides it would be but a slight expenditure of nerve force, for (§ 10) nervous exhaustion is in the ratio of the intensity of its action, and in such a movement it would have very little intensity.

* Draper's Physiology, p. 446.

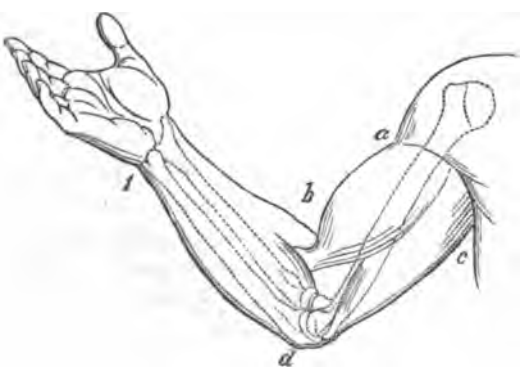
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### III. CONCENTRIC CONTRACTION AND EXCENTRIC CONTRACTION.

§ 14. From the construction and arrangement of muscular fibre, (Fig. I.,) the arrangement of the capillaries, (Fig. III.,) and the method of contracting, (Figs. V., VI.,) it will be seen that with every contraction there is also a *mechanical* effect within that tissue itself; the capillaries are mechanically *pressed* upon, driving the blood along into the *venous* capillaries, and ultimately into the veins; at the same time all the fluids, from the pressure, more or less change places. (§ 4.) This mechanical effect of propelling the venous blood forwards by muscular contraction, can be well enough seen by seizing the arm just above the elbow with one hand, so as to stop the return of blood in the large veins, and contracting the muscles of the fore-arm; the superficial veins will immediately be filled.

§ 15. But while this effect is taking place in the contracting muscle during a movement, its antagonist is placed in just the opposite state, i.e., it is being *drawn out*, and its capillary network relieved from pressure.

FIG. VII.



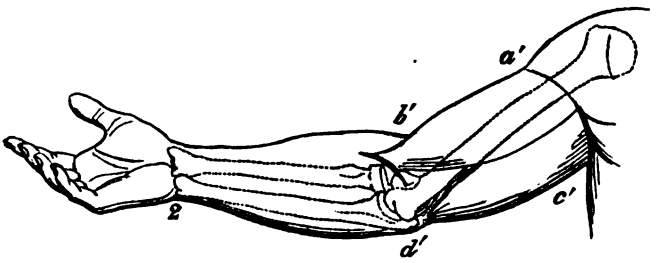

*Flexion of the forearm, showing that while the contracting muscle a b shortens itself, its antagonist c d is drawn out longer, illustrating that while the pressure of contracting in a b forces the fluids into the* venous *capillaries, the relief from pressure in c d allows* arterial *blood to flow into the capillaries.*

Figs. VII. and VIII., which are representations of the flexion and extension of the fore-arm, will convey a clear idea of the different relative states of the flexors and extensors in every movement. Suppose *a b* to be the biceps flexor, and *c d* the triceps extensor of the fore-arm. Now when the arm is motionless,

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the relative condition of both muscles is exactly alike. But if the fore-arm be moved from 1 to 2, it is done by the contraction

FIG. VIII.




*Extension of the fore-arm, showing that a' b' previously shortened, is now filled with arterial blood by being drawn out and its capillaries relieved from pressure, while c' d', by its contraction and consequent pressure, passes its previously accumulated blood into the venous capillaries.*

of *c' d'*, but *a b* is by no means passive, but contracts constantly—or the movement would be made by a sudden jerk—only *c' d'* contracts just enough more than *a b* to overcome it; meantime *c d* is shortened from *d* to *d'*, and *a b* is lengthened from *b* to *b'*. Therefore the contraction in *c' d'* is called "concentric," because that muscle shortens itself, and the contraction in *a b* is properly called "*ex*centric," because it is drawn out longer while attempting to contract itself.

§ 16. Now while the "concentric" contraction in *c' d'* is going on, and as we have seen (§ 14) with the effect of driving the fluids along towards the veins, the "excentric" contraction in *a b*, by the muscle being actually *drawn out* by the superior force of the antagonist muscle, (*c' d'*,) the capillary net-work in *a b* is *relieved* from pressure and there is no hindrance to the influx of blood or other fluids. But blood cannot *return* from the *venous* capillaries on account of the valves, and hence must flow in through the *arterial* capillaries, especially since the contraction itself creates a physiological demand for arterial blood. (§ 5.)

§ 17. In the ordinary flexions and extensions in the use of the muscles, the combined influence of the concentric and excentric contractions is to promote the normal circulation and nutrition of the muscles employed. But suppose that in moving the arm (Figs. VII., VIII.,) from 1 to 2, *resistance* be applied at the hand, then *a b* will not contract during the movement, for its op-

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posing force is already supplied by the resistance from without, and though drawn out, it remains relaxed and flabby during the movement, having neither the physiological or mechanical condition for the influx of arterial blood. Hence we have *isolated* the effect of the movement upon the single extensor muscle *c' d'*. Again, suppose that *force* is applied at the hand, and *a b* is *drawn out* by that force instead of the contraction of *c' d'*, then in that case the extensor muscle *c d* will not contract, its *force* being supplied from without, and it will possess neither the physiological or the mechanical condition for propelling forwards the venous circulation, but will remain entirely inactive. Hence the only result of the movement is the excentric contraction of *a b* with its influx of arterial blood, which effect is therefore also isolated. Furthermore it is very clear that if the movement were made with *resistance* both ways, from 1 to 2 and from 2 to 1, the contraction would be first concentric in *c d* and then also concentric in *a b*, without any excentric contraction being employed. Or, if *force* be used to move from 1 to 2, then *a b* will be excentric, and if *force* be also used to move from 2 to 1, then *c d* will also be excentric, and there will be no *con*centric effect of the combined movements. The reader is requested to study carefully the preceding cuts (Figs. VII., VIII.,) and explanations, because much of the efficiency of the treatment by movements depends upon thoroughly understanding these principles.

§ 18. But it should be always borne in mind that to secure the best results upon local or general nutrition, the muscular effort should never be carried too far—never to approach exhaustion—for in that case a certain amount of the plastic power of the fibre-cells is also exhausted, which destroys the effect sought to be produced. After the required impression has been produced upon a part with sufficient perseverance or intensity to incite its proper healthful functional activity, the impression should cease before there is a chance for reaction to follow, and all the progressive and regressive changes are taking and can continue to take place in the most perfect and vigorous manner. It is not the amount but the *quality* of these changes that insures the most perfect nutrition.

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## IV. Retraction and Relaxation.

§ 19. It has been previously stated (§ 4,) that in health the ingress and egress of the fluids in the tissues are the same. That is, the circulation in the arterial and venous capillaries, and the passing in and passing out of the fluids through the cell-walls, the myolemma and the areolar tissues maintain a constant equilibrium. But when defective nutrition or disease has impaired the chemical qualities of the fluids, so that the proper alkalinity and other conditions necessary to secure the proper affinities of the nutrient and other fluids are out of proportion, or if the cell-walls, the myolemma and other tissues from their vital or mechanical conditions, do not afford the normal conditions for proper endosmotic and exosmotic interchange of fluids, then there must necessarily arise one of two conditions, viz: either endosmosis must exceed exosmosis, or the latter must exceed the former. If it be the former, that is, if more fluids pass into the cells of the tissues than pass out, then there arises a retardation or stagnation of this endosmotic and exosmotic circulation, the cell-membranes become expanded, thinner and more feeble in their vital endowments, the myolemma, the areolar and other tissues partake of the same characteristics, and the *venous* capillaries are less able to carry forward the general waste resulting from the feeble progressive and regressive changes. This condition constitutes a condition of relaxation. But suppose, on the other hand, that the affinity of the fluids within the cell- and other membranes, is greater to pass *out* through the membranes than for the nutrient fluids to pass in, then in that case exosmosis will exceed endosmosis; the cell- and other membranes become contracted, thicker, harder, and present both physiological and mechanical impediments to the circulation in the *arterial* capillaries. Such a tissue presents a condition of retraction. A retracted muscle is shorter, smaller and harder than in the healthy state, and differs entirely from the *con*traction of healthy muscular fibre. In contraction the muscle swells in the middle, while the tendons at the origin and insertion lie buried deep in the parts, and relaxation speedily ensues. But in retraction the muscle does not swell in the middle, but seems to rise up out of the tissues like a cord during its whole length. This condition of retraction exists in all stages,



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from slightly feeble nutrition to complete atrophy. A muscle in a state of relaxation is longer, larger, softer, more feeble, and is entirely without that tonic firmness characteristic of healthy muscle when not in active contraction. This condition may also exist in all stages, from simple feebleness to actual paralysis.

§ 20. Now it is believed, and in most cases it can be demonstrated, that this condition of retraction or relaxation—i.e., of disproportion of endosmotic and exosmotic circulation, and consequent disproportion of the arterial or venous capillary circulation—exists in *all* tissues in all forms of chronic disease. This being the case, to correct this condition of retraction or relaxation in the tissues where it exists, would, all other things being equal, present the conditions for proper nutrition and restoration to health. By reference to part IV., (§ 15, Figs. 7, 8,) it will be seen that the excentric and concentric movements supply precisely the conditions for remedying the physiological and mechanical impediments to healthful nutrition in both the retracted and relaxed conditions of the tissues; the *excentric* movements producing a more perfect supply of *arterial* blood and consequent effusions of organizable plasma; and the CONCENTRIC movements accelerating the egress of the fluids from the tissues to the venous capillaries and veins. This is very apparent, so far as the muscular system is concerned, which, by acting on the various levers of the body, can be put in the desired positions. But the application of this principle is not only to derangements of the muscular system, or even to the general effects upon the quality of the nutrient fluids, as explained in the first part of this chapter, but even the organs of the viscera can be acted on by mechanical means to promote their healthful nutrition in accordance with their pathological states. All organs have their *mechanical* stimuli, and not less so because they may not be contractile tissue or muscle. For instance, a kneading of the relaxed abdomen would affect its contents differently from kneading the expanded abdomen; or a vibration of the chest and lungs in a stooping contracted position would affect those organs opposite from a vibration of the expanded chest, with the hands stretched up over the head. In fact, the first movements mentioned in each case would be appropriate for a condition of *relaxation* of the parts, and the second would be

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useful to correct a *retracted* state. (§ 21.) But there is still another very important consideration to remember. In all cases of disease of internal organs there is secondarily produced a similar condition in the muscular tissues adjacent or containing those organs affected. For instance, in consumption where there is a retracted state of the parenchyma of the lungs, there is always a shrunken condition of the chest; the muscles are thin and hard, and their appearance is so characteristic, that all physicians understand the outward appearance of the chest as indicating the condition of the organs within. So in constipation, the muscular coverings of the abdomen are hard and unyielding, tympanitic if there be flatus, and present the usual appearance of retracted tissues, which is the condition of the intestines beneath; while in chronic diarrhœa, which is a relaxed condition of the abdominal organs, the muscular coverings are also relaxed and flabby. The importance of these facts cannot be over-estimated, for, by producing in the coverings the condition indicated by the pathological condition of the visceral organ, aside from direct mechanical effect in the organ itself, there is also a *secondary* effect in turn in the organ beneath, in consequence of the primary condition produced in the muscular coverings. Thus, if in constipation, movements be given which expand the abdomen —i.e., excentric movements—the contents of the abdomen must also be expanded, which would of itself promote a better arterial circulation and consequent nutrition in them; but at the same time, while an arterial condition is produced in the retracted abdominal muscular coverings, the same condition would be *secondarily* produced in the abdominal contents, on the same principle that the muscles were retracted in the first place by the retracted condition of the abdominal organs. The same idea has been carried out in a very crude way, from the earliest periods of medicine, by the use of issues, setons, plasters, blisters, &c., *over* a visceral organ—as the lungs for instance—for the purpose of producing an impression in an organ having no *direct* connection with the part irritated. Of course, to those who aim to act in strict accordance with physiological laws, such a perversion of healthful nutrition on the surface must have very questionable utility in causing healthful nutrition in the organs beneath. It seems to be a law, whose constant operation is se-

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cured through the intimate connection of the blood-vessels, lymphatics, &c., as well as the influence of the nervous system, that a perfectly healthy organ cannot exist in juxtaposition with a diseased one. And on the other hand, it is equally true, that to cause a healthy nutrition in an organ near a diseased one, is to secure a more perfect nutrition in the diseased organ itself. For instance, in caries of the spine, instead of destroying the tone of the spinal muscles by braces and pads, pressing on the point of disease, those muscles should, by every possible means, be kept in the highest vigor and most perfect nutrition they are capable of, not only for their effect as the natural and only proper support of the spinal column, but as the direct means of causing a healthy nutrition, instead of the ulcerative process in the bones beneath.

§ 21. Thus it will be seen that the various movements of the body, both voluntary and involuntary, though not of service in every case of disease—perhaps in no case of *acute* disease—can be so controlled and directed as to secure very many of the conditions of proper nutrition or health. The healthful quality and purity of the blood; its proper and equal distribution; the just and unperturbed influence of the nervous system; and general and normal nutrition in all the tissues of the body can be secured. So also the special correction of special conditions unfavorable to right nutrition in different parts, in accordance with the nature of the pathological states, whether of external or internal organs, whether of the muscular or involuntary system, can also be effected by appropriate movements. All this in connection with or without any other medical means, as the indications of the case may require. The application of the principles of the Movement Cure to special cases will be illustrated in succeeding parts.

(To be continued.)

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ARTICLE III.—*Insanity in its Legal Relations. 3d Article.* By ROGER G. PERKINS, M.D., late lecturer on Mental Diseases, at the College of Physicians and Surgeons, New-York.

Perfect physical or mental health is, in the present state of civilization and refinement, extremely rare. We are the inhe-

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ritors of too many ancestral iniquities, visited upon and abiding in the blood and brains of third and fourth generations, to be other than, nine-tenths of us at least, half sick continually. It is certain, man may be well enough for all practical purposes, and yet carry about, shut up in some part of him, a disease, latent so long as an exciting cause is wanting, but ready to rise with the strength of a giant and crush him into the grave. The pains and aches he has, however, here and there, in the courses of those warning sympathizers, the nerves, are such vague indicators of the seat of the morbid taints, as to furnish little excuse for laying down his burdens; and until the foe is wide awake and abroad, attacking and verily storming the citadel of life, daily duties and personal responsibilities must be continued by the individual, and are insisted on by society.

It may be that unhealthy minds are more common than unhealthy bodies; but *all* men whose minds are unhealthy are neither to be called, or treated as if *insane*.

It must have occurred to us all that it is too much the fashion of our day to consider men mentally irresponsible on very insufficient evidences. The daily employments, the pecuniary interests, the home surroundings, develop those mental faculties oftenest used, into an acuteness which eventually destroys the natural relations existing between them and other parts of the mind. In this way the mental balance is destroyed; the natural harmony becomes discord; and the power of many-sided contemplation, and of judgment is lost. Deprived of its integrity in the natural relations of its parts, the mind, as a totality, is tortured from its normal condition, and is, therefore, more or less diseased.

This amount of disease, however, is too common to fall within the popular definition of insanity; and cannot be considered as within the intention of that legislative enactment which provides immunity for acts committed during a state of mental aberration. It would thus appear that a *degree* of *technical* mental unsoundness may exist, with *no interference* with the moral *responsibilities* of the man. For as nature will have it, there is no middle ground between health and disease, and a man must be either well, or not well—if not well, he is sick. There is thus need of the good sense of the physician to determine, not

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merely if a thorough equilibrium of all the mental faculties exist; but supposing it destroyed, to decide if the extent of the disease has produced a state of irresponsibility.

It is thought by many that a sort of arbitrary standard of mental health exists, up to which we must all come or be considered crazy. The labor of the psychological diagnostitian would be indeed infinitely less if such was really the case. Unfortunately, however, no such standard has been set up, nor can there ever be one. The fact is, men, in general, are no more agreed as to what constitutes soundness of mind than they are upon the constituents of true religion; and so long as this difference exists, it is in vain to expect a fixed standard. This is very proper. Insanity should be tried by no laws other than those found within each individual patient. The history of each one's mental life furnishes a standard for the judgment of all his subsequent acts. The question to be answered on all occasions is simply—Is the deed under inquisition, such a one as the previous history of the patient would show to be *natural* to *him:* if unnatural, are the motives sufficient to account for it; or must we look for a morbid element in explanation.

Manifestly that which is natural enough for one man may be furthest from naturalness in another. For instance, no one will consider it as proof, tending toward a commission of lunacy, that a certain woman, born and bred to the business, should take in gentlemen's washing; but if a fifth-avenue belle should propose a thing so contrary to the instincts of her nature, and so forbidden by the influences of her education, we should all tap our foreheads mysteriously, and be ready to swear her as crazy as king Lear. Again, I knew a fine old gentlemen, who has spent, as they say Louis Napoleon has, a good part of his life in searching for the philosopher's stone. However *foolish* he may be, he is certainly not *crazy;* but if a certain professor of chemistry, should waste his time in the same manner, the world would pronounce him insane without benefit of clergy. The education of the one renders *unnatural* for *him* what the absence of it has rendered *natural* for the *other*. The views of the said professor may be as erroneous as to vital dynamics, as the dreams of my patient were foolish as to the philosopher's stone; and yet neither be crazy, while both are mistaken.

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For the guidance of the physician, the best psychologists have laid down certain conditions, which, being present, must at once place men beyond the reach of punishment; relieve them from contracts; deprive them of the power of testimentary dispositions, and take from them the management of their own estates.

The first of these conditions, which we shall consider, is *delusion*.

The unmistakable presence of this condition is the most positive proof of such mental derangement as involves irresponsibility. It is *not required* to show the *logical connection* between the *delusion* and the *deed* to render the latter invalid; and this is the point of extreme importance. The *delusion* may be related to the sun in heaven, while the *deed* may be connected with the wife of one's bosom; and hence there be no logical sequence, still the *presence* of the delusion is sufficient to exculpate the deed.

I cannot do better than quote in this connection an extract from the Medical Jurisprudence of Dr. Ray of Rhode Island; nor can I permit this opportunity to pass without paying my tribute to his acknowledged genius and extensive learning. No man living or dead has done so much toward a thorough understanding of the legal relations of insanity as has Dr. Ray in the work from which I am about to quote. I am very happy in being able to count myself among the pupils of the author of a book so scientific, philosophical, and consistent. Dr. Ray is no mere bookmaker; he believes what he writes, and writes what he believes. He is neither an enthusiast, nor a penny-a-liner, but has a calm philosophical spirit, and a strong desire to speak truthfully and well. His book has been cited as authority in all the more important cases, since its publication, in Europe or America.

In regard to the condition of the mind of the patient, during the existence of a delusion, Dr. Ray says: "It is a fact which every one much conversant with the insane must have recognized, that their mental operations are marked by a kind of confusion that finds its analogy only in dreaming. And this is the case, not only with the wild and raving, but to a degree with those whose insanity is apparently confined within a narrow

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circle, and who would not be readily recognized as insane by the world at large. In dreaming and in insanity there is the same firm conviction of the reality of false impressions, the same patches of coherence and consistency; the same embroilment of the thoughts; the same absurdity of the conclusions; and on recovery, the patient often feels as if just awoke from a dream, wondering how he could have had such thoughts, and done such acts." A case is then cited as having occurred under the observation of this author, of a man who held to the delusion of the infidelity of his wife. His conduct was calm and his manner quiet, and he willingly busied himself, with the greatest intelligence and reason, with what he found to do about him. Even the professed psychologist was puzzled during the period he waited for a history of the case, to find any proof of insanity. On the recovery of the patient, all the things which he thought he saw in proof of his wife's guilt, appeared to him like a dream; and he could give no other account of them. To consider this man accountable for any act committed during this state of mind is reprehensible in the extreme; *whether the deed be connected with the delusion as logical sequence or not.*

In following out this train of thought, it may be said, the presence of a single delusion, that is, one thoroughly uncomplicated with other insane manifestations, is very rare. There is almost always a hidden connection with other trains of thought, and though this connection may not at first be evident to the observer, some event which exhibits it, is pretty sure to happen during the course of the disease. As is well understood, in physical disease, we often have but one prominent symptom of any considerable importance, and yet the patient may have an organic, and perhaps incurable disease; so also, in mental unsoundness the mind may exhibit its weakness, in but one direction, and yet be diseased in many others. It is only required to consider the intimate relations normally existing between the mental faculties, to appreciate the active sympathies between those diseased and those seemingly healthy. So certain are we of these close sympathies of the mental faculties, that the term *mono-mania* seems to be ill-used, and to represent a state of mind rarely, if ever, existing. I am free to confess that out o our 2000 insane, who have been the objects of my particular

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study, I have never seen a case in which but *one* mental faculty was involved in the disease.

Here now is the proper place to indicate the difference between delusion and *error* of *judgment*. There is danger of confounding delusion with *eccentric belief*. Manifestly two men, both in their sober senses, may believe precisely opposite theories: and it may be each shall consider the other crazy, from the simple fact of the disagreement. But every thing, whether in form or in idea, submitted to the contemplation of man, possesses the elements of both truth and falsehood. It is impossible to make any statement (outside of the pure mathematics) which is thoroughly untrue from every point of view. The imagination of the reader may make to itself any proposition, and no matter how contradictory the first statement may appear, close attention will discover somewhat of truth contained in it. Take for instance the following—the chair in which I sit, is upon the opposite side of the table; there is nothing which seems to admit of two interpretations less than this; and yet there is certainly an essential element of both truth and falsehood in it. To *me* the proposition is false; to my friend on the *other side* it is true. His *position* makes it true to *him*. Now then, as the statement which my physical position renders false to me is rendered true to my friend in his physical position; so that *belief* which my mental conformation renders *false* to *me*, may be, by my *friend's* mental conformation rendered *true* to *him*.

*Delusion* may be defined as a diseased apprehension of the relations of things; this diseased apprehension giving foundation to a *fixed* false belief.

It is necessary in all cases for the physician to determine from the previous history of the case if the belief held by the person under inquisition is *natural* to *him* or the result of *disease*.

In the diagnosis between delusion and eccentric belief it is to be borne in mind, first, that all men are considered, (both by law and common-sense,) *sane*, who are born into the world neither imbecile nor idiotic. He on whose *inborn* mentality *disease* has made no impression, is accountable for his acts, however low may be the mental or moral status which God has assigned him. If a man is born with propensities to evil, it is his misfortune, doubtless; but society must and does protect it-

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self against the unhappy results of such mental conformation, by means of penal contingencies. In the eye of the law, deficient moral organization, although perhaps at the foundation of almost all crime, is no excuse for its commission. Errors of education are also inadmissible as extenuating circumstances, and even impending starvation will procure no man immunity for the theft of bread. There must be a *morbid change*, and this change discovered by *contrast* with the mental *past life* of the *individual* before the plea of mental irresponsibility can be successfully plead on the ground of insanity.

To exhibit more plainly the true nature of delusion it is deemed proper to cite the following case: the only one I shall refer to in this connection, as want of space forbids the multiplication of instances.

An old lady, who, residing in the upper part of the city, has a life-interest in a large estate, was the subject of legal inquiry as to her capacity to manage her own affairs. As her personal income was rising $15,000, and as she was supposed to be under the influence of a designing person, her heirs apparent instituted a "*commissio de lunatico inquirendo.*" The ground taken by the relatives was that a *delusion* existed: and on this account they desired the court to appoint a receiver, and guardian of her property; out of whose hands, of course, she was to receive her necessary expenses. I was requested to visit the old gentlewoman professionally, and did so. In the five interviews had with her, there appeared insufficient evidences of delusion, and I so testified in court. The case, however, in its details, is perhaps more instructive than if the delusion had really existed. It seems that, born before the revolution, the old lady was a girl at the proclamation of peace, and tells many things which occurred during those stirring times, when the perceptions of all ages, and of both sexes, may be supposed to have been unusually active. Among other incidents, she says, that one evening, while the British occupied New-York, General Washington was at a ball in Beekman-st.—that she was there and saw him—that his attention was attracted to her from a bird-cage she had in her hand—that the ladies of the city were presenting the general with a piece of tapestry—and that in the midst of the

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festivities of the occasion—she, looking out of the window, discovered the enemy approaching with a view to the capture of Washington, and that she hurriedly informed the general of the fact; and led the way immediately to a hidden cave, in the neighborhood, in which she kept him concealed for four days. That, finally, through some indiscretion on her part, the general was taken prisoner by the British, who kept him a little while, and then sent him home with a new suit of clothes.

This statement made by Mrs. —— was considered evidence of *delusion* by two medical men; and as the presence of delusion is proof of insanity, and therefore of mental incapacity, they testified to this opinion. Five other medical men took a different view of the case. While allowing the statement to be contemptibly false, they were *not* convinced it was a *delusion*. During my own examination before the court—I was requested to give a definition of delusion, as free from technicalities as possible. The following ensued.

"Delusion is a *fixed idea or belief* as to something, which, if the reflecting and reasoning faculties were in their *natural* state of health would seem untrue."

"What is the difference between delusions and hallucinations?"

"Delusions are misapperceptions of the *relations* of things; while hallucinations are misapperceptions of *form* and *conditions*."

"Has Mrs. —— either the one or the other? Is or is not the story of Washington evidence of delusion or hallucination?" "It is evidence of neither."

"Why do you think it not a delusion?"

Because the *possible* parts of the story, in which I think she believes, I have no means of disproving; and the impossible parts of it *she knows to be false*, and has therefore no insane *belief* in regard to them.

"Does delusion depend on insane belief?" "Yes."—

"Why do you think Mrs. —— does *not believe* in the *impossible* parts of this story?"

"Because when her attention is called to the *impossible* parts of the story she *corrects* herself in many things, *denies others*, and *excuses* the remainder. If this were a *fixed belief* on her part, she would do no such thing; but would insist, with all

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the more pertinacity, the more she was doubted or interrogated."—

"How then do you account for the story?"

"Simply thus, the old lady, whose memory, as is apt to be the case with old persons, is somewhat weak, has confused certain facts which occurred in connection with the capture of a minister in Stamford, while she was living there, before her arrival in New-York, with certain other facts, which occurred in connection with General Washington, while she was living in Beekman-st., about the time of the evacuation of the city. In *these facts she believes;* but on to them she has woven a tissue of *falsehood,* which she *does not believe.* She was naturally led to tell this story, by the love of, and desire to attract attention to herself, and as garrulous old women often do, has made herself out of much more importance than the facts will warrant; and now clings to her first statement on *most* occasions for *fear* of *being caught in her lie.* This is, moreover, just such a lie, as an uneducated old woman is most likely to make up: and there is scarcely an old woman, who lived during the revolution, who has not done some great deed, by which the life of General Washington was saved; if you may believe her own story. To render the absence of insane belief a certainty in this case, I have her own words, in a moment of unusual garrulousness and confidence, to the effect, that she regretted ever having mentioned the story—that it was not true, and that she was ashamed of ever having told it."

The jury, not having been satisfied of the existence of insane and delusive belief—Mrs. —— was permitted to remain in the possession of her estate.

Although wishing to render this paper as short as possible, as space in this journal is more or less limited, I cannot leave the subject of delusion, without reference to *insane suspicion* and *insane prejudice;* the first of which is often the cause of homicide, and the second of which is frequently productive of great injustice in testamentary dispositions.

It has often been a matter of some wonderment that delusions of *suspicion* should be so *common* among the insane. Their presence has become, as it were, so much a matter of course; that being called on to examine a patient, the first question is almost always: "Do you think any one is trying to do you

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any injury?" and the reply is quite likely to be a detailed statement of some conspiracy which the diseased imagination has proved to itself from the most trifling and insufficient premises. As is easily seen, this form of delusion must often lead to homicide.

A patient, since happily recovered, believing his wife was intending to poison him, attempted to play Othello to her Desdemona. As the would-be Othello was somewhat weakened by disease, the resisting Desdemona was the stronger of the two. The husband foiled in his attempt on the life of his wife, ran to the cradle, and seizing the infant, carried it to the open window, and held it out at arm's length, threatening to dash its brains out, unless the mother promised to remain silent as to his homicidal attempt upon herself. She promised, and he soon after became calm. I gave this man repeated doses of brandy followed them with Opium and Nux, and he seemed well in a week, and has remained at his business ever since. The man had never been intemperate. Brandy seemed indicated from the *totality* of the symptoms. It was preferred to other diffusible stimulants, on account of its specific qualities. As this attack had lasted only a week, and as the fact of the man's illness had been imparted only to his nearest friends, and as the patient recovered a week after the event recorded, there must have been difficulty in sustaining a plea of insanity, in case the crazy man had thrown the child from the window, in the paroxysm above referred to: there is, however, no doubt of disease in this case, as a more kindly and amiable man is hardly to be met with, than he, when in good health.

Well-informed criminals are aware of the immunity furnished by delusion, and sometimes simulate it. Against those the physician must be upon his guard. These people, however, commonly *overdo* the matter. They are, generally, so very anxious to appear crazy, that resorts proving perfect sanity, are discovered. They are induced to add an element of mania to the delusion; which is apt to be much more violent than natural; and cannot therefore be continued long without such physical exhaustion as betrays the attempted fraud. Simulated *delusion* alone is only found among those who have studied insanity with a good deal of care: the popular idea of a crazy man, being, one who *raves*. The quiet delusion is hardly con-

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sidered sufficiently impressive to attract attention; and those intending to deceive, try a more violent form of insanity, to make their pretended disease the more manifest.

*Insane prejudice* is a lower form of delusion than those mentioned above, but when existing, equally indicatory of mental disease. The most perfect example of it is found in Shakspeare's Lear. The changed feelings of the aged monarch toward Cordelia are a fine specimen of this form of disease. I apprehend this is much more common among old people than is supposed. If thoroughly proved, it should be sufficient to break a will, made under its influence. Its existence on the part of a husband sometimes begets inhuman treatment of a wife. All the woman may do under these circumstances often avails little toward convincing the husband of his error. It may be, however, that while the continued love and duty of the wife are acknowledged, the husband finds himself thoroughly incompetent to overcome his repugnance, and is unjust and overbearing, causing much misery, and sometimes procuring a separation. If insane prejudice is allowed to continue it may end in delusion. This state of mind is apt to follow upon that excessive love and devotion, which causes both parties to seek the society of each other too continuously. Not only is an opportunity thus given to find out the weakness of each other, but there is such an interchange of magnetism, so to speak, that both become either positive or negative, as the case may be, and a moral repulsion is the result. The remedy is very simple, and will at once suggest itself. Really intelligent people understand this, and unconsciously take precautions against its occurrence. One is naturally reminded, in this connection, of the character of school-day intimacies. Two boys or girls walk for weeks, with arms about one another, hardly happy, when separate. Presently each has changed his mate, from most trifling cause: but in a month more the original pair come together again, in great wonder how they could have quarreled. We do not wish to be understood as asserting this to be always a diseased condition. But fixed delusion is sometimes engrafted upon it.

The next mental condition, which when present, involves irresponsibility, is *morbid exaltation.* Its most marked symptoms

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are included under the head of *acute mania* in a preceding article. Acts committed during the ordinary acute mania are hardly ever the subject of *extended* legal inquiry. The disease is under these circumstances so apparent, that grand-juries find no indictment, and the unfortunate lunatic is quietly sent to an asylum on the oath of two physicians.

But by far the most important, least understood, and difficult in diagnosis, of all the forms of morbid exaltation is what is called the *homicidal impulse*. Several cases of this kind are on record. They are all deeply interesting, but none more so than the following. A woman presented herself at the "Central Homœopathic Dispensary" last summer who confessed, with tears and hysterical sobs, to an irresistable impulse to kill her child. She had been recently confined, (I believe about a month previously,) and had been as she expressed herself exceedingly nervous ever since. She had had but small appetite, but little sleep, hardly any milk, and was in a constant nervous tremor, while describing her distressing and unnatural condition. She told me she had been compelled to run with her child in her arms, into the house of a neighbor, and throwing the child on the bed, to rush distractedly into the street, for fear of yielding to the horrid impulse which prompted her. But little idea can be formed of her extreme distress. She wrung her hands and cried most piteously, mingling her sad entreaties for relief with hysterical tears and sobs. Although in a state of extreme nervous *erythismus*, there seemed to be present no delusion or hallucination. The woman was mentally well in all respects, save in the direction of this unnatural impulse. In this case the erythismus was so marked, that had the patient been unable to resist the homicidal impulse, there would have been but little difficulty in convincing a grand jury of her unaccountability: but cases occur in which the insane impulse comes on so suddenly and irresistibly, and passes over so immediately after the accomplishment of the bloody deed, there is the greatest conceivable difficulty in diagnosis.

Supposing ourselves called to the psychological investigation of a case in which this form of disease is set up as ground of irresponsibility—the first step is to inquire into the previous character of the accused. We should then bear in mind that

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certain physical symptoms are to be expected antecedent to the outbreak. These physical symptoms are as follows. There is apt to be an unpleasant feeling at the pit of the stomach, a short shuddering through the body; the tongue may be loaded; the stomach acid; burning heat may be felt throughout the abdomen; there may also be thirst and constipation. Not long after may come a buzzing or singing in the ears, a fullness in the head, and of the vessels of the face and neck. Soon the general bodily excitement extends to the brain, and at this moment arises the blind impulse to commit murder, suicide, theft, arson, or some other outrageous act. No one who has seen and studied many cases of *epilepsy*, can fail to discover how much the antecedent symptoms to one of those attacks resemble the ones cited above as premonitory of the insane impulse. In fact it is a matter of little question if this insane impulse may not be one of the forms of epilepsy.

It must not be forgotten that in choleric men a sudden fit of violent passion is sometimes preceded by some of the symptoms above enumerated; and care must be observed lest we confuse an ebullition of rage with this diseased condition. A study of the *motives*, or *provoking* circumstances, will materially assist our diagnosis. To understand the insane impulse more clearly, we shall consider the results upon the mentality of repeated *epileptic* attacks, at this stage of our subject, rather than further on, as at first intended. If we consider the insane impulse as one of the forms of epilepsy, we find there are *three*, viz.: this insane impulse just described: a form in which the reflex system of nerves is *primarily* and *principally* involved, and one in which there are few symptoms of spinal involvement; the diseased manifestations being confined to the brain alone. This last, which is known among French writers as "*la petite mal*," is the most serious in its results upon the mind, and is the more dangerous from its insidious approach.

The popular idea of epilepsy is, like the popular idea of insanity, one which supposes a degree of violence in all cases, which is in fact only found in a small number. Those who have made the disease a study, attach much less importance to the mere fact of the convulsions, than to the loss of *consciousness*. The one involves spinal irritation and may occur in hysteria, or from

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indigestion; the other is dependent on a *cerebral irritation*, which though sometimes sympathetic with the reflex system (of Marshall Hall,) may be and often is idiopathic, or connected with a thorough poisoning of the "*fons et origo*" of the nervous influence. "LE PETIT MAL," which is, as before indicated, by far the worst form of epilepsy, is the most quiet, and is not connected with more convulsive movements than simple manual tremors, which last but a few seconds. It is seldom preceded by very marked premonitions. Not long since an opportunity was afforded me of observing and carefully noting the symptoms of one of these attacks, and the case will be found below. This case is selected from others, because well marked, and freshest in memory.

The patient was engaged in earnest conversation, when suddenly he ceased to speak; a change came over his features; his eyes became fixed; his mind seemed paralyzed; he became pale, and a silly smile played about his mouth. He presently recovered himself, took a long breath, and with a wondering exclamation attempted to resume the conversation. He succeeded, and in a few minutes the mind gradually came up to its usual activity. This was a *mild* but very *distinct* attack. This patient does not always recover so easily and immediately, but is apt to lapse into silence and dullness, acknowledging himself ill.

Hardly anything is more certain to finally destroy the intellect than this "*petit mal.*" It strikes directly at the *cerebral centre*, and is followed after a while by paralysis. Dr. Marshall Hall, who kindly took pains to describe to me the nature and course of this disease, considered it more frequent than is generally supposed. He believed it to be often the foundation of mania and dementia. Legal cases are of likely occurrence, in which much aid in the diagnosis may be gained from a course of inquiries in this direction.

The form of epilepsy in which, though there is a loss of consciousness as in "*le petit mal,*" the disease instead of spending its whole force upon the brain, is diverted, in some measure, upon the reflex system, is the one to which is attached the popular idea. It leaves behind its paroxysms, a state of stupor followed by morbid exaltation. In this condition the patient is entirely unaccountable for his acts, but when recovered, he may



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resume his usual business until the advent of another paroxysm.

The fact that a man is subject to epilepsy, must of course go a great way toward proving him unaccountable for any unusual act; but that this plea should stand with a jury, or with scientific men, the length of time since the last paroxysm, and the general condition of the patient between previous attacks, are the influential points to be considered.

The most unimportant form of epilepsy is the simple convulsion, in which there is no loss of consciousness; this we find in children and hysterical young women. Convulsions occurring in children, caused by worms, or indigestion, may of course assume the form of the higher epilepsies; but the loss of consciousness in these cases is not so complete as would appear. The loss of consciousness is the only fact of direct psychological interest, and when this symptom is not present, the convulsion cannot be classed among the psychopathies.

The other forms of mental exaltation which are frequent subjects of legal inquiry, are comprised under the names *pyromania*, an irresistible propensity to incendiarism; *kleptomania*, an insane propensity to steal; *erotomania*, insane love; *nymphomania* or *satyriasis*, a term well understood, and a disease which may perhaps underlie many cases of rape, as well as be the frequent cause of prostitution. When called to the psychological investigation of cases purporting to belong to either of these forms, the physician is to be governed by the rules laid down above for the discovery of delusion. Evidences of a *morbid change* are to be sought for, and if not discovered, the plea of mental disease cannot be sustained.

For the discovery of a form of mental exaltation quite common, and of which the case of G. H. (in a preceding article) is a fair instance, the most profound knowledge of psychopathy, and the most careful study, as well as a natural power of delicate mental analysis is necessary.

As this state of mental exaltation is frequently found alternated with a morbid depression, the two states will be considered together. The French have given to this form the name "*folie circulaire.*" The elder Falret first described it in a course of clinical lectures delivered at La Salpétrière in the year 1844. Ten years after, M. Baillarger read a paper on the subject,

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claiming priority of observation. I have seen some six cases, each differing from the rest in the character of the paroxysms, but all bearing a strong resemblance in their periodicity and general peculiarities. The description of M. Falret is so point ed, and so well represents the cases I have seen, I subjoin an extract from his memoir read before the French Academy soon after that of M. Baillarger. "With a certain class of the insane, mania and melancholia (exaltation and depression) occur in continuity, and in a succession quite regular. This fact has induced us to establish a form of insanity, which we call *folie circulaire*." The unhappy subjects are constantly liable, even to the end of life, to this succession, with but short intervals. Nor are the symptoms so striking as in mania and melancholia proper. It is not incoherence of ideas, as in mania, but *simple* maniacal *excitement*, or *extreme activity* of the *faculties*, with constant *restlessness* and disordered actions. It is not the lesions of *intelligence* and the prevalence of *delusions* as in melancholia, but physical and moral depression of the faculties. This form of disease is less curable than either of the forms which together constitute it, when met with alone. Up to the time when M. Falret's paper was read, the author had made no cures, nor a single lasting amelioration. The length of time the paroxysm, whether of exaltation or depression, may continue, differs in individual cases. There seems to be a period between the attacks, during which there is a degree of the usual mental health. In the recognized forms of intermittent insanity, this is certainly true, though as in cases of fever and ague the disease is still in the system, and is sure to show itself externally when the proper time for the paroxysm arrives. "*Folie circulaire*" follows the same law in this respect as intermittent insanity, and a patient who has signed a deed or contract on an occasion *between* the paroxysms of the disease, must be considered bound by it. The question in these cases is as to the lucid interval; and it is proved to exist or not, by the mental manifestations, in other directions, on the day the instrument was signed, and by the previous history of the case. The physician should ascertain what time the lucid interval may be expected, and how long it has usually lasted. It is easy to see that exceedingly interesting civil cases may hinge on this point. A man, as was once

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actually the case, may see fit to dispose of some of his real estate for an amount which seems a proper estimate of its value. Subsequent events increase the value of the property he has contracted to deliver, and his friends refuse to allow the fulfilment of the contract. A suit is brought, and on the side of the contractor, the plea is instituted that when the contract was entered into, he, the contractor, was under the influence of mental disease. Testimony to be decisive in such a case, must bear upon the nature of the attack, the period of interval, and the character of the other acts performed on the day the contract was signed. In the case referred to, it was proved that at the time of contract, the patient *should*, according to the previous history of his case, have been in a *lucid* interval, and as none of the acts cited as having been done on the same day were considered insane, and as the amount accepted for the land was about its market value when sold, the Court sustained the contract.

It is to be understood the lucid interval occurring in "*la folie circulaire*," and with reference to which the above case is mentioned, takes place between *paroxysms*, and *not* between the two *phases* of mental disturbance, which, when taken together, properly constitute the attack. Of course the mind in its passage from extreme depression to extraordinary exaltation, must, if it passes slowly, be at one time during its course in a condition nearly healthy. M. Falret, however, is quite determined that nothing which can be properly called a lucid interval has been known to take place between the mania and melancholia which go together to make up a paroxysm. The true lucid interval is doubtless found as above indicated, when after passing through the two forms of depression and exaltation, the diseased influence seems to suspend its action and a state of mental health is temporarily established. The state of mental health is proved by its similarity to the reported previous mental condition of the patient.

Delusions and hallucinations are not generally present in "folie circulaire." The nearest approach to the former seems to be a settled prejudice against the patient's own family and friends. I remember one case, however, in which a virgin imagined herself pregnant during the period of depression; during the period

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of exaltation she acknowledged the delusion with many blushes.

The physical health is almost always affected, and sometimes seriously so, during the period of depression. Dyspepsia, sleeplessness, and neuralgia are frequently present. Quite the contrary, however, is true of the period of exaltation; the powers of the vitality are so highly excited, that an unusual condition of health is induced, and it often happens that chronic disease of long standing, such as paralysis, indigestion, &c., disappear during this stage of the mental derangement.

A lady, who had been suffering from a contraction of the tendons of the flexors of the right hand for several years, so far recovered their use as to be able to write letters, to sew, and to knit, during her exaltation.

A young lady who had endured for five years a catarrh of extremely offensive character, intensely annoying to herself and friends, became gradually better during the approach of the stage of exaltation, and perfectly well at the climax of excitement. The *disease re-appeared* on the recurrence of the *lucid* interval. I cured this catarrh during one of the lucid intervals with Silicea, with the result of bringing on the exaltation much earlier and more violent than usual. Patient is now *mentally* well, but still affected with the disease of the nasal passages.

The testimentary capacity of old men is sometimes impugned by interested parties, on the ground of *senile dementia*. The main difficulty in these cases rests in the necessity of distinguishing the *natural* decay of the mental faculties from the *unnatural change* incident upon *disease*. The *first* takes place in accordance with a natural law of man's existence, and is not owing to any *external* cause. The second is the result of morbid influence, and comes within the limit of the statute made for the protection of all concerned. The difficulty of distinguishing these two conditions is the greater when found together in the same case, as often happens. Our study should be directed mainly to the former mental habit, and the history of the manifestations now present, with particular relation to the suddenness of their appearance, and their exciting cause. This, however, is not sufficient to decide the matter. Not only are we to inform ourselves of the *former* natural condition of the mind under inquest, but also of the *natural changes most likely to oc-*

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*cur* from *age*, upon a mind so constituted. The *probable natural* change thus *inferred*, compared with the *real* change before us, constitutes the grounds of the diagnosis. It would seem certainly unjust to class all the manifestations of an intellect failing from *age* among evidences of insanity; hence the necessity of a philosophical distinction between the derangements of disease and the decay of nature. In some of our States there is a law providing for the guardianship, and trusteeship of the property, of those incompetent from old age. In those States where no such law exists, the deficiency is no fault of the physician, and it is not his duty to torture scientific *fact* for the accomplishment of a result however desirable.

A common mistake among lawyers, is to consider *all* forms of mental disease occurring among the aged as *senile dementia*, thus allowing more importance to the time of life than to the symptoms of the disease. Old men may be the subjects of other forms of insanity. I have seen mania of high activity, and delusions of an intensity quite incompatible with dementia, at very advanced age. A lawyer, and perhaps more than one has failed to prove his case, because classing manifestations really insane under the head of dementia, which no intelligent jury could admit within a scientific definition of that term.

There is, as every one knows, a *loss of memory* which when *unrecognized* by the *patient* constitutes disease. Memory being one of the mental faculties, its impairment involves mental derangement; unless the external relations to the world are preserved by a *sense of the weakness* in this direction, and a consequent constant effort to obviate its results. The mental equilibrium is thus maintained, the weakness of the memory is compensated by the strength of the reason. Business men of short memories are not insane, because aware of their deficiency, they guard against its effects by means of memoranda.

It is not uncommon for lawyers to examine witnesses very particularly on this point, and it thus requires a good deal of attention.

There exists a *moral* as well as an intellectual insanity. The passions and emotions are as much a part of the mentality as are the imagination and the reason. In most uneducated people these last are less cultivated than the first, and a preponder-

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ance in the emotional part of their natures is a predisposing cause to moral diseases. Morbid influences may cause as tumultuous riot among the passions of the human heart as amid the workings of the human reason; and it is extremely unphilosophical to ignore this fact. Whether the plea of moral insanity is used, as may be also the plea of intellectual disease, by people whose natural or developed *depravity* has brought them into trouble, is a question with which we have but little to do. Is is for the medical witness to apply the proper means of diagnosis to the case in hand, and for him to determine, if the accused is really sick or simply wicked.

In following out this theme, it is evident the moral change occurring from a morbid cause, may be either from bad to good —good to bad—or bad to worse. As instance of the first, I remember an old sea-captain, who, when in his healthy and natural state was most passionate, overbearing, unreasonable and avaricious. He was known among his employers and friends as a "hard man," with no milk of human kindness in his heart. Suddenly he "met with a change." He became as civil as he was before disagreeable. Never before known to be just, he suddenly became generous. His passions were changed to amiabilities, and the church seemed about to receive a new supporting pillar in his bulky person. The fisher of whales was about to become a fisher of men, and the people were all glad of it. There sprang up quite a breeze of enthusiasm, by which, this and other "brands snatched from the burning," were fanned into a flame of ardent zeal. But the end was not yet. The old gentleman had a vertigo one day, which frightened him into a box of cathartic pills, (saints preserve us!) and severe hæmorrhoids ensued, which took the place of the *ulcer* he had too *suddenly* and *imprudently healed* with topical applications a few months before. The occurrence of the hæmorrhoids relieved the nervous system, the *natural* state of my eccentric acquaintance was re-established, and he became as bad as ever, to the great disgust of all who knew him, myself among the number.

As instance of a change from good to bad, I knew a young man of good mind and excellent accomplishment, who was, when in his natural state, very fond of beauty in all its forms, and was very amiable and inoffensive. After some business

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disappointment he became moody for a while, and presently had occasional passionate outbursts, and for the first time in his life whipped his astonished dog and horse most unmercifully. I called on him one day, and found him in his father's garden striking off the heads of the flowers with his walking-stick, with a vindictive and earnest industry which must have startled any observer. The reason for this strange conduct was, that he "didn't like to see the damned things." "It was no business of mine, if he chose to spoil the garden." "I'd better be quiet," &c., &c. Presently the poor fellow began to shed tears, said he felt sick and tired of the world, begged I would excuse him and sauntered away. During this illness which lasted nearly four months, he procured the most poignant unhappiness of a newly married couple by his ill-designed slanders, and when compelled to confess his falsehood, did it in such a manner as to leave its sting behind.

Moral insanity exhibited by a change from bad to worse, is perhaps common enough, but extremely difficult of diagnosis. Public opinion is always against the success of this plea, and we may err on the safe side, perhaps, when agreeing with the popular mind in at least this one of its conclusions or prejudices. There is a *natural* growth in wickedness. Immorality may become hypertrophied as may the arm of the blacksmith by continued and unrestrained use.

The case of a notorious forger has recently been the subject of much public interest, from the plea of moral insanity connected with his defence. The jury decided against the plea in this instance, and from the testimony adduced, we cannot see how they could have done otherwise. There was, however, one point which Huntington's lawyer seems to have lost sight of, and to which a good deal of interest attaches. The defence proved the repercussation of a cutaneous disease of the scalp, during the childhood of the prisoner. Now if it could have been proved that previous to the disappearance of this eruption, the child Huntington had been, like other children, mild, gentle, obedient, and generally harmless, and that subsequently he became wicked and ungovernable, a very fair question of accountability might have arisen. The inquiry in this case would have

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been, how far the diseased action on the scalp had permanently affected the brain beneath.

When, however, we consider that no such point was made, we must agree with the verdict. The wild excitement engendered by the success of reckless endeavor, finds natural outlet in careless expenditure, and in the exaltation attendant on sudden transition from poverty to wealth, from anxious hope to full fruition, excesses are natural, and headlong folly is the law.

We have thus finished what the occasion seems to demand. The importance of the subject is, of course, very apparent, and fully justifies the space taken for its consideration.

The fourth article of this series will appear in a short time. In it we shall speak of the treatment of the insane.

R. G. Perkins, M.D.

No. 96, Fourth-Avenue, N.-Y.

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Article IV.—*Report on Attenuations in Intermittent Fever.* Communicated to the Homœopathic Medical Society of the State of New-York, May 12th, 1857, by Dr. B. F. Joslin, of New-York.

The undersigned, as Chairman of the Committee appointed to report on the Treatment of Intermittent Fever with Attenuated Medicines, asks leave to be excused from a full investigation of the subject, and to suggest that the duty be assigned to some physician in a malarious district, who might derive from his practice more materials.

It is hardly necessary to say that Intermittent Fever is to be treated on the same principle as other diseases, i.e., by the law of similitude; and that the homœopathic law is not that a symptom is cured by what produces a similar symptom, but that an *assemblage* of symptoms is cured by what produces a similar assemblage. It appears to the writer that the want of this distinction is the principal source of the conceit and temerity of lay practitioners. When one of them is told that the first of the above statements is not the true enunciation of the law, but that it is essential to a successful practice, to search for a considerable number of symptoms, and often in parts of the body remote from the main seat of the disease, she exclaims: "If

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this is so, it must be a very laborious and difficult thing to practice Homœopathy; I thought it was very easy; I was told that if I obtained a box and book I could practice in most cases as well as a physician." Now what does this small book teach? The instruction which is most sought and valued is, that a certain remedy is best for a certain symptom or disease, and that certain others have subordinate ranks. The layman selects them in the order of their reputation, without reference to their special adaptedness to the various symptoms of the case present. But what has this to do with intermittent fever. Much; for the practical adoption of a similar principle explains the occasional failure of attenuated medicines, and the resort to Sulphate of Quinine. In the same way we might be driven from them to Opium for the relief of toothache. If the medicine applies but to one symptom, we shall only suppress some of the morbid expressions; the disease will be liable to recur in its primitive or some secondary form. Periodicity is but a single symptom; and to search for the best anti-periodic as such, is to be an humble imitator of allopathic and domestic homœopathic practice. With such a vicious selection, the dose, if small, may do little good, if large, much harm. The attenuated medicine, if selected in accordance with the true homœopathic law, usually succeeds in a time sufficiently short to satisfy intelligent and well-instructed patients, and in many instances immediately, even when in the 30th or 200th dilution. Dr. Wells, of Utica, has published the cure of about thirty cases, with the 200th of Arsenicum. Dr. Macy, of Brooklyn, states that in the last year he cured about ten cases, all with attenuated medicines, generally in the 200th dilution, and without any resort to Quinine in any case. The Central Homœopathic Dispensary in our city reports as cured of the same disease in the last three years, seventeen cases. The potencies were all between the 1st and 30th. The medicines which suppress or cure intermittents in my practice, range from the 6th to the 200th attenuations. For strictness, I say suppressed, though relapses have been rare, both in these and the cases above mentioned, and I have not heard of *any* after the removal of the paroxysms by the 200th potence. Dr. Wells alludes to this permanence of the cure in his cases. I request that the Committee be discharged, and I respectfully suggest

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that a Committee of *one* member from Central New-York be appointed to report on this subject. The appointment of Committees of one each, appears to me the best method, and is according to the practice of the British Association for the advancement of science, and I believe of most other scientific bodies. Respectfully submitted by

B. F. Joslin, M.D.

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Article V.—*Proving of Rhus-Venenata, or Poison Sumach.* By P. B. Hoyt, M.D., of Danbury, Conn.

Dr. Peters,

Sir,—Nothing presents itself with more interest to the Homœopathic physician than the practical truths developed by the proving of drugs on the healthy subject; at least if he is possessed of the trûe spirit of philanthropy, for in them he finds the most reliable weapons, with which he is to combat the diseases to which the human family is subject. Gladly he catches at the new means thus placed at his disposal, and wields them in confidence; for having a sure basis for the selection of his remedies, he knows that if he prescribes in strict accordance with *the great law*, he will not fail in all his most sanguine expectations. True he may not save all from the jaws of death, but he knows that where medicine can avail, he may be the instrument of peace and joy to his suffering patient. Hoping therefore to add somewhat to this fountain of knowledge, I desire to present to you a few symptoms produced on myself by that very active and poisonous drug, the

Rhus-Venenata. (*Poison Sumach.*)

I infer that the tree is so well known that a detailed description of it would be a waste of space in this place; suffice it to say, it usually, if not always, is found in low wet grounds; it grows in the form of a shrub from six to fifteen feet in height. It is a very active poison, especially to those who are easily affected by vegetable poisons. I have no doubt that it will often affect those on whom the *Rhus-tox.* has but little influence, at least this is the case with myself, for I handled with impunity the Rhus-tox., while with the greatest degree of caution, I was vio-

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lently affected with the *Rhus-ven.*; again in using the Rhus-tox. in a certain case of angina, in which Rhus was almost the only remedy indicated, I had very little response from it, while from the Rhus-v. I obtained a most perfect victory over the complaint. The meagre proving found in Jahr's Manual, has doubtless kept it from occupying that place in practice which it deserves, and the violence of its action has undoubtedly been a barrier to its further proving, for although science often demands it, yet few of us really *desire* to make ourselves sick with medicine. Having been accidentally poisoned with the *Rhus-venenata*, I feel it a duty to faithfully record and publish the symptoms produced by it. Wishing to prepare a tincture of this plant, I went into a swamp and procured some sprouts of the Rhus tree; I put upon my hands a pair of buckskin gloves and carefully kept on the windward side of the plant; notwithstanding all this precaution, in one and one-half hours I began to feel a most intense itching and burning of the scrotum and penis; the burning sensation was rather in the preponderance; the glans penis was very painful; slight friction relieved the itching for a moment, but not the burning. The next day, (March 19,) the symptoms continued in the same severity; at 11 o'clock I scraped off the bark, using great caution to escape its poisonous effects, if possible; yet at 3 P.M. itching and burning commenced on the back of my right hand, between the thumb and index finger, also between the index and middle fingers.

March 20.—Have been very restless all night. Awoke this morning with itching and burning in various parts of the body, particularly on the palmar side of both wrists, attended with slight swelling; slight itching and burning of the face, with a sensation as if it was much swollen; it was red, but not shining. Both hands were considerably swelled and very clumsy to use. Feeling of uneasiness in consequence of the continual itching and burning, which were very severe, almost insupportable. P.M., the itching and burning were somewhat relieved by exercise. The burning and itching appears on the face, particularly about the eyes, (right.) All the symptoms were aggravated by rest. Hands, wrists and face became covered with little pimples of the same color as the skin; when broken, or the points are scratched off, they exude a clear, watery fluid. Fingers are

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very stiff and much swollen, feel very much as though they had been scalded; excessive burning of face; right eye-lid swollen and stiff. The scrotum is the seat of paroxysms of severe itching and burning. Stool at 2 A.M. loose, which is unusual; had a stool early in the morning, rather loose, with pain in the bowels before the discharge. Abdomen sore to the touch and pressure.

March 21st.—Symptoms were all increased; face much swollen, red, covered with multitudes of little papillæ. Dizzy sensation at times, much worse at evening; wrists much swollen, the swelling extending half way to the elbow; arms very red and covered with innumerable vesicles, which exude a clear, watery fluid. My hands were in the same condition; the pain was excessive.

March 22d.—Diarrhœa at 3 o'clock, a copious stool of a lighter color than that of the night previous; another stool at 7 A.M., not as copious, and again at 9 o'clock. Pain in the hypogastrium before every stool; have but little warning before each stool. Hands and wrists are much worse this morning; face also more swollen; the itching and burning continues with unabated vigor, and are aggravated by the warmth of the bed, and in a warm room. Mental labor increases the pains, even the recording of these symptoms aggravates them. Mouth feels rough, as though sand were under the mucous membrane, which is very red. I experienced no feelings of despondency at first; my head felt clear, though I had had for several days previous to my poisoning, a sense of dullness and weight in it. (I notice in the provings given in Jahr, "Intolerable heaviness of the head," as a prominent symptom, which indeed was the case with me after the first week of the proving.) Evening, my wrists and hands are still more swollen and excessively painful. Face a little less swollen and rather less painful. Incrustions appeared to-day on the inside of my thighs, extending down one-half the length of the femur. A feeling as if from flea-bites on different parts of the body. Slight dimness of sight; lacrymation, and a livid circle under the eyes; considerable deafness, which is quite troublesome. *Chills run up the back, even when warm, and in a warm room, or in bed.* The rough feeling in the mouth increases, with redness; same appearance of the fauces; difficult deglutition; throat feels sore and swollen; the eruption

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also appeared on the gums of the upper incisors. About nine o'clock, smarting and burning of the eyes, as though washed in alcohol, attended with profuse lacrymation. Colic quite severe in the umbilical region. Very restless all night.

March 23d.—Dull feeling in the head; headache in fore part of head, so severe that I took Bell. with some relief. The severity of all the other symptoms had somewhat abated, except the diarrhœa, which is more severe, and the stools of a dark brown color. (This was the only time they were of this color, although attended with the same pain in the hypogastrium which accompanied the lighter colored stools.) A feeling of general malaise. The glans-penis is much swollen and very sore; cuticle of penis and scrotum peels off in patches as large as a sixpence. Hands and arms still very sore, but not so much swollen; the exudation is now slightly yellow. Several vesicles appear on the under side of the tongue; tongue coated white in the middle and posterior portion, the edges red. Have but little appetite; some nausea.

March 24th.—The swelling of my hands and arms continues to abate; the cuticle now scales off at those places which first broke out with vesicles. There were no other marked symptoms than those that I have above noted for several days, save the desquamation, which was excessive, as the cuticle peeled off some four times in succession from the places that had been covered with vesicles; after the cuticle came off, the first appearance of the skin was red and shining, but after getting my hands damp, several cracks (like those of chapped hands) appeared in different places. My hands became exceedingly rough; the cuticle being dry and hard; also very tender, so that the least bruise was very painful, and if the skin was broken, the blood flowed freely. The blood was very thin, or if you please, *anæmic.* The dullness of my head, headache, heaviness of the head, and deafness, was very troublesome. I was very nervous, i.e., had trembling of all my limbs, with twitching of my muscles; had no disposition to move about or employ my mind in study; I was apprehensive, restless, and had a variable state of feeling, sometimes cheerful, then hypochondriacal. The more prominent symptoms gradually subsided until the 5th of April, when by accident the bottle containing the tincture

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was broken, and I received the full force of the effluvium. A new set of phenomena now manifested themselves, or rather many of the preceding symptoms returned with increased violence, especially those affecting the bowels. My face, and *particularly my upper lip*, were much swollen and exceedingly painful. A physician meeting me, said, "Why, Doctor you have the worst erysipelas I have ever seen; how dare you be out?" I laughed and told him I was proving a homœopathic medicine. "Good God," says he, "You don't mean to say your medicine has such an effect." I said, certainly, when we get too much. I then told him what had happened, and remarked that we often suffered for months in proving drugs, as severely if not worse than I was then suffering. He remarked he never had believed all the symptoms recorded in the provings of our Materia Medica were ever experienced, but I will say I have more confidence now than ever before. Much more was said, but I am digressing. The back of my ears were swollen and covered with vesicles; both these and those on my lip exuded a slightly yellow serum, and they went through the same course as the other eruptions.

Every morning from about 2 to 5 o'clock, I was compelled to rise and go to stool, and a diarrhœa then continued more or less severely, till about 12 o'clock. The abdomen much bloated, very painful to the least pressure; I had continual rumbling and gripings; the pains always being worse just before stool. The color of the stools was uniformly light, or *nearly white*, varying in consistency, sometimes very thin, and sometimes more papescent. This state of things continued for three weeks, and I could not control it with any of our remedies. I finally stopped the diarrhœa with the 1st centessimal dilution of *Juniperus-Virginiana*, in drop-doses. (I was attacked several times afterwards with this diarrhœa, and the *Junip.-vir.* always controlled it, and relieved the soreness of the abdomen.) All my muscles seemed stiff, those of the posterior part of right leg being most affected, so much so, that after remaining crooked for a little time, it was painful to straighten it. This stiffness and soreness still remains in some degree; also stiff neck, or crick in the neck, and rheumatic pain between the shoulder-blades.

As soon as the desquamation had nearly ceased, two large furuncles appeared on my left wrist, one anteriorly, and the other

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posteriorly; then the diarrhœa stopped, but as soon as the boils began to heal, it came on again. After checking the diarrhœa, a large furunculus appeared on my right thigh anteriorly; this was very malignant, and continued to slough for four weeks; when the "core" sloughed out, a cavity was left into which you might easily put the end of your index-finger. Seven more boils of smaller size appeared on the same thigh, and were all very painful; when they healed, they left the surface of a blueish red, and soon became a bright red. Three boils also made their appearance on my face, though very painful, they were not very large. Uniformly through the whole proving, the symptoms were aggravated by rest and relieved by moderate exercise in the open air.

I used various remedies as antidotes. Bell. and Bry. acted very well against some of the head symptoms; I used Ars., Ver.-alb., and Merc., &c., for the bowel complaint, but with little good effect. Ars. and Ver. were, however, the most useful. Aconite, Rhus-tox., Arn., &c., were used as the symptoms seemed to demand. But I think we may regard *Acon.*, *Bell.*, *Bry.*, and *Jun.-virg.*, as the most efficient remedies in cases of poisoning by the Rhus-ven. P. B. Hoyt, M.D.

Danbury, Conn., July 14th, 1857.

Thus, Sir, I have stated such symptoms as I noted while under the influence of the Rhus-v.; if you deem them worthy of a place in your Journal, you can publish them, if you think it will be of little or no use to do so, it is just as well; all right as far as I am concerned. I have written in haste, you will therefore pardon any mistakes.

Yours, truly, P. B. Hoyt, M.D.

P.S.—Just as I was finishing the foregoing, your favor of the 15th came to hand. I thank you for your compliment, though I deem myself only doing what, *I too*, would be happy to see all our brethren do. Yours, truly, P. B. H.

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Article VI.—*Proving of the Aranæ-Scinencia.* By Wm. Rowley, M.D., of Louisville, Kentucky.

J. C. Peters, M.D.

Dear Sir,—As I am watching with a good deal of interest the progress of "*The Elements of the new Materia Medica,*" as it

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appears in each number of your Journal, and wish all such endeavors the best of success, I think it my duty to lend a helping hand, and hence cast in my mite. The enclosed proving was made from the 1st and 2d dilutions of the remedy. I prepared a tincture by putting the Spider, while alive, into strong Alcohol, but I am now satisfied that it will be better to prepare the insect by trituration, for since this proving I have given the same remedy in the same doses, and then from five to ten drops of the tincture with but little effect. I am not sure that I have the right name for the insect. It is the grey spider found in the summer on walls and old places. I believe it does not spin a web; it is very quick in its movements, and takes its prey by a quick spring. There is certainly a remedial power here that should be investigated, and if you can prevail on some of our brethren to help us in this direction, I think we shall be abundantly repaid for our labors. Hoping to find hereafter in your Journal the result of other labors in this wide field, I remain,

Yours, &c.,

Wm. Rowley, M.D., Louisville, Ky.

*First Proving.*

N. S——, young man of nervous temperament, aged about twenty-one. 1st day.—Dose at 3 P.M., no effect, two drops taken. At 3½ P M. took three drops; in about twenty minutes felt a dull heavy pain in posterio-superior part of head; this continued about an hour, with no other effect. 5 P.M., four drops; pain *immediately* increased, extending all over the head, dull, sluggish pain, but quite intense; slight nausea; eyes felt heavy, with a blur over them; he felt as if he had been broken of his rest, yet did not seem sleepy. Pain in head continued gradually to increase till about 2 A.M.; could not rest. As the pain was distracting, he took a strong dose of Bellad., which relieved. Morning.—Slight pain still in head; could not collect his thoughts; pain continued until about 11 A.M., when it left him.

2d day.—Dose four drops at 3 P.M. In fifteen minutes felt slight pains in head. Half an hour after, strange feeling in stomach, as if he had not eaten for a long time; this continued about an hour. The pain in head persisted till evening, when it passed off. Rested well that night.

3d day.—At 12 M., four drops. Soon began to feel slight



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headache. At 3 P.M. took five drops more. Pain in head severe, affecting the eyes; felt as if he had been drinking; increased secretion of urine, so that he had to get up twice during the night; urine cloudy. Very restless during the night; could sleep but a few moments at a time, and that not sound sleep.

4th day.—Morning, a good deal of headache, foul stomach, bowels costive, and very unpleasant, dull, rumbling pains in bowels. Evening—Dull heavy pain in head all day; the whole system appears deranged; stomach out of order; bowels costive. The eyes run a good deal, feel weak and inflamed; there seems to be a blur constantly collecting over the eyes; constant twitching of the under lids.

5th day.—The symptoms similar to those of yesterday, but worse. Head more oppressed with vertigo when stooping. Eyelids swollen; jerking worse.

6th day.—Bowels still costive; stomach much deranged; sleepy on sitting down. Head dull, with heavy painful fullness; twitching of eye-lids still continues. From this time the symptoms gradually abated.

*Second Proving.*

E. P—, aged about twenty-five; stout, dark hair and eyes; male.

1st day.—Dose, two drops on going to bed. Slept well all night, (is usually restless, and sleeps but little.) At 8 A.M., two drops more. In two hours felt fatigued physically and mentally, as though he had labored hard; this was the more marked as he felt uncommonly well in the morning; dull stupid feeling in the head, with feeling of fullness and dull aching pain, followed by vertigo, accompanied with nausea, which soon passed away, but was followed by sour eructations and slight pain in stomach, succeeded by a sensation as if the bowels were loosened. The symptoms were rather relieved in the open air, and aggravated when in a warm room. After dinner, dull pain in head, rather increased till after supper, when it was relieved.

2d day.—Dose, two drops on going to bed. Slept uncommonly sound. Slight palpitation of the heart on waking, soon passed off, after which felt uncommonly well and had good appetite for breakfast. At 11 A.M., two drops. Dryness and prickling in throat, with sweet taste in mouth; rather profuse flow of saliva; glimmering before the eyes; colic increased by bending forward.

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ARTICLE VII.—*Symptoms produced by a Galvanic Shock.* Observed on Alfred R. Davis, M.D. Reported January 15th, 1857, by THOS. NICHOL, M.D., to the Provers' Union, and by order of that Society sent to the North American Journal of Homœopathy for publication.

After a pretty severe shock: rash on the body, especially on the chest, bright scarlet red. On pressing the finger on the skin, the redness disappears, but on returning, it fills up from the periphery to the centre. Small elevations are seen, not pointed, but rough; on drawing the skin tense, the redness disappears, but the roughness remains.

On the chest the eruption is well-developed and almost continuous, the natural skin appearing in white spots—like islands—amongst the red. On the abdomen the eruption is not so marked, the white *gradually* passing into the red. On the back of the hands the eruption is concentrated and distanctly marked. It does not appear on the palms of the hands.

The skin is hot, both to the prover and observer. There is violent itching, which is relieved by scratching, pressure, and cold. Itching exists on the abdomen, and backs of the hands; none on the arms or palms of the hands.

Pulse, which is usually 78 in a minute, five minutes after the shock is 108, and twenty-five minutes after, 112; the latter observation was confirmed also by Dr. F. W. Potter. The pulse was quick, small, and occasionally intermittent.

The prover is subject to acne rosacea on the neck and forehead, but only slightly on the forehead.

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ARTICLE VIII.—*Pseudo-Scarlatinous, or Inflammatory Catarrhal-Fever.* By LEWIS DODGE, M.D., Cleveland, Ohio.

A form of fever has been quite prevalent in this section from the first of February to the present time, which seems to be specifically different from ordinary scarlet-fever, also differing from any other fever described in the nosological charts of the pathologists, and as yet seems to be without a local habitation and a name; nor is it at all essential that it should have a name, provided we have the remedies at hand to meet its symptoms on the "similia" law of cure. The very general preva-

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lence of scarlatina and influenza within this period may have caused an error in selecting a name for this disease, but every true homœopathist who individualizes each case of disease, treating it by and for itself, cares little for a name. In diseases where a similar case has never been seen before, if he have an intimate knowledge of our Materia Medica, the physician will at once, after proper examination, apply the suitable remedy by virtue of the law of similarity found in the proving of his medicines. Thus Hahnemann before he had ever seen a case of Asiatic cholera merely from the description of its symptoms by others, pointed out the remedies that are indicated for its treatment, so accurately that the very medicines he then suggested, have been extensively used up to the present time in the treatment of this disease, with a success that has astonished some of the most ardent opponents, and led many to investigate and finally to adopt the practice.

But pertinent to our subject we would remark that during the prevalence of an epidemic, other diseases partake somewhat of its character, and are to some extent modified by it. This is peculiarly so in the case of epidemic influenza, occurring simultaneously with scarlet-fever, purple-rash, measles, or the following disease, which we, for convenience of description, will call *inflammatory catarrhal fever.*

In some of the cases observed, especially, when blended with, or modified by the scarlatina- or influenza-epidemic, the disease thus presented would not be unlike that termed pharyngitis.

There has been a similarity both of the local disease and general symptoms, varying, however, very much in intensity and duration, and ranging from limited infection with scarcely appreciable constitutional disturbance, to severe angina, with intense fever and general malaise and prostration; the attacks were usually sudden, and the tongue was furred, with the papillæ more or less prominent.

The local disease about the throat has often been so little painful as not to have attracted the attention of the patient; but even in the mildest cases, inspection has revealed either a diffuse or punctated redness in the fauces, and notably about the outer margins of one or both palatine arches.

The constitutional disturbance has always been greater than

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the *local* disease would seem to warrant; for the latter has in no instance been of such magnitude or intensity as properly to be termed grave.

Deglutition has not been as painful, or difficult as is usual in scarlatina, but the appetite has been very poor, even to loathing of food. Spontaneous vomiting has occurred frequently in children, and occasionally in adults. Cough has usually attended the affection, at times assuming a laryngeal or croupy character; in a few cases, and, especially at night, it has been very troublesome. This cough has not generally depended upon any appreciable pulmonary complication; there has been but slight expectoration, and that of a mucous or catarrhal character, but, sometimes, streaked with blood.

The fever, in some cases, has been constant, but in the large majority of the cases, has been decidedly intermittent, but without distinct and regular periodicity. Two exacerbations have been often noticed in one day; and, generally, an increase of fever on alternate days, but not at corresponding hours. Another peculiarity of the same character, is the uncertainty of the establishment of convalescence; for in many patients, evidently improving, the disease has suddenly returned, as manifested both by general symptoms, and the reappearance in force of the local affection, or its invasion of parts hitherto not affected. The subjects of the attack have been of all ages and conditions. The ordinary duration of the disease has been from seven to fourteen days; but after, the debility, cleaning of the tongue and return of appetite has extended this time. Whole families have been attacked, the several members not simultaneously but in succession, from which we may infer that the disease is communicable from one person to another; some, however, escaping, generally those not in attendance on the sick. The period of incubation is short, the disease manifesting itself, in some instances, in one or two days after exposure. Many of those attacked had previously had scarlet-fever, which would indicate that the two affections were essentially different, although similar in many of their symptoms, and particularly as regards desquamation of the cuticle, and its tendency to arouse preëxisting constitutional or chronic affections; yet the more

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ordinary sequels of scarlatina, such as, dropsy, rheumatism, or serous inflammation, did not occur in any of my cases.

We believe that this disease is specifically distinct from scarlatina, and that its symptoms are so essentially different from those described in common catarrhal, mucous or remittent fevers, or any other in the nosological orders of the books, that it ought to be known distinctly in its true character. The occurrence of scarlatina without eruption is not to be doubted, but exclusive of the instances in which death takes place, prior to the eruptive stage, the eruption is wanting in certain other cases, in which the affection of the throat is unusually severe, the local manifestation of the disease being concentrated on the fauces; but in the fever we have observed the throat-affection has not been severe enough to account for the concentration of the scarlatinous poison at that point. This disease, if neglected in the formative stage, will strongly incline to cause local congestion in the liver, glands of the bowels, chest or head; and some cases have so nearly assimilated the symptoms of inflammation of the brain that it was somewhat doubtful during the first 24 hours, what the form or type of the disease would be.

*Treatment.*—I have found Aconite 3d, in alternation with Ipecac. 3d trituration, the best remedies, in the early period of the attack. After the first day Bell. and Ipec.; if the well-known symptoms indicate it, these remedies may be continued, and often are sufficient; Mercurius-sol., Borax, Caps., and Arg.-nit. may be required for the throat symptoms. If there is rapid failure of strength, with too much perspiration, Camphor 2d with Phos.-ac. 3d have been found quite reliable remedies.

In children, when the congestion seemed to threaten great danger of convulsions, I have used pellets, medicated with German Chloroform, internally; while a handkerchief very slightly moistened with it, has been cautiously applied to the nostril, taking care that plenty of air was also admitted. Hot flannel applied to the chest, abdomen, and extremities, aided by brisk rubbing, has aroused my little patients from a congestive stupor, when Acon., Bry., Bell., Cham., &c. had failed.

The Baptisia-Tinctoria, or *Wild Indigo*, will often prove a valuable remedy in this affection. I have used it in a few cases with results verifying the proving, viz.: a most copious

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flow of saliva, followed by sore throat, with scraping and burning. A raw sensation in the pharynx with a large amount of viscid mucus, and ulcers in the mouth. For these symptoms this medicine has proved curative.

Another symptom has often been noticed, viz., suppression of urine; this phenomenon is very important and calls for prompt relief, which may be effected by Cantharides, Bell., Puls., Apis-m.; if these fail, I have successfully used 4 drop-doses of the Acetate of Potash, in mucilage of slippery elm, internally; in one very inveterate case a tea-spoonful of this medicine was poured on a flannel previously wrung out in warm water and applied over the region of the bladder, followed by the most satisfactory results.

Where threatened or already existing congestion is the symptom, we must not neglect this important excretion. I hope to add to my observations on this disease.

Yours truly, Lewis Dodge, M.D.

To Dr. Peters.

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Article IX.—*On Influenza-Epidemics*, read before the Hahnemann Academy of Medicine, by Otto Füllgraff, M.D.

In presenting these pages on "Influenza" to the members of the Hahnemann Academy of Medicine for discussion, without claiming any originality on my part on the above-named subject, but merely by diligent search in the very numerous works, the productions of authors in different countries and languages, enabled me, though with much difficulty, to give a short characteristic of this malady of epidemics.

Influenza (Russischer Catarrh, Grippe, Catarrhus epidemicus, Febris catarrhalis epidemica.)

The Italians, putting the cause for the effect, called it influenza, the influence; and this last term, influenza, has now become naturalized in the English language.

Catarrhal epidemics have been known at a very early period, at least as far back as the year 1510, of which Dr. Thort gives us a description, as having travelled from the island Melite in Africa, into Sicily; so into Spain, Italy, from there over the Alps into Portugal, Hungary and a great part of Germany,

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even to the Baltic Sea; every month shifting its situation with the wind from the east to the west, so into France and Britain, &c.

Influenza has been divided into 3 stages, viz.:

1*st Stage* (Stadium prodromorum.)—At times the largest portion of the inhabitants of a city, village, or inmates of a house are suddenly seized with an extraordinary degree of exhaustion, disinclination to mental exertion, and a feeling of general malaise, wandering, tearing pain in the back of the neck, back, in muscles and joints in general, cramps in the calves of the legs, more or less violent headache; at times vomiting, accompanied with alternate chills and heat, convulsions in children, and now and then delirium in adults. These precursory symptoms continue for several days, or may not progress any further, or else may be more or less absent.

A characteristic feature is its sudden invasion, the high degree of prostration, even during the stage of incubation, so that patients express themselves, of never having been so sick in their lives, nor think it possible of becoming more so; yet the objective symptoms may not denote such condition, and all organs apparently perform their functions. This feeling of general malaise may continue through all the stages, and even beyond these. The precursory stage may, however, in some instances, be entirely absent; and the catarrhal symptoms, as said before, set in at once and with great violence; and the malady as it were begins with the 2d stage.

*Second Stage*, or Stadium morbi.—Here we may consider several forms of influenza, according to its localization, such as simple influenza, in which it is not definitely marked in any locality, the symptoms less distinct and the disease altogether less intense, than in other forms of this disease.

Patients complain only of a slight general malaise, some stoppage or increased discharge from the nose, headache, diminished appetite, bad taste in the mouth, little or no febrile symptoms; this form generally running its course in a few days, and without medical aid terminating in health; but when it localizes itself more definitely: in the Schneiderian membrane, conjunctiva, fauces, larynx, bronchial or gastro-intestinal mucous-membrane, or an influenza encephalica, thoracia or abdominales, the

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symptoms of which differ very materially, according to the parts affected.

Coryza and conjunctivitis may be the most prominent local affections accompanying influenza, in which the symptoms are, viz.: violent, stupefying, stinging, thumping, or pressing headache, in forehead and supra-orbital region or occiput; diminished, complete or temporary loss of smell; fluent, acrid, watery or mucous discharge, or bleeding from the nose, with much sneezing; conjunctiva reddened, watery eyes, photophobia and eyelids swollen; again, there may be violent ear-ache, swelling of the parotid and submaxillary glands, erysipelatous swelling of the face. Coryza is mostly accompanied by febrile action; if on the other hand, the fauces be the principal seat of the disease, we will have anginous difficulty, with partial inability to swallow, and patients complain at times of heat and a feeling of soreness along the œsophagus.

If the larynx, trachea, bronchial tubes are principally affected, there will be, besides the ordinary local symptoms, considerable tickling in the throat, violent cough, either dry or moist, and with more dyspnœa in many cases than the physical signs on examination would seem to reveal. Modifications in these symptoms must necessarily occur, depending on the degree of inflammation, which may be so intense as to produce pneumonia; or from the irritating, caustic nature of that peculiar mucous secretion from the parts affected, on the nerves of sensation, distributed along the respiratory tract, causing violent disturbance in the body, by reflex action.

The cough in the onset of influenza is mostly very violent, barking or spasmodic to such a degree as to cause vomiting very frequently, or if of a nervous character may continue an indefinite length of time. Ordinarily, however, like in other catarrhal affections, the cough, generally, in a few days becomes more moist, less troublesome, expectoration increases, and is raised with comparative ease; in other cases the cough may be accompanied with violent pain in the chest, and a painful sensation of strangulation in the throat and chest, with pain in the epigastrium, pleuritic stitches in the sides, dyspnœa; in which cases the bronchial trouble may have become complicated with pneumonia or pleurisy.

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A variety of abnormal sounds are heard on auscultation and percussion in bronchial affections supervening on influenza; they may be dry, moist sonorous, whistling or crepitant; extending more or less over the region of the chest. These sounds, however, may occasionally be absent; or re-appear and disappear again. In the dry, nervous influenza cough, the mucous râle is often absent, but as soon as the mucus becomes abundant, the ronchi are heard.

In gastro-abdominal influenza the principal symptoms are: gastric derangement, nausea, vomiting of bile, nauseous, bitter taste, strongly-coated tongue, now and then colic and diarrhœa; coryza and bronchial catarrh may be absent. The febrile symptoms accompanying most all varieties of influenza, continue in a moderate degree throughout the second stage, also the feeling of general malaise, headache, and pain in the limbs; all symptoms exacerbate evenings and remit mornings.

During the epidemics in 1775 and 1782 it is stated, there had been observed intermittent typhus, this, however, remained undecided, whether it had not been intermittent fever, connected with influenza.

*Third Stage*, or Stage of Crisis.—Influenza terminates in resolution, often under remarkable phenomena (crisis) not unfrequently, however, through Lysis.

Profuse perspiration of a peculiar odor, urinary sediment, copious expectoration, diseases of the skin, diarrhœa, bleeding from the nose.

The duration of this malady may be from 4 days to 3 weeks, but in some epidemics there have been symptoms that lingered on, and laid the seed for other chronic diseases.

Sometimes the cough remains for weeks, months, after apparent convalescence, and finally causes a serious affection of the lungs. In some individuals influenza leaves a high degree of sensitiveness, irritability of the nervous system, especially in the nerves connected with the organs of respiration; the slightest cause may bring on cough, hoarseness, nervous disturbance, neuralgia and abdominal affections; others, on the other hand, are troubled with a tendency to perspire on the slightest exertions.

Influenza attacks individuals most severely, who are already suffering from diseases of the chest; therefore influenza, when

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uncomplicated in itself, not dangerous, but becomes so, by complication with phthisis manifesta, emphysema of the lungs, chronic bronchitis, and diseases of the heart; on that account the occurrence of the unusual number of deaths, subsequent to an influenza-epidemic of persons previously affected with one or the other of the above-named diseases; or it may develop heretofore latent diseases.

A dangerous complication, occurring especially during some epidemics, is influenza with pneumonia, which differs only from the genuine pneumonia in its specific cause; seldom makes its appearance before the 2d or 3d, mostly on the 5th or 6th day, by transmission or metastasis from the bronchii to the parenchyma of the lungs; however, there are cases in which primary bronchitis is absent. The sputa is like that of saliva, or thin, foaming, very slightly tinged with the rusty color, not having the full characteristic appearance of that in pneumonia, and the symptoms very much marked, and its course very insidious.

Often, notwithstanding a careful exploration, the physical signs ordinarily accompanying pneumonia will escape detection; neither crepitant râle nor bronchophony are discernable; the fever is mostly adynamic, pulse slow and small, face pale and pointed, blueish lips, extremities cold, prostration very great, tongue of a brownish appearance; there may be delirium, also obliteration of the bronchial tubes from obstruction of mucus and coagulable lymph. If death occurs, it is from asphyxia.

The mortality from this form of disease has been very great under allopathic treatment, and mostly among men.

Pathology reveals as yet little or nothing regarding influenza that might be of interest to us. The history of influenza-epidemics begins, strictly speaking, with the 14th and 15th centuries, for since that up to the present time, a vast number of able writers have taken much trouble to give us a correct history of each epidemic from that time to the present, although there can be no reasonable doubt of its having occurred anterior to that time.

Notwithstanding it has frequently been observed that immediately preceding an influenza-epidemic, extraordinary cosmetic and atmospheric changes, frequent fogs, uncommonly dry weather, great heat, thunder storms, earthquakes, storms, comets, &c., a

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positive connection between these epidemics and cosmetic events have not been ascertained, for influenza has been prevailing during heat and cold, winter or summer, dry, damp or wet seasons, sometimes appearing during the most charming seasons, and dying away on the approach of the roughest weather. Electrical conditions, according to Pfaff's observations, (1836–37,) exercising no influence whatsoever on the epidemic. Another very interesting curious fact is, that influenza made its appearance at the same time, both above and below the equator, at the east and westerly hemispheres, travelling on both at the same period; in other epidemics, the spreading was successive. Until the 16th century, influenza moved from the west to the east; later again its course was the reverse, from east to west.

Influenza not unfrequently has been the forerunner of other great epidemics, such as the plague, cholera, dysentery, but never prevalent at the same time.

The duration of an influenza-epidemic, is likely governed by the number of inhabitants. In cities with a moderate number of population, may be estimated to be about from four to six weeks. However, after its apparent cessation, strangers on their arrival at such periods, may be attacked notwithstanding.

For no other morbid poison does the predisposition appear to be greater or so general, as that of influenza; it regards neither age, sex, nor individuality; the more exposed business community appears most liable to it; on the other hand, it has been observed that prisons and other closely kept buildings, where atmospheric air was sparsely admitted, remained free from the epidemic; again that shortly before, or during, or soon after the prevalence of these epidemic catarrhs, epizootic diseases have raged. Various species of brutes and of birds have been extensively affected with sickness, while on some occasions prodigious swarms of insects have made their appearance. In short, a great variety of facts concur to render it probable that some peculiar condition of the air existed, which, though it might be favorable to the multiplication of some species of living creatures, just as the insects just referred to, operated as a poison upon the human body, and of many of the brute creation.

It is not known how long this morbid poison may remain latent in the body. As an instance of a sudden invasion, Maer-

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ten says, speaking of an influenza-epidemic which occurred at St. Petersburgh in 1782: "On a cold night the thermometer rose 30° Fahrenheit; the next morning 40,000 people were taken with the influenza." Still I might cite from other authors where atmospheric changes exerted no influence on a sudden invasion.

It appears as above stated that its morbific agency exists in the peculiar miasmatic condition of the air, and not in a contagion, for it has not been known to go from individual to individual, or transported in a similar way.

*Prognosis.*—Although most persons affected with simple influenza under ordinary circumstances, recover even without the aid of medicine, but the history of influenza-epidemics teaches us, that there are times and conditions when this malady is as fatal as any other epidemic.

The prognosis depends greatly upon the individuality, age, and general health of the patients. Extreme youth or old age is more endangered by it, also persons suffering from asthma, tuberculosis, weakness of the nerves, and in pregnant females it is apt to cause abortion. It depends greatly on the peculiar form it assumes, its place of localization; it is very fatal in the encephalic form, with delirium, fainting, convulsions, increase of dryness of the tongue, in capillary bronchitis, or pneumonia by metastasis.

Favorable signs are, profuse warm perspiration, loose expectoration, copious mucous discharge from the nose, epistaxis, normal stools and easy flow of urine, deposits of urea, &c., in the same.

Dr. Landouzy considers as a bad omen, when from the very outset of the disease a change of voice, hoarseness, or aphonia occurred, which he observed in all persons where phthisis set in; again it frequently ends in hæmoptysis, dropsy, marasmus.

I am firmly impressed with the conviction that such complication as before stated would not often occur under judicious homœopathic treatment. How many thousands or hundreds of thousands of human beings have been sent to a premature grave, is difficult to tell.

*English Writers on Influenza.*

Epidemic 1510, 1581, Short and Erasmus.

1658.—Willis.

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1675.—Sydenham.
1693.—Molyneux, Short.
1709.—Short.
1729.—Huxham, Arbuthnot.
1737.—Huxham.
1743.—Huxham.
1758.—Whytt, Alves, Millar.
1762.—Sir George Baker, Watson, Rutty.
1767.—Heberden.
1795.—Fothergill, Sir John Pringle, Heberden, Sir George Baker, Henry Revele, Reynold, Will, Cumming, Thomas Glass, Ash, W. White, Haygarth, R. Pultney, W. Thompson, G. S. Rene, D. Campbell, J. C. Fleury, D'Rainey.
1782.—Ed. Gray, Carmichael, Smith, R. Hamilton, Blagdon, Haygarth.
1789-90.—Dr. Warren, (Boston.)
1803.—R. Pearson, Carrick, Falconer, Nelson, Scott.
1831.—Burne, G. Bennett.
1833.—Hingeston, Youatt.
1836-37.—Stretten, Greenhow, Graves, Clendinning, Bryson.

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ARTICLE X.—*Remissions and Exacerbations in Diseases, in connection with the selection of Remedies and their Doses.* By E. E. MARCY, M.D., of New-York.

Many diseases are accompanied by what are termed remissions and exacerbations, which occur with considerable regularity at certain intervals, and present dissimilar groups of symptoms. Believing that a thorough appreciation of these different conditions is of importance with reference to a proper selection and administration of remedies, we take occasion to call the special attention of the profession to the subject. To medical men who prescribe for morbid phenomena as they actually present themselves, and who deem it important to combat symptoms promptly and in a scientific manner, we need offer no apology for thus unrelentingly pursuing diseases in their insidious and ever-varying courses throughout the intricate mechanism of the body.

It is the office of the physician to attack at once and energetically every manifestation of disease, and thus endeavor to guard

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the structures from serious injury. He finds for example, an active circulation, a morbidly-excited brain and nervous system, an excess of animal heat, a general suspension or diminution of the various secretions, great restlessness, anxiety, and sleeplessness, intense thirst, parched mouth and tongue, flushed cheeks, and severe pains in different parts of the body. These positive symptoms may continue from twelve to sixteen hours, and then be succeeded by quite a different group, like a nearly normal circulation, a tranquil brain and nervous system, skin moist and cool, tongue and mouth moist, absence of thirst, and a general freedom from restlessness, anxiety and pains.

In a case like this, what is the duty of the physician? Is he to prescribe for the symptoms which are present during the febrile paroxysm, and when the remission occurs, to select another remedy which corresponds to this opposite condition, or is he to take into consideration both the remission and exacerbation, and prescribe for the "totality of the symptoms" of the malady as a unit?

"In searching after a homœopathic specific remedy," says Hahnemann, "that is to say, in making a comparison of the entire symptoms of the natural disease with those produced by known remedies, in order to discover among the latter an artificial morbific power resembling the natural disease which is to be cured, we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary and peculiar, for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond, in order to constitute it the remedy most suitable to the cure.*" (Organon, page 155.)

Here we have a reasonable and simple rule of action. We are to note the "*striking, singular, extraordinary, and peculiar symptoms of the malady,*" and meet these characteristic phenomena with an appropriate "homœopathic specific remedy." In completing our record, it is necessary to take into consideration the symptoms occurring in different stages of the disease, in order to get an accurate picture of the complaint. By an attentive observance of this rule, the physician will always make a better selection of remedies, and obtain curative results far

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more satisfactory, than if he had only heeded symptoms occurring during an exacerbation or a remission of the fever.

As a general rule, most of the characteristic symptoms occur during the exacerbation, so that a few doses of a specific remedy will modify the disease in such a manner that when the fever remits, there will be a steady improvement until the normal condition is re-established. Even a single dose judiciously prescribed is often sufficient to overcome the natural disease and restore the patient speedily and safely to health.

But suppose the medical man sees his patient during a remission, when all striking symptoms are absent? Is he simply to make a record of the phenomena actually present, or is he to regard the malady as a unit, and prescribe for the grand totality of symptoms which occur from one paroxysm of fever to another? When it is possible to group together all prominent symptoms occurring during an entire cycle of the malady, it should undoubtedly be done, and a drug should be selected which corresponds to this group. In intermittent fevers this is not difficult; and the most successful practitioners in this complaint, are those who exercise the most thorough investigation and scrutiny with regard to these natural symptoms, and those of a drug which shall correspond with them.

But in affections of a remittent type, when the medical man is called in the stage of remission, it is sometimes impossible to obtain a satisfactory picture of the entire malady. In such instances it is necessary to make as perfect a record as possible and prescribe for the time being, at the same time using the requisite precaution to secure a record of all future symptoms as they occur. In a vast majority of cases, quite too little attention is paid to this minute accumulation of symptoms, because it involves the expenditure on the part of the physician of much time and labor. The shorter method of selecting remedies at hap-hazard, or antipathically, is too often adopted, thus retarding the progress of our school, and bringing discredit upon its honest advocates.

One of the most important reasons in favor of this minute record of symptoms, and an accurate correspondence of those of the selected remedy, consists in the fact that when this record

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is complete, only a few very minute doses of the drug are necessary to effect a cure.

"When a proper selection of the homœopathic remedy has been made, the acute disease which is to be cured, however malignant and painful it may be, subsides in a few hours, if recent, and in a few days, if it is somewhat older. Every trace of indisposition vanishes; scarcely anything is seen of the artificial disease produced by the remedy, and health is restored by a speedy and almost insensible transition." (Hahnemann's Organon, page 153.)

Another advantage of an accurate simile between the symptoms of the drug and those of the disease, may be found in the facility and efficiency with which exceedingly minute doses operate upon the affected parts. When this correspondence of symptoms is strongly marked, the affinities of diseased tissues for even imponderable atoms of appropriate remedies are as powerful and efficient as are those of the imponderable atoms of oxygen for hydrogen, or as those which exist between the molecules of various substances which have been decomposed and recombined by the mysterious action of catalysis.

The latent infinitesimal molecules of magnetism which pervade a small bit of steel, may be set free and rendered active by contact with other equally minute molecules, and then, by the simple contact of these active atoms with the latent and inactive atoms of other steel bars, an indefinite number may be rendered magnetic. After thousands of bars have been thus acted upon by the single magnet, other latent molecules may again be developed and rendered capable of impregnating and vivifying unlimited numbers of undeveloped masses of steel. If the same magnet be placed in contact with a piece of wood, or brass, or copper, no effect is produced, because there are no relations, no affinities between the atoms composing these different substances.

In the same manner if infinitesimal atoms of homœopathic medicines be brought into contact with tissues with which they have no relations or affinities, no special effects will be observed; but when these atoms are brought to bear upon disordered parts with which they are in homœopathic *rapport*, we shall witness therapeutic effects as wonderful as those of the magnet already alluded to.



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All the operations in nature are subject to fixed and immutable laws. Certain inherent conditions must exist in the substances to be acted on in the relations they bear to each other in the mode of developing their latent powers, and in bringing them properly in contact, in order that activity, force, and newly developed properties may be made manifest. A few drops of diluted Sulphuric-acid boiled with starch, sets in operation an action which decomposes any quantity of starch, and causes these decomposed elements to re-arrange themselves in a new and different manner under the form of dextrine, and finally of cane-sugar. At the expiration of this process, the acid may be removed unaltered in quantity or in quality. A few drops of another acid, or of another liquid, would not have accomplished this end, in consequence of a lack of affinity of homœopathicity between them.

This law of catalysis holds good with regard to the action of homœopathic remedies. There must be a relation between the diseased part and the remedy, in order to insure that catalytic or if you prefer it, that homœopathic action and change, when brought into contact, which effects the cure. The conditions here are, that the pathogenetic symptoms of the drug should correspond with those of the natural disease.

If atoms of Belladonna be brought in contact with the *liver*, no effect is produced, because there is no affinity, no attraction, no homœopathicity between them; but if the same atoms be conveyed to the *brain*, a decided impression is made, because there is a mutual relation between the brain tissue and the atoms of the drug. This relation, this affinity, this catalytic attraction, this homœopathicity is so strongly pronounced, that the minutest molecules are capable of producing the specific impression of the medicine.

A single atom of a morbid poison, like that of small-pox, scarlatina, kine-pox, malarial fevers, and cholera-asphyxia, (naturally attenuated,) placed in contact with a portion of the organism with which it has specific relations, communicates to the atom it touches a new action, which is again propagated from molecule to molecule, until the entire tissue, and finally the entire body becomes involved in the morbid influence. It is not less true, that drug-atoms may also communicate their influence

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from atom to atom, to parts they act on specifically, and give rise to changes equally as remarkable as those just alluded to, although much less dangerous in their character.

We have referred to the subtle power of catalysis, or "presence-action," in connection with drug-action, exacerbations and remissions in diseases, the selection of remedies and their doses, for the purpose of demonstrating that certain conditions are essential in all the operations of nature, for the development of activity and power. Thus, Chlorine and hydrogen mixed together in the *dark*, remain unaltered; but if exposed to *light*, they combine. The conditions in this case are, *contact of atoms* and the *presence of light*.

The minutest quantity of Oxalic-acid in contact with Oxamide, diffused through water, is capable of converting an unlimited quantity of this substance into neutral Oxalate of Ammonia—the acid itself remaining unaltered during the entire process. In this instance the conditions are, that the Oxamide shall be diffused through water, and then subjected to contact with the atom of acid. The simple *presence* of the latter communicates a new action to the molecules of Oxamide, and causes them to re-combine under the form of neutral Oxalate of Ammonia.

If a bar of iron in contact with a small quantity of powdered charcoal, be enclosed and kept for any length of time at a temperature below 150° Far., no carbon will be absorbed by the metal; but if they be subjected to a low red heat for a few days, the carbon gradually extends from particle to particle of the iron, from the circumference towards the centre, until the entire bar becomes converted into a new substance—Carbonate of Iron, or steel. Here the necessary conditions for the development of activity, consist in enclosing together the two substances to be acted on, and then subjecting them for a certain period to heat. The presence of *heat* in this instance communicates that degree of activity to the atoms of iron and coal, which causes them to combine and form a new substance.

These few examples will serve to illustrate the wonderful and mysterious power of the atoms of various substances when brought into contact in accordance with certain laws, conditions, and affinities. Similar laws and affinities exist with reference to the action of medicines upon the human system. It is un-

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questionably true that every tissue of the body has some special attraction for certain drugs, and may be impressed and modified by contact with them. The more intimate this affinity, or in other words, the more closely the pathogenetic phenomena of the drug resemble the symptoms of the disease, the more readily can we make curative impressions, even with imponderable atoms.

Homœopathists are sometimes ridiculed for their minuteness in accumulating and contrasting disease and drug-symptoms, in order that their similes may be as perfect as possible; but let the scoffer glance at the subtle workings of nature's laws, and observe upon what apparently slight agencies many of the most important chemical, physical, vital, organic, and catalytic operations in nature depend! On all sides he is constantly witnessing the action upon each other of the atoms of different substances, both ponderable and imponderable, and the marvelous results therefrom. He sees that a few imponderable atoms of substances in a state of decomposition, when mixed with large masses of other substances, decompose the elements of the latter, and cause them to re-arrange themselves in new forms, the active agent meanwhile remaining unchanged. He sees that a magnet when brought in contact with an indefinite number of steel bars, throws off its imponderable molecules, disturbing and rendering active the latent magnetism of the other bars, thus developing in the metal a new force. He knows when animal, vegetable, or mineral substances become naturally attenuated to an imponderable state of subdivision, by the action of heat and moisture, or during the progress of various maladies, that these infinitesimal particles become prolific sources of disease when brought in contact with tissues with which they have specific relations. He knows that each morbid poison has an individuality and possesses the power of impressing the structures of the organism in a specific and uniform manner. He is aware that inhalation of the malarial molecules of the Pontine marshes produces severe intermittent fevers, that the attenuated vegetable atoms arising from the rice-fields of South-Carolina, give rise to a severe form of remittent fever; that the infinitesimally subdivided poisons of yellow-fever, cholera, small-pox, scarlet fever, measles, and other epidemic, miasmatic, and contagious maladies, produce their specific impressions (in homœopathic doses, let it

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be observed,) upon the various tissues with which they have catalytical or toxical relations, and thus develop the pathogenetic phenomena which characterize these diseases.

The allopathic scoffer at small doses sees nothing absurd or incredible in the morbific action of these infinitesimal atoms of vegetable, mineral, and animal substances when introduced into the human body; but when the homœopathist asserts that other vegetable, mineral, and animal substances, when reduced artificially to a similar state of subdivision, also produce powerful physiological and therapeutical impressions when introduced into the system, this same scoffer has the sublime impudence to pronounce the assertion absurd.

We have alluded to the fact that the *causes* of nearly all diseases are introduced into the organism in a state of infinitesimal subdivision, and that most of the decompositions, combinations, and other phenomena occurring in the different kingdoms of nature, are brought about by reactions of imponderable atoms, not for the purpose of advocating any exclusive use of infinitesimal doses in medical practice, but to demonstrate the folly and ignorance of those who affect to ridicule the idea of power of therapeutic agents in homœopathic doses.

Tell the rude savage that lightning can be manufactured to order and made to convey our thoughts in an instant of time, to an indefinite distance, on a small wire, and he will pronounce the assertion absurd, and the narrator either a knave or an idiot. In all his wanderings he has never seen this accomplished, and though he be the oldest and the wisest man of his tribe, it passes his comprehension, and therefore it *must* be false.

Show the same savage a powerful horse-shoe magnet, let him *witness* its powers of attraction and cohesion when brought near other pieces of iron, and he will worship the manipulator as a superhuman being. He beholds the marvelous result, but neither his knowledge or experience affords him any satisfactory explanation of the cause or *modus operandi*, and therefore he repudiates all ideas of natural laws, and jumps to the conclusion that it is *supernatural*.

Tell the old-school physician, whose medical faith has been derived from the dusty tomes of antiquity, who forgets that everything valuable pertaining to science and art is of re-

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cent date, and who mistakes *antiquity* for *knowledge*—tell such a man of the therapeutic powers of imponderable atoms of drugs, and like the ruder specimen of humanity just alluded to, he will pronounce the assertion absurd. He judges all things from *his own* stand-point of knowledge, and sustained by the crude dogmas handed down to him from the dark ages, he bids defiance to modern discoveries, modern researches, and modern facts, and repudiates all reasonings, and all deductions which are not based upon the recorded data of the past. Every new idea, every new fact which clashes with his preconceived notions, he denounces without investigation, and falls back in anger and bitterness of spirit upon his antiquated relics.

Science, reason, experience and facts all demonstrate the sound philosophy of the homœopathic doctrines. Let us examine. In the first instance, the physician is required to record all of the symptoms of the natural disease. He notes every circumstance connected with the approach, the presence, and the disappearance of these symptoms, as well as the age, temperament, susceptibility, idiosyncracy, and sex of the patient. Thus he acquires a complete knowledge of the malady.

In the second place, he selects from his Materia Medica a medicine which operates upon the diseased parts, which has a specific relation, affinity, or homœopathicity with these parts, and which is capable of producing an impression which enables the recuperative forces to throw off the morbid influence and re-establish the normal condition. Every phase, every peculiarity of the malady is covered and combatted by the antidotal action of the remedy. In all instances the adaptation of the drug to the disease must be perfect. The essential condition of success is, that the pathogenetic phenomena of the remedy should correspond accurately with the grand totality of those of the malady.

Thirdly, when this adaptation between the drug and the disease obtains, almost any *dose* is capable of producing a curative impression. A few imponderable atoms brought in contact with the affected tissue, under such circumstances, rouses into activity the natural recuperative forces, and the cure progresses. A minute atom of vaccine virus in contact with an abraded surface, develops as perfect a pustule, together with its constitutional symptoms, as if an ounce of the virus had been employed.

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So a minute atom of a specific remedy in contact with a diseased tissue, induces as complete a curative reaction as if ounces of the crude drug had been administered. In either instance, the morbid or the curative effect might be satisfactory, even if palpable doses be used. The proper dose in each case is to be determined by the judgment of the practitioner.

At the present time there are innumerable facts which demonstrate the truth and sound philosophy of the fundamental doctrines of Hahnemann. His mode of investigating diseases, his minuteness and accuracy in noting all symptoms, and thus obtaining complete pictures of maladies, his method of ascertaining the properties of medicines, by proving them upon the healthy, his selection of remedies with reference to their affinities, or specific relations with natural diseases, and his judicious adaptation of doses, are in consonance with reason and true science.

Modern researches have thrown a flood of light upon everything pertaining to art, science, and human progress. Many things which have heretofore been ranked among the mysteries of science and nature, are now clearly understood and appreciated. The art of healing has participated in this general advancement, and the hypothetical assumptions which enslaved the medical world for more than two thousand years, have now become obsolete. The ancient fathers of medicine who promulgated the absurd doctrines of allopathy, had not the lights of science to guide them, but groping in the darkness of antiquity, they relied upon their imaginations, and upon oracles from heathen temples, for data, and deduced their conclusions accordingly. But they were honest, and acted according to the limited facilities within their reach. Their teachings have been pernicious to the human race, but they erred in ignorance; therefore may they still slumber on in peace and silence; but let every medical man of the present day sound aloud, and continually, the silver clarion of truth and progress, until the advocates of ancient errors shall pause and investigate, test and acknowledge the truths of modern medical science.

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ARTICLE XI.—*On Homœopathy and Allopathy.* By Dr. NEIDHARD, of Philadelphia.

To Dr. J. C. PETERS.

Dear Sir,

In your article on the Homœopathic law of cure, contained in a former number of the North American Journal, you invite homœopathic physicians to communicate their opposing views, if they disagree with your remarks. This offer is very acceptable, as only by a fair interchange of different opinions truth can be evolved.

In the first place it seems to me, that in your delineations the ancient idea of the homœopathic law is entirely abandoned. Instead of our great homœopathic law of cure you have legitimatized three laws of cure. You are so liberal and all embracing that you have included the allopathic and antipathic methods of treatment among the true laws of cure: "the specific homœopathic, allopathic and antipathic," and consider all three of equal importance.

I am not certain, that if there had been any other modes of treatment extant or practiced to any considerable extent, you would, in the same liberal spirit, have embraced them also.

This must be very satisfactory and consoling to the strenuous advocates of the union of allopathy and homœopathy. But is there really so little in this homœopathic law, that it can find room in the corner of some saddlebags of an allopathic practitioner?

I for one have sought a great deal more in it; I have been so innocent as to believe that the homœopathic law was a universal law of cure, existing in nature from time immemorial, often foreboded by some thinking physician, but never fully brought to light and established, except by Hahnemann. I have been so simple as to believe, that this great law not merely bore relationship to the physical, but also to the moral and mental constitution of man, having thus always advocated its universal applicability.

Holding these views, you can conceive, that it was not very pleasant to be disturbed in one's favorite dreams by your very learned article, advocating an entirely different state of things,

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and you will consequently excuse this my strong expression of feelings written on the spur of the moment. Permit me only to add the following: Daily experience has taught me, that the nearer I followed the homœopathic law of cure, (now near twenty-five years) the quicker and surer I always effected a cure in every disease. But I never thought, that this similarity was *alone* to be sought in the symptoms. At an early date it occurred to me, that the essence of the disease or the *interior nature of the ailment* (pathological substratum) however hidden it might be, must be similar to the *interior nature of the remedy*. In other words, there must be the nearest *affinity* between disease and remedy, if the cure is to be quick and permanent. Hence the great difficulty in discovering the *true simile* in every case, which can only be one—the symptoms being regarded as the external manifestations of the disease, the guideposts to the undiscovered country beyond. Following this course I have often found the true remedy in certain grand analogous features of remedy and disease, where the mere symptoms would have left me in the lurch.

To give some instances of my meaning, I will merely mention that Calc.-carbonica was found useful in all pains aggravated by damp weather, or cold air, as Hartmann already mentions. Stannum in all coughs characterized by a sweetish taste. Antimon.-Sulph.-Auratum and Calc.-phosphor. in tubercular diathesis, no matter in what part of the body, because this is the most striking feature of the action of these two remedies. Aconitum and Nux-vomica in all fevers and nervous states of patients, whose constitutions have been ruined by large doses of narcotics from the old-school treatment. Laurocerasus in all fevers originating in the lungs. Arsenic in all diseases accompanied by sinking of the vital power. Sepia in all disharmonies of the circulation. In all these cases and hundred others, which might be mentioned, the special symptoms were less regarded, than the general feature of remedy and disease. Larger or smaller doses were exhibited according to circumstances.

The allopathic and antipathic methods were only resorted to very rarely, not with a view of a cure, but to smoothen the downward course of some incurable ailment, or relieve certain violent symptoms for the time, until the *true curative* would in the

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mean time establish its slow but sure action, where a cure at all was possible.

I am yours, &c., C. NEIDHARD.

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ARTICLE XII.—*The Homœopathic Law, Similia Similibus Curantur, the only Law of Cure.* By Dr. HENRY, of Selma, Alabama.

Hahnemann, by the application of this law, was the first to show the close connection existing between anatomy, chemistry and therapeutics. It is only in the study of these sciences that we are forced to acknowledge the truth of our law, as the only law of cure.

When Hahnemann first discovered the truth of this great law, he proved all his medicines with large doses. His Materia Medica Pura is the foundation of homœopathy. We find in it all drugs that he proved had four actions on the healthy system. Take Ipecac., we find it produces nausea and vomiting, which is the poisonous action of the drug. Then comes the dynamic, chemical and physical action. What a store-house of truth have we here laid open to us. All we have to do in the treatment of disease is to decide which action of a drug is required in a given case. We have the antidote of each drug given to us in this master-work. To antidote the effects of Nux-vomica we have Camphor. Then if a homœopathic physician is called to a case of poisoning from Strychnia, let him give Camphor in large doses. Why? because the provings of Camphor show by the symptoms it will control all drugs which have a tendency to produce cramps and spasms. He will also find it mentioned as the best antidote.

Then, I ask, with such facts as the homœopathic physician has laid before him in regard to the effects of drugs upon the healthy system:—Why should he allow himself to take so narrow and contradicted a view of the law, as only to give medicine in dynamic doses? Let us, as a school, throw aside all such single applications of our glorious law of cure. But let us make this the one great principle of our school. We will use no remedy unless it will produce a similar disease to the one it cures. Let

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us all stand as *bigots* upon this great principle. These reflections were produced by reading Dr. Dodge's Cases of Puerperal Convulsions, treated by taking a full quart of blood from his patients, and considering the action as strictly homœopathic. If this is homœopathy, what is allopathy? I am not surprised at the family objecting to such homœopathy. They had a right to object. With such homœopathy our beloved science will soon go back to the idols of allopathy. If bloodletting in health will produce a disease similar to puerperal convulsions, then Dr. Dodge is right; and we are thankful for one more brick to strengthen the homœopathic fortress. But in my opinion such bricks I fear will weaken the fort in place of strengthening it. I fear at this time we are attempting to build up our fortress with too many allopathic bricks, which in time of a severe battle with disease will be found wanting.

The time has come when the disciples of Hahnemann must speak out boldly in defence of their great law of cure, even if they must go so far as to advocate the mixing of two or more homœopathic remedies. We must do this to protect us against the inroads of the old school, who are always ready to swallow up homœopathy by stealing from our Materia Medica the indications for drugs in disease. Let us then drive from our system everything that looks like quackery. If a brother-homœopath wishes to give Nux-vomica and Sulphur combined, in piles; or Mercurius, Carb.-veg., Colocynth in dysentery he has a perfect right; they produce the diseases they cure. Prevent the inroads of the old practice, although it is bad homœopathic practice. Let us strive to keep the two schools separate; in it is the only safety of homœopathy. I agree with Dr. Dodge that Chloroform is a great remedy in puerperal convulsions. The proper treatment in my opinion in that disease is Aconite in strong doses, in alternation with Tart.-emetic, until some of the primary symptoms are produced; I then give *Tinct. of Stramonium*, prepared from the seed; thirty drops, if necessary, every twenty minutes; Belladonna and Hyos. may also be used. I have no objection to the hydropathic means, as recommended by Dr. Dodge. But Strammonium-tinct. and Tart.-em. have never failed me. To make this article more interesting to some

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of my young homœopathic brethren, I will notice a few diseases and their specific treatment.

### *Scarlet Fever.*

Scarlet-fever is a disease common in the South. I cannot agree with Dr. Peters in the use of Castor-oil, Citrate of Magnesia, and the local application of Nitrate of Silver in this disease. I have always admired Dr. Peters' course in regard to large homœopathic doses according to the law; but I cannot agree with him, when he deserts the law. Show me the law in his practice and I am always with him, no matter if it is in mixing homœopathic drugs. My treatment in scarlet-fever is: When it first breaks out in a community, to give in all the families I practice Belladonna as a prophylactic in alternation with *Phytolacca-decandria*; two doses of each a day, with Sulphur, night and morning, for four days; then Calcarea-carb., and so on in alternation, as long as the disease is in the community. Aided by strict vegetable diet, numbers of children escape the disease, or if taken, it is rendered entirely harmless; I have never seen a bad case when the system was thus prepared, and in my practice the first case is the one I fear most. When called to a case sick with this fever, I first give *Ipecac.* and *Aconite*, in good, full doses, in alternation. If the eruption looks like heat under the skin, I use Aconite and Tart.-emet.; if the throat begins to swell, I bind a piece of fat pork around the throat and give Bryonia and Mercurius-cor.; if not arrested, Bell. and Merc.-cor., with *Phytolacca* and Aconite, as the fever progresses. If the throat continues to swell, I use the Bichromate of Potash, alternated with Merc.-cor. If the bowels are constipated, I let them alone. If there is diarrhœa, Calcarea-acet., Zinc-acet., Phos., Ars., Ferr., as indicated by the symptoms. If the eruption does not come out, I give Camphor, Bryonia, Ipec., or Arsenic, with the local application of Sweet-oil and Salt all over the body.

If the brain is affected, I give Cantharides, Zinc., Bryonia, or Belladonna, aided by Cantharides liniment applied to the spine and abdomen. If dropsy comes on after the fever, I use Colchicum, Digitalis, Ferrum, or Arsenic. Hydropathic practice is good in this disease. With the above treatment I have never lost but one case and that was from using the warm bath.

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*Intermittent Fever.*

This is a disease to which I have devoted much study on account of the difficulty of treating it homœopathically. When called to an acute case I give Aconite during the fever, Quinine to stop the chill; then give Nux-vom. and Arsenic for twenty days, with a dose of Aconite every day, at the time the chill first made its appearance. If the chill returns, I give the same remedies with Opium during the chill; if it still returns, I then give good doses of Sulphur, in alternation with the *Ferrocyanuret of Iron* for the next twenty days. If there is enlarged spleen, I give with the Ferr. in alternation, Plumbum-acet.; the Kali-nit. and Hydriod. are good remedies; cold baths are good.

*Remittent Fever.*

I give first Aconite and Tart.-emet.; then Bryonia and Colocynth, or Aloes. If I wish a cathartic action, I give large doses of Colocynth, or Aloes. Then give Quinine.

*Congestive Fever.*

This is a terror to any community. In the cold stage I give Aconite, Bryonia, Arsenic, or Camphor. With ice to eat and ice-water injections, and cold ice-water packs; I have no confidence in warm applications in this disease; the patients are cold and they must be treated with cold.

*Dysentery.*

This is a disease quite common at the South. With Aconite, Belladonna, Colchicum, Opium, Plumbum, Mercurius-cor., Aloes, I have never failed to cure it; I always give Aloes in doses large enough to act on the bowels.

*Diarrhœa.*

This disease gives me much trouble, but I treat it with the remedies as laid down in the books; I find Mercurius-sol., Arsenic, Camphor, Rheum, Calc.-acet., and Carb. the best remedies.

*Gonorrhœa.*

I give the Acon., Canth., Merc.-cor., or Ice-water locally, and by injections; I fairly freeze it out. I use sometimes Sulphurate of Lime, Alum, or Mercurius-cor. in the ice-water, but

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never in such quantities as to cause the least smarting. With strict attention I can wash and freeze it out in three or four days. In chronic cases I use injections of Camphor-water and the Pyroligneous Acid, or at times the Chloride of Zinc.

*Syphilis.*

In this disease I am of the opinion of Hartmann, that the system must be placed under the influence of Mercury. I use both internally and locally, Cinnabaris strong, at times Mercurius-cor.; locally Nitric-acid. After the disease has disappeared, I give Sarsaparilla as long as it produces the least eruption on the skin; I then return to Mercury. When Sarsaparilla gives no indication of the disease being in the system, I then give the Sulphuret of Iron, followed by the Crocus of Antimony. I never use the Kali-hydriodicum. For secondary syphilis I use Quicksilver, dissolved in Nitric-acid, locally and internally first: then I give the Bichromate of Potash, in doses as large as the system can bear, followed by the Sulphuret of Iron and Crocus of Antimony. As a test I use the Prickly-ash in strong doses. I am highly in favor of Syphilization in this disease; for the sake of homœopathy it should be thoroughly tested.

*Nursing Sore Mouth.*

This disease, we are compelled to admit, is hard to treat. With Sulphuric-acid, locally and internally, I have often cured it in a few days; in other cases it seemed to aggravate; Muriatic-acid has done me much service, also the Sulphuret of Iron. Judging from the provings of Tart.-emet. and Antimony-crud., they might be our best remedies.

*Asthma.*

Sanguinaria-canadensis, or Lachesis have acted best with me.

*Hooping-Cough.*

Phosphor, dissolved in Alcohol, and Chloroform have always answered me in this disease.

*Rheumatism.*

Aconite in large doses, with Rhus-tox., Bryonia and Sabina. In the chronic form, Hydriodate of Potash, Colchicum, Stillingia-sylvatica, Sarsaparilla, Calcarea-carb. and Sulphuret of Iron.

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*Smallpox.*

I have always found Vaccine and Variolin the specific remedies given internally. Mercurius-cor. and Caust. may be used; Cantharides may be used, locally on the face, and internally, if the brain is affected.

*Measles.*

Cantharides and Aconite, in alternation, in the first stage, with the local application of Cantharides on the back and abdomen. If there is vomiting: Pulsatilla, Ipec., Tart.-emet.; if delirium comes on, I give Cantharides and Bellad., or Stram. Drink a plenty of cold water. If the eruption does not come out, give warm Camphor-water.

I hope these few hints may prove of some advantage to our young beginners in homœopathic practice. I have said nothing in regard to the dose, as I think it of little matter so the right remedy is chosen according to the homœopathic law. I will say for the information of some that may question my homœopathic soundness, I use from *thirty drops of the strong tincture* to the 200th dilution. I do not allow any work of allopathic practice to darken my library. All the knowledge I get of the action of drugs is found in different works on Materia Medica and botany. I left the filthy mixtures of allopathy nine years ago, and I will stay from them. I hope some experienced brother will give us the treatment of headache, toothache, neuralgia and prolapsus of the womb, as the quick cure of these diseases are the ones that give convincing proof of homœopathy.

J. A. Henry, M.D., of Selma, Ala.

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Article XIII.—*Cases from Practice.* By Dr. Geo. W. Richards, of Newark, New-Jersey.

*Case* 1.—June 22d, 1857.—Mary, aged eighteen, of mild disposition and sanguine temperament, states that she has been troubled for several years with headaches, recurring periodically every day about 3 P.M.

The attacks continued with considerable severity from an hour and a half to two hours, and then gradually subsided. The pain is generally dull, chiefly confined to the vertex, attended with

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heat in the part, vertigo and dimness of vision. Is increased by noise, stooping, and shaking the head.

Sometimes the attacks come on when she is in the streets, and are so violent as to oblige her to sit down to keep from falling. Appetite good. Catamenia regular.

Gave six powders of Bell., 30th dec., and directed one to be taken every night.

June 27.—Has had no return of the above symptoms since taking the first powder. Says she has never been so long free from headache since first attacked.

July 6th.—Continues well.

*Case* 2.—Aug. 25th, 1857.—Mrs. Rait, aged thirty-five, dark blue eyes, spare habit, of sanguineo-bilious temperament, has been subject to headaches for fifteen years past.

For the first ten years the attacks came on every week, and continued about two days, for the last five they have been of daily recurrence.

The pain involves the whole head, but particularly the parts over the eyes, temples, forehead, vertex and back of the head. It is drawing, tearing and throbbing in character, worse in the morning, aggravated by any exercise of the body or mind, and accompanied with dizziness and drowsiness. It has been of late years of such severity as to incapacitate her for much mental or physical exertion.

She has been treated allopathically by five physicians, but without relief.

Prescribed Bell., 3d dec., three times a day.

Sept. 9.—States that the first dose produced very decided amelioration, and that in about five days the only remaining symptoms were a slight pain in the forehead and back of the head, and drowsiness, which still continue.

Ordered Bel., 6th dec., morning and evening.

Sept. 16.—Is perfectly well. Four doses of the remedy effected complete relief of every symptom.

Nov. 24.—Remains the same as at last report.

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# Reviews and Bibliographical Notices.

## 1. *Our Literature—A Review.* By John Fitzgibbon Geary, M.D.

(Continued from page 389, Vol. VI., No. 23.)

"Samuelis Hahnemanni Materia Medica Pura,"

"E Germanico sermone in Latinum conversa,
Conjunctis studiis ediderunt."

Dr. E. Stapf, Dr. Gross, et E. G. a Brunnow. Dresdæ et Lipsiæ, anno, 1826.
"Jahr's New Manual," translated by Chas. J. Hempel, M.D. New-York, 1853.
"Hull's Jahr's." New-York, 1851.
"Therapeutic Pocket-Book," by Dr. C. Von Bonninghausen. Edited by Chas. J. Hempel. New-York, 1847.
"Jahr's and Possart's New Manual," by the same. New-York, 1853.

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"* * * * * rudis indigestaque moles,
Nec quicquam nisi pondus iners, congestaque eodem,
Non bene junctarum discordia semina rerum." *Ovid.*

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There is a far distant period dimly seen through the mist of years, when the few and scattered inhabitants of the globe dwelt in those regions of Eastern land where humanity is said to have found its first cradle; where, as we are told, our forefathers first propagated their species, first put forth their new and wonderous powers, first developed their full and perfect proportions—glowing in the joy and beauty of health—first felt the sting of disease, drooped under the hand of decay, and tasted death. It was then that necessity and experience first taught them to provide weapons of offence and defence against the fierce denizens of the field and forest, and to seek appliances against the occult and stealthy attacks of pain and disease in their myriad aspects—"the pestilence that walked in darkness, and the destruction that wasted at noonday." Urged by unceasing pressure, and guided by that singular faculty, shared in common with the lower order of animals, they sought with eager solicitude whatever curative or palliative means nature had fostered in her bosom in pity to the wants of her children, and liberally yielded to the researches of rudimentary science as well as to those instinctive yearnings that, without reason or art, detected in a moment the medicinal products of hill and dale, of mountain, sea and forest.

Through the uncertain vision which the glimmerings of historical light afford us of a later period in the career of our race, we behold the wayside sufferer in painful and prolonged expectancy, even of years' duration, sitting in pitiable solitude awaiting the advent of some wanderer from a distant land, whose wisdom might supply, and whose charity might administer the required medicament. But, alas, how often did the burning tears of disappointment stain his cheeks while even in sight of "the water" "troubled" by the flutter of "an angel's" wings, which became the restorer of some more nimble sufferer who was able to "step in before him!" In those days of scientific twilight and helpless affliction, whether in Assyria, Egypt, Greece, or Judea, the necessities of the diseased first called into being the office of the physician. The urgent and ceaseless demands of the sick taxed to their utmost the genius and inventive faculties of the doctor, who must be always ready with means to cure, to relieve, or to amuse the fancy of his patient till nature restored him, or till death with a single pang dispensed with his services for ever. It was at this time and under such pressure, that the appliances of cure in the shape of drugs began to expand in bulk and number; and with the addition of charms, incantations, exorcisms, and assumed supernatural agency, under their dark and varied hues, progressed so rapidly and multiplied so vastly, that in a brief period the world itself had hardly room to contain them. The first-born of these two-fold elements, science and superstition, appeared afterwards to



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the world under the classic title of "MATERIA MEDICA!" And however difficult and prolonged the struggles by which it was forced into existence, it does not seem to have fared any better in after years under its new dignity. To those who have watched its progress, it appears advancing and retrograding, succeeding and failing, curing and killing! Lauded to-day, execrated to-morrow; now moving with stately and dignified step, and anon stumbling with tottering gait and tipsy uncertainty! Here basking with serene and scientific aspect in the face of day, there with shaded and downcast brow sneaking and skulking, like a knight of the past. By and bye lifting on high the mace of accredited authority, and exclusive privilege to kill and to slay "according to law," and then, in mountebank garb and grinning gyrations, like the merry-andrew at a country fair, proclaiming with unblushing impudence the virtues of its "patent prescriptions" and quack nostrums, as duly "protected by *Royal Decree*," or the *edict* of a *Republic!* It would indeed seem as if in these latter days Mercury had stolen his medical sceptre from Apollo, and in one of his merry moods lent it as a wand to Momus, that he may amuse the gods at the expense of mortals, by turning some of the gravest efforts of their medical faculty into feats of legerdemain!

"A drowning man will grasp at a straw," but the diseased stricken sufferer will often trust the empty jargon of the most insolent knave that ever vended a "specific," whether he pretend to diagnose his condition "*by applying a glass tube to the eye*," or pretend to "cure" by holding a globule of "the *eight-thousandth dilution*" at the distance of a yard from the nose.* Indeed it is, and has always been, one of the weak points of humanity to commit its highest and most serious interests into the most unsafe hand, provided that they are recommended by improbable or supernatural assumptions in science or religion! This should, perhaps, reconcile us to the strange and anomalous condition of medicine, while science herself has taken up her abode with men on the earth, and hourly guides their fingers with unerring certainty to every triumph that can be achieved within the wide range of the material universe. And yet how singularly indifferent does she appear in the one department that mostly affects human happiness and health, or, is it because we stupidly and stubbornly refuse to follow her leadings, and at her bidding apply the resources which Nature at her command has so abundantly provided?

Materia Medica to be all that is claimed for it by our opponents of the old school, (only when contrasting it with new discoveries and innovations, at other times they ever lament its uncertainties and defects,) should stand out as a distinct and well-defined branch of medical knowledge; it should be founded on known and undeniable elemental principles, and be able with reasonable certainty to answer its intended object. In other words, it should be the clear development of practical therapeutics, and furnish ready to the hand of the medical man, reliable means of relief or cure. Pathology clearly and unhesitatingly points out the true characteristics of a given disease, denotes its class, states its name, demonstrates its local boundaries and the point at which it concentrates its greatest intensity, as well as its reflex action on tissues or organs at a distance from its immediate neighborhood. Why should not Materia Medica be equally clear in responding to our reasonable claims? Or must we conclude that the assumptions of its advocates, when tilting against Homœopathy, are for the most part "sound and fury," an empty profession, unreliable and fictitious? It is not intended here to swell the echo of that silly and thoughtless cry—equally foolish and unfounded—that would deny to the medical appliances of the old school any salutary or curative effects, nor to rank them in the category of "unmitigated evils." It is more rational to admit that most of them are excellent tools, often unskilfully handled, and very frequently effective in a high degree, in spite of the rust with which they are coated, and some clumsiness in their use. We desire to confine ourselves to such statements as can be sustained by undeniable facts, whether we deal with the defects of the old or

* In this enlightened city, a fellow who-e only mode of diagnosis is that stated in the text, enjoys the most extensive practice, and is accumulating the largest fortune of any man in Philadelphia.

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the new system of Materia Medica. But whatever be the redeeming qualities of the old method it cannot be considered as resting upon a scientific basis. Its sturdiest advocates cannot show that it is a series of inductive conclusions from unassailable facts which may again be reproduced if necessary; nor can they show us the definitions, axioms and postulates on which it rests. And, still more important, let them show us a scientific classification, clear, sound and practical, in which each division shall rest on its individual utility and prove its inalienable relation to the grand superstructure. But is the sense of security produced by such a combination, that which is experienced by the student at every step of his progress? Does he not rather feel himself left in a state of painful bewilderment as to the selection of his remedy in the hour of need? Has he not the widest latitude of choice among a countless variety of dubious agents? Must he not submit to the wildest hap-hazard empiricism in their administration?

Science confines herself within known boundaries, and owns no possessions in the dominions of chance. It is true that the student of the old system, in his perplexity can fall back on a certain time-honored classification of drugs, but of so singular and fictitious a character that it only serves as the *ignis fatuus* of the wanderer, to lead him off from the safe and solid road to sink in darkness and dismay into the depths of the quagmire. It is conceded by the very highest authority that this classification of old-school drugs is neither scientific nor useful, and only allowed by sufferance to occupy a place from which the boasted advancement of our brethren has never been able to remove it; because there was nothing rational to take its place! But let us glance at it for a moment, and then turn to our more immediate object.

In any attempted classification of Materia Medica, it would naturally suggest itself to a reflecting mind that some arrangement of medical substances in accordance with their effects upon the different organs and tissues of the human body, should be deemed a *sine qua non* in their successful administration. But instead of any such approximation towards a scientific standard, we find them so grouped as merely to indicate their effects on the active functions of the system; as if these abnormal deviations, however produced, were the *cause* rather than the *effects* of a diseased condition! This conclusion must necessarily divert the attention from the wise precept, "*ferre causas*," to a mere trifling with results; the suppression of which (their removal by such means is impossible,) can neither aid the patient toward recovery, nor the physician in arriving at a philosophical appreciation of his condition. What does it avail us to know that there are "*Emetics*," "*Cathartics*," and "*Expectorants*," with all those other nauseous compounds which make up the useless and arbitrary catalogue which has come down to us from the dark days of empiricism, through all "that blaze of light and knowledge" so vauntingly set forth, but which, in this department, has only served to deepen and extend the shadows cast by these mystic tumuli across the highways of science and art? It is not necessary that we should indulge in strong expressions in condemnation of this arrangement, when the very highest authorities among themselves have spoken in deeper and more emphatic terms of depreciation than we should like to employ; the only exceptions being those creatures of mere terms and technicalities—too numerous in both schools—whose opinions always go for nothing, save where partizan clamor requires the aid of empty noise to shout down formidable and fatal opposition.

So that while we feel called upon to make some severe but just strictures on the manifest defects of our own, it must not be supposed that they imply any commendation of that system of pride, darkness, and despotism, out of which the whole medical profession, properly so-called, is steadily and successfully emerging into the broad daylight of liberty, humanity, inductive science and perfect truth!

But *our own* "MATERIA MEDICA PURA" is "very considerable" in bulk of volume, extent of phraseology, and multiplicity of meaningless words. But how are we to deal with it, since we must candidly acknowledge at once, whether the admission prove our native obtuseness or not, that in dragging our weary and almost hopeless way through its winding and tangled mazes, we feel compelled to inscribe

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each of the rather singular "*pocket-books*" at the head of our article with the title, *Materia Medica Obscura!*

Let it, however, be distinctly understood that it is not our intention, nor do we consider it our province, to sit in judgment on the translation of these works. Favorable opinions have already gone forth of the arduous labors of Dr. Hempel and others in the same field; and doubtless from many who are competent judges, as well as from some who evidently know nothing of German, and very little indeed of English, whether "to the manor born," or sprung from continental Europe. Our present review must, therefore, take another direction.

We premise that these compilations in their present form cannot be considered as having any claim whatever to the style or title of "Materia Medica Pura" in the strict and scientific sense attached now by learned men of the medical profession to these words. They form neither the Materia Medica of one school, nor indeed of any other. What elementary principles, or great fundamental truths lie buried in their depths is another question. A block of marble is not a Venus de Medici or a "Greek Slave," till the cunning chisel of the artist has reduced it to either "thing of beauty." When we consider the singularly arduous and important labors of Hahnemann, his revival and establishment of the great law of cure, in spite of the most powerful opposition, his careful and eloborate pathogenetic investigations, we are surprised that even before his death, they had not terminated in some well-knit and concise system, convenient and satisfactory for the practical purposes of the medical profession; a body of tangible facts enforcing their irresistible conclusions on every cultivated man whose mind was open to conviction. But words, are not always things, and if, with ourselves, some of our readers have despaired of gleaning any satisfactory information after much labor and toil among these "provings" and "repertories," "manuals" and "keys," let them remember that it is a common peculiarity of the most gifted minds to reject a mass of mere words, while they eagerly embrace new ideas, grapple with new propositions, and store up new facts for future use; these form the elements of the man of genius. The great work which stands at the head of our list, taken as a whole, must be allowed to be unquestionable in its integrity as a history of such provings as were made by the founder and those who aided him in his personal labors, and must necessarily form the solid ground-work of a true system of Materia Medica. It was through these provings that the clear light of medical reformation first broke in among the clouds of time-honored fallacies and superstitions.

But if Hahnemann intended to claim any higher place for this work than that of a mere symptom list, it is certain that like many other great men his judgment was led captive by his zeal, and caused him to overlook all scientific method, while he threw together in one confused heap grand masses of purely elemental principles, which require some less gifted hand to disentangle, arrange and mould them into a shape that shall subserve the great object he had so much at heart.

Great discoverers have seldom been mechanical enough to turn to practical advantage the truths which their genius had drawn from heights and depths beyond the reach of ordinary workers. And it is but fair to admit that in recording his drug-symptoms, Hahnemann did not display such acuteness and clearness in arrangement and system, as one would expect from so sound and original a thinker. Or, perhaps, in his earnestness to be clearly and fully understood, his anxiety carried him too far, leading him to multiply his indications and symptoms to such a degree, as to render it often difficult to discover the wheat among the chaff, or to detect that which is often of the highest consequence among the useless, the puerile and the contradictory. But if this great man has erred a little, many of his self-constituted followers have done nothing else but copy his mistakes and enlarge on his blunders. Indifferent to the grand fundamental principle which lies at the root of all medical science, and which has made its reviewer immortal, they seized on his trifling excentricities as well as on the weaknesses of his advanced age, when second childhood had succeeded the mental vigor of manhood, and exhibited the small points of his character and the excrescences of his system in so strong a light as to expose us to the ridicule and scorn of such as would look no deeper than this outer surface into Homœopathy!

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Entirely unscientific themselves, they had no strong appreciation of, or warm sympathy with his great law of cure; being mere mechanics in theory and practice, they have only rung the changes on the "*original provings*," "still heaping mountains piled on mountains to the skies," till every other branch of the noblest of all sciences seemed lost in one universal fog of symptoms, extending to the very verge of the rational horizon, and darkening the whole heavens, till even to the closest scrutiny no other object revealed itself to the eye of the student but an unsightly, lame and forbidding dwarf—an Asmodeus in everything but intellect!

"The *Symptomatology*," the "*New Manual*," (a *pocket-book* (!) of two octavo volumes, embracing twelve hundred pages each, full of nothing, but symptoms!) "*Hull's Jahr*," "*Jahr and Possart's New Manual*"—another of the polyphemous *pocket-books*—and Hering's inflated "gas-bags," form the protean monstrosity which has sprung from the laboratory of these enchanters! These have now assumed so formidable an appearance and so forbidding an aspect, that scarcely a man of large views or scientific acquirements thinks it worth while to lose a thought on what seems only fit capital for broken-down mechanics, charlatans, and quack doctors. And which has become indeed the means of flooding the profession with a race of symptom-doctors, dubbed by one another, whose only qualifications for their assumed calling is, total ignorance of every branch of medical and general knowledge. It would be both useless and indeed impossible to attempt a detailed criticism of the contents of these productions, in which all that was originally sound, simple and reliable, has been so overlaid as to render it as rational to seek useful information in them as it would be to turn single-handed into the stables of Augeas. Here we have layer upon layer of isolated indications, useless repetitions, and long-labored lines of little words and phrases, which no human intellect can grasp, and no amount of human industry turn to any useful purpose. The brain on which they could be stamped must needs be of the fossil class.

It is a very singular feature, and one which very readily impresses itself on the mind of the student of our provings, in their present state of crude and conglomerate amalgamation, that every medicine on the list is made to produce similar, and indeed almost identical conditions. So closely do these approximate, that one name might well indicate every abnormal change which they are said to produce in the human system! Nor is this all, for the converse is made to appear also true. For the same substance that brought about a series of given symptoms, now is forced by and bye to produce the very opposite phenomena, till every single medicine, without one word of qualification or explanation, seems to embrace within its expansive range every ailment incident to the human family, rendering it a work of supererogation to call in at any time the aid of the other, equally potent, and no less effective, agents! To fortify us with greater strength, and that at all times we might go forth armed to the teeth, we are gravely presented with a long array of drugs "that act on the right side," and another battalion "to act on the left;"* about one hundred "to act on *the angles of the eye*," fifty-nine or sixty "for the *external angle*," and sixty-four "for the inner angle!" some to act "*before* the ears," some "*behind* the ears," some "below the ears," and some "on the lobes of the ears!" Surely *seeing* and *hearing*, even in the case of the blind and deaf, should be matters of course after this. The male genitals have *one hundred and ten* remedies to fall back upon in time of need; the penis one hundred and eight, the glans, the prepuce, the testicles, the scrotum, &c., have separate resources proportionately large! The "heel," the "*back of the foot*," the "sole," the "toes," the "big toe," the "tips of the toes," the "ball under the toes," the "toe-nails," and "corns," may in all cases of trouble come to a fair understanding with no less a force than *six thousand and three well chosen* and carefully adapted medical aids! (Vide, Bönninghausen, pp. 130, 131, *et passim.*) But how hopeless and vain the task to seek for information among this hocus-pocus of vulgar jargon,

* A few days ago, a grave medical philosopher of this city, asked a lady patient, if "the pain in the side was better;" she replied in the negative; and he, looking at his notes, said, "he did not wonder, since she had been taking a *left side*, instead of a *right side*, medicine!"

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huddled together by a half-crazy enthusiast, to say no worse of him, who had the impudence to assert "that he killed two mad dogs on the spot" with one globule of Jenichen, the horse-trainer's high potency! It is not then in this, so-called, "Materia Medica Pura," that we can hope to find a classification or analysis of medicines which should naturally and necessarily lead us to a knowledge of those lesions they are most likely to relieve or cure, we find ourselves sent at every step, on a "wild-goose chase," hunting up fractional atoms of "pains," "aches," "feelings," and "sensations," till it becomes a matter of doubt with the mere symptom-hunter whether his patient is in the wholesome and natural throes of child-birth, or writhing in the agonies of the worst form of colic. And it is very certain that he who exclusively devotes himself to this miserable and bewildering system of symptoms, must be ignorant that there is such a thing as a disease having a specific character, a period of invasive growth, crisis, decrease and termination. Having his head full only of these *disjecta membra*, how can he refer each symptom for a correct idea of its meaning, as well as the cause of its appearance to some known form of disease to which it points as an index?

But if for a moment we admit that every one of these almost countless symptoms or indications, is a positive and reliable fact—which every one knows is not the case—of how much value could they be to the medical profession in general, as they have been huddled together in these books by editors who have strained their ingenuity to its utmost tension in order to weave puzzles and enigmas out of Hahnemann's provings? Collections of facts intended to bear on any given subject, must cease to be useful when neither synthesis can give force to their combined testimony, nor analysis add weight to their individual declaration. But that the deduction of general scientific conclusions should be the great end of such collected information, does not seem to have passed before the minds of our great compilers. They remind one of a miser, who, having spent a barren and useless life in collecting in one sack pieces of all denominations—gold, silver, copper—should in the end, as he sits in misery and rags, estimate his wealth by the bulk of the bag!

The great architects of our mighty "manuals" had forgotten, doubtless, that a student of medicine (and by this term I do not simply mean the green man of from four to eight months' lecture-cramming,) would naturally desire to learn something of the history of each medical substance, of the source whence it is derived, of the manner in which it came to be used for curative purposes—by instinct, accident, or experiment—and why it is possessed of medical virtues at all. It would not, we conceive, be beneath the notice of even the most distinguished thinkers to dwell a little on these points, and tell us of the mine whence the mineral is drawn, of the climate which the animal inhabits, of the region which affords sap to the herb and the plant; why and how our great predecessors had happened to choose any one or more of the same order or class in preference to others? Nor would it be amiss to know that Nature—"the kindest mother still"—has wisely and providently provided in every clime and country effective means for the relief or cure of such forms of disease as are peculiar within its limits. As natives or inhabitants of a certain continent, we should not lose sight of the circumstance that the constitutional and hereditary tendencies of the human family accompany them in their constant migrations, and assume new aspects under distant and different climates. Here where the children of all lands seek and find a home, and bring with them their vices and their virtues, their strength and their weakness, it would seem peculiarly desirable that our medical studies should embrace a wider and more generous range than that prescribed to them by the feeble and barren capacities of the symptomatologists.

The collectors of our provings have overlooked their true design, and thus far most effectually contracted their utility, since they ought to have known that the value of every new truth in this field is only seen as it forms a link in a chain of evidence that unites the relation between the effects of any given drug on the healthy human organism, and the pathological developments of some

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known form of disease. We conclude, therefore, that in spite of our boasted progress and new light, a Materia Medica that shall command the respect of enlightened and learned men everywhere, challenge the esteem and defy the cavils of our opponents, and be valuable in the hands of the practitioner, has yet to be evolved from this mass of crude and chaotic materials which have been thrown together mainly by our German brethren, with more industry than skill, and with an evident design "*to make a new book*," rather than compose one which should contain anything new or useful.

It would not be generous to close these remarks without an expression of commendation due to the scientific, extensive and accurate labors of Dr. Teste, the first who has made some approximation towards supplying this great want of our school, and who has tried to reduce to something like order the fragments left us by our great discoverer, whose mission, never perhaps understood by himself, went no further than to indicate the great leading truths of a medical reformation, leaving it to minds of more limited inspiration and less comprehensive grasp to mould into an art the scientific deductions he had initiated. Still Dr. Teste's very important and valuable work falls far short of the present requirements of our practice, while its plan seems to us open to objections which it would be out of place to canvass here.

An effort is being made in another quarter which we can only notice now as affording a hope that at some future period, apparently distant, a work may be produced which should make us independent of the symptom rolls. Although it would be premature to judge of an unfinished work, its character so far compels us to express our regret that it only appears from quarter to quarter as addenda to this Journal, which necessarily defers to a very far off time a book that promises fair to fill the vacuum so prejudicial to our cause and the cause of suffering humanity, as well as to the individual interests of every member of the profession. And though we would not urge too much the "willing steed," we must venture the hope that the gentlemen who have undertaken this arduous and useful labor, may find it in their power to hasten it to a more speedy termination, and add to the value of their gift by contracting the length of our season of expectancy.

## 2. *Our Materia Medica.*

Requests similar to that of Dr. Geary's have reached me from many different sources. I, for one, will be willing to endeavor to make arrangements to publish the Materia Medica in monthly parts, equal in size to the quarterly quotas now furnished—always provided that a sufficient number of subscribers volunteer. I presume that twelve parts per year, of forty-eight pages each, or 576 pages in all, could be furnished to subscribers in advance for $3 per year.

In the meantime until the above proposition is more matured, and receives the sanction of the profession, very many, both old and young physicians, might aid us very materially in our present Materia Medica. We are not silly or vain enough to suppose that we have exhausted the subject-matter of any one of the articles about which we have already written so discursively, or are about to write. Many alterations, additions, or corroborations may be elicited from others.

To many physicians, both old and experienced, or young and inexperienced, we would respectfully recommend a careful perusal of the articles already published, and a critical examination of them; many suggestions for the new use of these remedies must arise in the minds of some during the perusal; many instances of similar or different experience must be recalled to the memory of others; other and still more appropriate remedies for analogous cases must occur to another class, and some must be led to try these remedies for the first time. We should be very glad to receive all this experience, or all these suggestions about the remedies already

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treated of. The interesting article of Dr. Liebold on Agaricus, will be fresh in the thoughts of some of our readers in this connection. We should be glad to receive similar articles about Benzoic-, Fluoric-, Oxalic-acid, or ven about such well-known remedies as Muriatic-, Nitric- or Sulphuric-acid. We would as willingly receive corroborations of well-known facts about Aconite, Alcohol, Aloes, Alumina, Ammonium-carbonicum and muriaticum Ammoniacum, and Amygdala-amara, as we would about the less commonly used remedies, such as Actea-racemosa and Spicata, Æthusa, Agaricus, Ambra-grisea, Anacardium, &c., &c.

We must repeat what we have often said before, that every physician owes much to his profession; it has done much for him, he should do at least a little for it; it is as valuable to substantiate already known things, as it is to suggest new ones. Every physician, except the mere routinist, uses even the most common remedies in a somewhat different way from that of all other physicians; he must have some experience peculiar to himself, and this he ought to make public for the benefit of the world. We want the experience of all classes of physicians, from the highest to the lowest, as regards dilutions. Our position must have been singularly mistaken if it is supposed for a moment, that we as Journalists, favor either one school or the other. All the editors have their own peculiar views and claim the right to express them freely and frankly; thus Drs. Preston and Marcy rather favor the high dilutions and strict Hahnemannian doctrines, while Dr. Holcombe and myself lean more or less strongly to the opposite scale. We all express our opinions and publish our experience without fear or favor, and wish all our readers and correspondents to do the same. Every one will be protected and encouraged to give expression to his honest views and experience, however much that may differ from our own. Personalities, abuse of doctrine, or mere polemical writings, written merely for the sake of getting the better of an opinion or an opponent, will always be discouraged, and may be excluded from our pages. We wish to take the ground that every true physician is good, wise and sensible, and has good, wise and sensible views, to which he is as much entitled, however humble and obscure his lot, as is the most prominent and revered.

Our colleague, Dr. Preston, has so ably expressed our wishes about the kind of aid we desire in our subsequent articles on the Materia Medica, that we have nothing to add on that score. We would merely express our acknowledgements to Dr. Wm. H. Watson, of Utica, who has latterly aided us much, and who intends, we believe, to help us still more.

J. C. Peters, 19 East 15th street.

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### 3. *Dr. Ring to Dr. J. T. Temple.*

Dear Sir,—

In the February No. (1858) of this Journal, I have read your second philippic against "Rational Homœopathy." You have again misapprehended both the opinions and the arguments of its author. But I have little hope that any attempt on my part would convince you that in your intended opposition to me, you have taken needless pains. I may succeed in convincing others of the fact, who may not have so entirely misunderstood me.

It would be an endless and unprofitable task to reiterate the facts and arguments in my second paper, and attempt still farther to elucidate them by amplification; for in that paper I have said all that I meant to say, from it my opinions may be fairly deduced, and it was calculated, I think, to accomplish the purpose which I shall presently name.

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I shall pursue another course, and first, I shall, in as few words as possible, give you the *history* of "Rational Homœopathy" in its incipiency.

During the years 1854 and '55, having experienced more than usual difficulty in the treatment of my cases of remittent and intermittent fevers, until resort was had in a large majority of instances, to Quinine in the ordinary form, I was more concerned than ever before at this apparent departure from pure homœopathy. I wrote to a number of the most intelligent homœopathic physicians to learn how they had managed similar cases. The replies were always—with the exception mentioned below—that they had confined themselves to the infinitesimals and lower attenuations, including the use of as much Quinine as had appeared to them necessary. Amongst the physicians to whom I wrote, was one of the present editors of the North Am. Journal of Homœopathy, Dr. Peters. I asked him to inform me in regard to the *doses* he employed with the best success in the treatment of his cases of malarious disease. In my letters to him and one or two others, I presented to their consideration an imperfect outline of the argument afterwards stated in my first paper, and requested their opinions. "Rational Homœopathy" was not at that time objected to by either of them, although it is due to them to say, that it was only commended as *interesting*. The editor alluded to, rather declined furnishing me with practical information, but thought that the opinions were worthy of consideration. He wrote to me that the first number of a re-issue of the North Am. Journal would soon appear, and that my object would probably be best attained by writing out the strange views for publication; that so doing would probably provoke criticisms and lead to publication of cases which might contribute much towards a better understanding of the practice of physicians in different sections of the country in the diseases mentioned; that such information was really needed. I concluded that this would, probably, be the best plan.

The difficulty I experienced was, how to present the inquiries in such form as to stimulate the greatest amount of effort. After much reflection, it appeared to me best to collect all the facts I could obtain, to collocate them in a rational form, to insist upon the validity of the reasoning and the justness of the inferences drawn, and most especially, to inquire whether I was right or wrong. This is the history of "Rational Homœopathy No. 1."

Just after the paper was published, the readers of the Journal will, perhaps, have noticed that a good deal of matter was found in its pages, evidently intended, it would seem, to furnish the practical information I had desired. Yourself and Dr. Jones, although stimulated considerably, were the only persons who theorized about my theories. As I was only partially satisfied with the information obtained, and did not choose to be misunderstood by Dr. Jones and yourself and others, I wrote a second paper. I had cured many intermittents with infinitesimals and low attenuations of medicine, and did not need to be assured that others had done as much. I had not cured those forms of fever, described by Wood and others as "pernicious" without resort to considerable quantities of Quinine. I wished to find out whether any one had been able to cure by means of so-called *pure homœopathy*, and whether the lives of patients would be placed in jeopardy by sole reliance upon the attenuations. The inquiry seemed to concern other physicians as well as myself, and I was disappointed because, with your assertion of *pure* homœopathy, you did not furnish the Journal with your ample experience in the treatment of these forms of malarious fever, and present an array of unmistakable cases tending to prove that no form of allopathic medication is necessary. I did not expect as much from Dr. Jones, for unless he has practiced medicine in the West or South, he scarcely

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knows anything about these diseases. He would perhaps have furnished some practical information, had he had any to bestow.

Now I must tell you that I have not changed my opinions in regard to Homœopathy since 1853. "Similia similibus curantur," I unequivocally adhere to. The infinitesimals and the lower attenuations are daily employed by me with unhesitating confidence in their virtues. I have no confidence in the curative virtues of crude medicines so far as they *operate* allopathically. I am not convinced that crude medicines are not sometimes needed in homœopathic practice—Quinine is by many admitted to be. The *peculiar* medicines of Homœopathy are the attenuations; just as the peculiar attributes of man as compared with the inferior animals, are a more perfect reason, and the acknowledgment and worship of the Divine Being, sensual perceptions and desires being common to both. In my tract of 1853, I vindicated the "little pills;" at the same time, in practice, I occasionally administered a few grains of Quinine. I am ready to stand before the tribunal of homœopathy to receive sentence on this plea.

It may be a more precise question, Sir, with some, why, if I was generally *successful* in my practice, I was induced to disturb the peace by writing "Rational Homœopathy!" I answer—I disliked the necessity of administering Quinine, and wished to learn, as I have said, whether it could be entirely dispensed with or not; therefore I wrote. Jahr does not inculcate its use in the crude form, and none of the "books" have taught it until recently. In 1849 and '50, when I attended lectures in the Homœopathic Medical College of Pennsylvania, its professors did not authorize it, and for my employment of Quinine afterwards, I had no warrant. If this were all, perhaps I ought to have written nothing; but it is not all. I believe it is true in morals, that if a man indulge in one vice, others will soon creep in. So in medicine—if the physician be guilty of departing in one thing from the teachings of his school, he will be *tempted* to deviate in more. I am ready to admit that I have suffered such temptations, but I believe that I have fallen into evil as seldom as most men. And others, perhaps to a great extent, have been tempted; if rumor be true, there is an alarming tendency to mere eclecticism amongst homœopathic physicians—the pages of this Journal bear witness to the fact—proving the necessity of clearer light within the bounds of "Rational Homœopathy." God forbid, that we should have darkness instead of light!

How shall mere eclecticism be most successfully averted? and how shall true homœopathy be strengthened and developed? By one and the same means. By holding fast to the homœopathic law, and making it the standpoint of all our researches. By cultivating with untiring assiduity the science of physiology—not old-school physiology merely—as one great field of study, and as the basis of pathology. By comparing with as much intelligence as may be brought to bear upon the subject, conditions of disease with the standard of health, and by proving medicines in the light of true physiology. With data from these sources, the law "similia similibus curantur" may be intelligently applied, and ample experience will determine its full value.

Now, has "Rational Homœopathy" pursued this course? Remembering that I chose but one subject for investigation, did I not begin with a physiological basis? Did I not adduce, as far as it was possible, a pathological view of the subject? and did I not sustain my argument by a sufficiency of facts from provings—some of them from allopathic sources to be sure—in order to make out my case? Was not the law of homœopathy constantly present with me? The argument in favor of Mercury, in my second paper was especially chosen, because that remedy seemed to furnish at once,

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some of the best evidence *in favor of* the homœopathicity of crude medicine, and, from the frequency of its employment by allopaths, and the harm unquestionably done by it, the strongest arguments *against* the administration of crude remedies. I did not challenge to combat, without, at the same time, furnishing my adversary with a potent weapon.

You had a right, Sir, unquestionably, to examine *my* physiology (not mine, indeed,) and *my* pathology; but you had no right to reject physiology and pathology entirely. You had a right to assert, perhaps, that the physiology and pathology of "Rational Homœopathy" are crude and unreliable; but here I am, to a certain extent, at issue with you. And you may have a dislike to allopathic provings; so have I, in general.

As to *my* physiology, I was under the necessity of obtaining the most of it from the only school of physiology which is known. So much of it as was adduced, seemed to have some value. I endeavored to give it a little more value by expressing it in language to which you have taken great exception. Are there not in fact, higher and lower regions in the body? Does not analogy justify the use of such terms? Is it not true that one part of the human organism is concerned, continually, in building and sustaining the machinery of the body, and that another part is employed in working it? Are not the working agencies superimposed upon the organism which is worked? In other words, is not the nervous system higher in place and function than the vegetative system?

It may be confidently affirmed that a true physiology cannot arrange the organs and functions of the human body on a dead level; just as the ancients believed that the earth was an extended plane. The earth has been proved to be round, and since this truth was discovered, many of the laws which govern the earth have been ascertained, which could not have been discovered in the absence of the first great fact. The human organism is not to be described in books as something which may be spread out and learned on the dissector's table. Parts and organisms must be studied in their relative places in the *living* body, if anything true is to be inferred respecting the physiology of man. But it is not my purpose to insist upon much at this time.

*My* pathology may, perhaps, be liable to reasonable objection, but it was not my purpose to write a treatise on either physiology or pathology. My sole object was to inquire, in a proper spirit, into the propriety, in any case, in view of the law of homœopathy, of the administration of crude medicines. Could I have asked the question, with emphasis, unless I had argued the case, with the help of such facts as I could gather, and with the most decided expression of opinion?

In conclusion, Sir, I must say, that you have misrepresented "Rational Homœopathy," in asserting that the use of *cathartics, &c.*, is contended for by its author. I most clearly stated my confidence in the supremacy of the homœopathic law in the treatment of diseases of organic life, as well as in those of the cerebro-spinal system. The question in regard to crude medicines was the only important question for your consideration, and your showing—as the summary of your philippic—"that neither in accordance with philosophy or reason, can remedial agents be applied contrary to this great principle, without danger or injury to vitality—and that this principle or law is indispensable to the existence of Homœopathy," is entirely irrelevant to the point at issue.

Permit me, now, to express the hope that homœopathists will labor with all earnestness in the cause of true medicine; and, if it should, hereafter, be proven that material doses of medicines are, at times, indispensable in the treatment of disease, that the homœopathic school will establish with

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reference to their use, a practice "more effectual, scientific and rational" than the allopathic.

And permit me, Sir, to pledge you my co-operation in all proper efforts to vindicate the "little pills," and the law of Homœopathy. H. Ring.

### 4. Pulte's *Domestic Treatise.* 7th edition.

This work was scarcely placed upon our table, before it was purloined by some person or persons who is in the habit of helping himself to my books without permission.

### 5. Hering's *Homœopathic Domestic Physician.* 6th American, from the 11th German edition.

The opinion of the profession is quite divided about the utility of Domestic Treatises. A friend has placed the following communication in our hands, with reference to this subject:

"In the last (February) No. of the Journal, I perceive that Dr. Peters handles quack and secret remedies without gloves, as they justly deserve. I could not but wish while reading his article, that he or some other one competent to do justice to the subject, would take up the matter of the domestic practice of homœopathy as taught in the thousand and one treatises called 'Domestic Physicians,' &c., &c., and the practice necessarily growing out of the publication of such works, of furnishing families with 'domestic cases' of medicines. My own observation has satisfied me that this system, *on the whole*, has been productive of vastly more injury than good, both to the public and to the profession, and it is high time that it should be discountenanced and discontinued. In my opinion, the use of pellets or globules, and the attempt to popularize and *domesticate* homœopathy, have done more to degrade and injure our system, than any or all other influences combined. The introduction of the homœopathic system and its zealous propagation, would naturally and necessarily excite both prejudice and opposition, because the interests of others were jeopardized thereby; but the shafts of ridicule and contempt that have incessantly assailed its onward progress, have been invited by the folly that has begotten a progeny of medical literature, noted particularly for its crudity and rapid increase.

"I hope that the time is not far distant when more attention shall be paid to the publication of books for *the profession*, and the talents and time of our brethren no longer wasted upon 'Domestic Practices,' which seem chiefly to level us and our system to the position of quacks and quackery. So soon as its adherents and exponents shall learn to treat it with the *respect* to which it is entitled, our system of medicine will command even from its opponents both recognition and respect, although it may not secure their adhesion to its precepts or principles. Truly your friend,

T. F. Pomeroy."

## Proceedings of Societies.

Many Homœopathic Societies meet regularly in almost every part of the Union; we would be glad to receive reports regularly from all of them; we will cheerfully publish accounts of their ordinary proceedings, but would also like very much to receive copies of papers,

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cases, &c., read before them. Much valuable matter is quietly hidden away in the archives of these bodies, which could be made public to the great advantage of the profession. Will the Secretaries please keep this matter in mind, or will the authors of papers furnish us with copies? The County Society and Hahnemann Academy of this city give a good example in this respect to others. Will the great cities of Boston, Philadelphia, Cincinnati, St. Louis, Chicago, &c., &c., do likewise? Will the State and County Societies all over the Union also respond? PETERS.

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## *American Institute of Homœopathy.*

This Society commenced its fifteenth annual meeting at the Atheneum, Brooklyn, on Wednesday, June 2d.

The meeting was called to order at 10 o'clock by the General Secretary, Dr. D. S. SMITH, of Waukegan, Ill. After calling the roll, the following Officers were elected:

D. S. SMITH, M.D., Waukegan, Ill., Chairman.
W. E. PAYNE, M.D., Bath, Me., General Secretary.
E. T. RICHARDSON, M.D., Brooklyn, N.-Y., Provisional Secretary.
S. S. GUY, M.D., Brooklyn, N.-Y., Treasurer.
C. F. MANCHESTER, M.D., Pawtucket, R.I., L. B. WELLS, M.D., Utica, N.Y., R. ROSMAN, M.D., Brooklyn, N.Y., E. CLARK, M.D, Portland, Me., B. F. JOSLIN, M.D., New-York City, Censors.

Drs. F. R. McManus, J. D. Moore, A. Morrill, N. H. Warner, and L. Clary, were appointed a Committee to audit the Treasurer's account.

The Secretary read a paper from Dr. A. R. Bartlett, Aurora, Ill., on "Intermittent Fevers;" also on the same subject, communications from Drs. G. S. Douglass, Milwaukee, Wis., and D. S. Smith, Waukegan, Ill.

Drs. Clary, of Syracuse, and McManus, of Baltimore, made some remarks, the former considering fever and ague troublesome, while the latter considered them easy to treat.

A report from Dr. W. E. Payne on the "Alternation of Remedies in Homœopathic Practice," was read and laid over.

Dr. B. F. Joslin, of New-York, presented provings of *Rumex-crispus*, which were ordered to be printed. The Society then adjourned till 3 o'clock.

WEDNESDAY AFTERNOON.—A report on "The Scale for preparing medicine," was read from Dr. G. Ellis, Detroit, Mich., in favor of the centessimal scale. The report was laid over for discussion.

Reports were presented from the American Provers' Union, and the Chicago Homœopathic Society.

A paper was read from Dr. R. Ludlam, of Chicago, Ill., on the "Endemics of Illinois and the North-west."

Dr. McManus, from the Committee to audit the Treasurer's account reported it correct, and the Committee was discharged.

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A report on "Evacuants, their physiological and therapeutic relations to the human economy," was received from Dr. D. M. Dake, of Pittsburgh, Pa.

Communications were received from the New-Hampshire Homœopathic Society, and Livingston County (N.-Y.) Medical Society.

Dr. W. Gallupe, of Bangor, Me., sent a report of two cases of Epilepsy treated successfully. The Society adjourned till 8 o'clock, to hear the annual address.

Dr. J. P. Dake, of Pittsburgh, Pa., delivered the annual address. Subject—"Charity in Medicine." He was followed by Dr. J. M. Ward, of Newark, N.-J., who spoke of the "Progress of Homœopathy in America." At the conclusion, the members of the Institute and invited guests adjourned to a lower room, where a sumptuous repast had been prepared by the physicians of Brooklyn. E. W. Dunham, Esq., was called to the Chair, and after the removal of the cloth, the usual toasts were given and responded to.

THURSDAY MORNING.—A paper from Dr. B. F. Joslin, on the "Impurities in Homœopathic Attenuations," was read and laid over for discussion at another time.

The following were appointed as members of the Central Bureau of Materia Medica:—Drs. B. F. Joslin, New-York, W. E. Payne, Bath, Me., J. P. Dake, Pittsburgh, Pa., M. J. Rhees, Mount Holly, N.-J., and E. Bayard, New-York.

Dr. B. F. Bowers, New-York, wished the opinions of the members in regard to *Quinine* in Intermittent Fever. He did not regard it a sure remedy.

Dr. C. J. Hempel, Philadelphia, stated that with him *Quinine* had not been successful in effecting cures; but he had met with success with *Arsenicum*.

Dr. T. W. Donovan, Staten-Island, mentioned *Natrum-muriaticum*, and also the high attenuations of *Arsenicum*, as having been prescribed by him with satisfactory results.

Dr. Hempel preferred the low dilutions in miasmatic districts.

Dr. W. H. Watson, Utica, agreed with Dr. Hempel in the low dilutions. He lived where there was much fever and ague, and had used *Nitric-acid* and *Quinine* with success.

Dr. J. M. Ward, Newark, N.-J., had abandoned *Quinine*, and been very successful with *Arsenic* and *Natrum-muriaticum*.

Dr. Donovan attributed the disease to a poison in the blood caused by miasm, and that where care had been taken, the high attenuations had been successful.

Dr. Ward thought it was an impression of the miasm upon the nervous system.

Dr. J. P. Dake reported a case where he had used *Arsenic* low, but without success; he then gave the same remedy high, and effected a cure.

Dr. N. H. Warner, Buffalo, considered high dilutions preferable to low ones. He had used *Quinine* when the chill and fever came together. He had had great success with *Natrum-muriaticum*.

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Dr. F. R. McManus, Baltimore, thought the attenuation of little importance. *Natrum* had cured one of his most troublesome cases, and *Ignatia* another. He considered *Ignatia* indicated when there was thirst during the cold stage of the disease, or its absence during the fever.

THURSDAY AFTERNOON.—It was resolved to hold the next annual meeting at Boston, on the first Wednesday in June, 1859.

Dr. R. Gardiner presented a paper on "Small-pox and its kindred Pustular Diseases," giving its history as being first known among the Arabs about 569 A.D. He recommended *Causticum* and *Mercurius-corrosivus* to prevent pitting. He had observed that those who took the most nourishment, recovered more rapidly from the disease.

Dr. McManus was appointed a Committee to procure a diploma. The Committee appointed last year, not reporting, being discharged. After a discussion as to whether it should be printed in Latin or English, it was left to the discretion of the Committee.

Drs. S. Gregg, L. MacFarland, D. Thayer, and W. Wesselhoeft, were appointed a Committee of Arrangements for the next annual meeting.

The following Committees were appointed on scientific subjects: "*Anæsthetic Agents*, their *Use and Abuse*, Dr. C. M. Dake, Genesee, N.-Y.; "*Water as a Therapeutic Agent*," Dr. J. P. Dake, Pittsburgh, Pa.; "*Mechanical Supports in the treatment of Disease*," Dr. J. M. Ward, Newark, N.-J.; "*Parasites in connection with disease*," Dr. G. E. Shipman, Chicago, Ill.; "*Chest diseases*, their diagnosis and treatment," Dr. E. A. Guilbert, Dubuque, Iowa; "*Medical Dynamics*," Dr. G. W. Swazey, Springfield, Mass.; "*Scarlet Fever, its prophylaxis and its treatment*," Dr. S. M. Cate, Augusta, Me.; "*Combination of Potencies*," Drs. B. F. Joslin, New-York, and D. M. Dake, Pittsburgh, Pa.; "*Intermittent Fever*," Dr. T. W. Donovan, Staten Island; "*The Influence of the Bi-carbonate of Potassa*," *Tartrate of Potassa, and Carbonate of Soda in articles of diet*," Dr. N. H. Warner, Buffalo, N.-Y.; "*Phthisis Pulmonalis*," Dr. W. H. Watson, Utica, N.Y.; "*Diabetes*," Dr. T. W. Donovan, Staten-Island.

Dr. F. R. McManus, Baltimore, M.D., was announced to deliver the annual address at the next meeting, and Dr. S. S. Guy, Brooklyn, alternate.

The following were elected Members of the Institute:

J. E. Jones, M.D., L. B. Hawley, M.D., H. E. Morrill, M.D., S. Wackerbarth, M.D., J. G. Detwiller, M.D., J. J. Youlin, M.D., A. S. Hotchkiss, M.D., H. L. K. Perrine, M.D., M. R. Pulsifer, M.D., M. G. H. Pulsifer, M.D., M. W. Campbell, M.D., J. Turner, M.D., H. Minton, M.D., E. M. Kellogg, M.D., G. V. Newcomb, M.D., H. E. Stone, M.D., E. Morrell, M.D., T. S. Verdi, M.D., L. Macfarland, M.D., J. L. Watson, M.D, W. A. Greenleaf, M.D., J. P. Dinsmore, M.D., G. E. Kirk, M.D., L. G. Coxe, M.D., A. H. Ashton, M.D., E. West, M.D., E. F. Hoffman, M.D., A. Wright, M.D., J. M. Berghaus, M.D., J. G. Rossman, M.D., W. H. Longee, M.D., J. E. Baker, M.D., R. G. Perkins, M.D.

HENRY M. SMITH.

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### *The Connecticut Homœopathic Society.*

This Society held its seventh annual meeting at New-Haven on the 17th ult.

Much valuable information and scientific knowledge regarding homœopathy and the treatment of diseases, was elicited by members present. And we would embrace the present opportunity of stating to our friends abroad, that homœopathy is making "slow but sure" progress with all classes, but more particularly upon the minds of the intelligent and better informed in the conservative "land of steady habits." The following officers were elected:—President, Dr. E. T. Foot, New-Haven; Vice-President, Dr. L. H. Norton, Bridgeport; Treasurer, Dr. P. C. Skiff, New-Haven; Secretary, Dr. H. Stone, Fair-Haven.

L. H. Norton, Secretary.

Bridgeport, Dec. 26th, 1857.

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### *Homœopathic Medical Society of the State of Connecticut.*
### Semi-Annual Meeting, 1858.

The semi-annual meeting of the Connecticut Homœopathic Society met pursuant to adjournment at the office of Dr. C. H. Skiff, in the city of New-Haven, on the third Tuesday in May, 1858.

In the absence of the President, Dr. L. H. Norton, Vice-President, took the Chair.

The meeting was called to order at 11 o'clock, and a quorum of members was found to be present.

The minutes of the annual meeting were read and approved.

A letter was read by the Secretary from Dr. E. T. Foote, declining the office of President of the Society, and on motion it was accepted.

The report of Committees being declared in order, Dr. L. Keep, of Fair-Haven, made a verbal report on Nursing Sore-mouth, detailing his mode of treatment, which he had found quite successful in relieving this troublesome disease. The remedies used were Aconite, locally, and Bry. and China internally.

Dr. Bell, of Middletown, read a paper detailing the history and treatment of three cases of Membranous Croup, treated successfully by him with Kali-Bichromicum 1st.

Dr. Wilson, of Meriden, related a very interesting case of Neuralgia, cured with a single remedy, Colocynth 3d.

Drs. Bulkley and Brown, Committees on Sick Headache and Diseases of the Urinary and Genital Organs, being absent, were continued, and the Secretary was instructed to notify them, and request them to report at the next meeting.

A letter was read by the Secretary from Dr. A. W. Brown, of Mystic Bridge, desiring to become a member of the Society, and on motion, the Secretary was instructed to send him a copy of the Constitution and By-Laws.

On motion of Dr. C. H. Skiff, the Society took a recess till 2 o'clock. The Society re-assembled at 2 o'clock, Dr. Norton in the Chair.

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Dr. Jas. H. Austin, of Bristol, was proposed as a member of the Society by Dr. Sage, which was seconded by Dr. Bell, and was unanimously elected.

Dr. Rodman, of Waterbury, offered the following resolution, which was discussed at some length, and unanimously adopted.

*Resolved*, That while we would extend the hand of fellowship to educated physicians, without reference to any differences in creed or practice, we deem it improper to meet in consultation, practitioners, who have not received a medical education at a chartered institution.

On motion, it was determined to hold the annual meeting at the Meriden House, in West Meriden, on the third Tuesday in November next, at 10 o'clock, A.M.

Informal conversation on scientific subjects being in order, the remainder of the session was occupied with the relation of interesting cases from practice, and the administration of the different remedies, which were discussed by most of the members present with good feelings, and a disposition to advance the cause of Homœopathy, which is steadily advancing in public favor in this State.

HENRY E. STONE, Secretary.

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## *Proceedings of the Hahnemann Academy of New-York.*

APRIL 7th, 1858.

The Academy met, President *Gray* in the chair.

The President delivered, as his Annual Address, a discourse on "*Posology*."

The subject was thrown open to the Society for discussion.

*Dr. Belcher* thought that in epidemics and in cases of nervous exhaustion, the doses should be larger than in ordinary cases, to produce good effects.

*Dr. McMurray* narrated a severe case of *pneumonia*, in which *Tartar-emetic* was given in as large doses as possible without causing nausea. The case progressed most favorably, and the cure was unusually rapid.

A general discussion followed on the several points in Dr. Gray's paper.

On motion, adjourned.

MAY 5th, 1858.

The Academy met, the President in the chair.

The regular subject for the evening was postponed.

*Dr. Barlow* mentioned a case of *prurigo podicis*, without eruption or any other symptoms of disease about the anus, which he had been unable to relieve by any remedies he had used.

*Dr. Hallock* recommended *Petroleum*.

*Dr. Peters*, suppositories of *Morphia* and *Sulphur*. Narrated a severe case of dysentery, complicating intermittent fever, treated solely with suppositories of *Quinia* and *Merc* combined.

*Dr. Hallock* inquired if any prophylactic was known for the secondary effects of scarlatina?



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*Dr. Gray* is accustomed to give the vegetable acids freely as soon as any symptoms of dropsy show themselves. Uses also *Nitric-acid* and *Merc.-dulcis*. Schœnlein recommends keeping the bowels "soluble" with *Calomel*.

*Dr. Belcher* thought *Digitalis* deserved attention in scarlatinal dropsy. *Blackall* mentions that it does good as a diuretic only in those dropsies in which the urine is coagulable. Has been accustomed in the cases which begin with fever, &c., indicating congestion or inflammation of the kidneys, to rely upon *Acon.* and *Merc.-corros.*, but of late has had better success with *Acon.* and *Tr. Ferri-muriat.* The Iron is particularly indicated by an irregular fever, without the prostration characteristic of *Ars.*

*Dr. Gray* uses the *Tr. Ferri-mur.* in pretty large doses, in intractable *gonorrhœas* and dangerous *hæmoptysis*.

*Dr. McMurray* narrated a case of scarlatinal dropsy, very severe and attended with violent convulsions, which was promptly relieved by *Acon.* and *Apis*.

*Drs. Hallock* and *Peters* considered *Apis* a very unreliable remedy.

*Dr. Belcher* had employed *Honey* with success in urticaria.

*Dr. Gray* called the attention of the Academy to the *Zizia-aurea*, or *Musk-squash*, which causes death by convulsions, similar to those occurring in connection with albuminuria. Recommended its trial in these cases, also in puerperal convulsions and epilepsy.

*Dr. Peters* mentioned the *smoky* appearance of the urine as one of the earliest signs of nephritic disease after scarlatina. On noticing this appearance, (which he thinks is due to blood,) he gives *Hammamelis;* if dropsy supervenes, he relies upon *Digitalis* and *Potass.-iod.* Spoke of a case of slow poisoning by *Phosphorus*, reported in the *Amer. Jour. of Med. Sciences*, No. LXIX., in which there were all the symptoms and *post-mortem* appearances of Bright's Disease.

On motion, adjourned.

JUNE 2d, 1858.

The Academy met, President Gray in the chair.

*Dr. Barlow* was appointed Secretary, *pro tem.*

The regular subject for the evening being postponed, an informal discussion took place upon "The simulation of Homœopathic pellets in the pharmaceutical preparations of the old-school physicians.

On the use of *Cannab.-sativ.* in *dysuria* and *gonorrhœa*—and

On *Cistus-canadensis* as a remedy for scrofulous enlargements of the glands."

On motion, adjourned. JNO. MC E. WETMORE, Secretary.

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## *Proceedings of the Homœopathic Medical Society of the County of N.-Y.* (Reported by E. M. KELLOGG, M.D., Secretary.)

WEDNESDAY, April 14th, 1858.

The Society held its regular meeting, Dr. Bayard in the chair.

Present—Drs. Bayard, Freligh, C. C. Kiersted, C. Kiersted, Leon,

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Sherrill, M. W. Palmer, Guernsey, B. F. Bowers, Baldwin, Joslin, Jr., Fullgraff, Barlow, Hallock, and Kellogg.

After the reading of the business report of the Executive Committee, Dr. Freligh rose, and moved that the thanks of the Society be tendered to Dr. Bayard for his very able address on the 10th inst., and that he be requested to furnish a copy thereof for publication by the Society; and also that the address be published in the North American Journal of Homœopathy. Carried unanimously.

Drs. Kellogg, Joslin, Jr., and Fullgraff, were then appointed a Committee to publish and distribute the address.

Dr. Sherrill then reported the case of a child, over whose eyes a film was growing, covering the ball, and obscuring the sight.

Dr. Freligh reported a case of very severe neuralgia, which had been treated allopathically for three weeks, and was cured in eight hours by two doses of Lachesis 6th.

The discussion of erysipelas was then taken up, and Dr. Frost related a case in which the disease attacked the scalp and face, and gradually travelled down the neck, trunk, and lower extremities, till it passed off by the feet.

Dr. Guernsey related a case in which erysipelas started in the left side of the scalp, travelled down the left side of the body to the great toe, crossed over to the right toe, worked upwards, and passed off on the right side of the scalp.

Dr. Hallock reported several cases of facial erysipelas, one of which occurred in a lady ninety-three years of age, and was treated successfully with Rhus and Arnica.

Drs. Bayard, Fullgraff, Kiersted, Freligh and others, reported various cases of erysipelas, whose duration varied from four to seven days.

After which, the meeting adjourned.

WEDNESDAY, May 12th, 1858.

The Society met, the President in the chair.

Present—Drs. Bayard, Barlow, Gray, Leon, Peters, Smith, B. F. Bowers, J. Bowers, McMurray, W. Freeman, Baldwin, Wetmore, Perkins, Wright, Freligh, Leach, Joslin, Jr., Belcher, Sherrill, and Kellogg.

Dr. G. H. Doyle was elected a member of the Society, and business reports were received.

Dr. Peters related two cases of dysentery treated successfully by Arnica, after Colocynth and Mercurius had failed.

Dr. Leach reported a case of headache of twenty-eight years' standing, relieved entirely by two doses of Lycopodium 30th, and though two months had elapsed since, there had been no relapse. The cephalalgia was characterized by a dull, aching pain through the temples, and was aggravated by exercise in the open air.

Dr. Freligh reported cases of erysipelas as having been treated very satisfactorily by the external application of Cantharides and Urticas-urens, ten drops of the tincture mixed in a wine-glassful of water.

The subject of puerperal convulsions was then taken up.

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Dr. Gray related two cases—one of which had been troubled during gestation with albuminuria. When the full time arrived, she was seized with violent pain in the head, periodic, labor-like pains, but with no bearing-down pains. Coma followed, and forcible delivery was resorted to by the long forceps, and the child born alive. The coma, however, continued, with violent convulsions. Bell., Opium, Nux, Acon and Cuprum were given for this state, until the second day, when Dr. Gray remembering death preceded by similar symptoms to have been caused by the *Zizea-aurea*, or Musk-quash root, administered two drops of the tincture to this patient, with the happiest result. One slight convulsion only followed some three hours after, and perfect recovery ensued.

Dr. McMurray spoke of distress in the precordial region as always accompanying puerperal convulsions. Threatened attacks, though foreshadowed by headache, flushed face, and twitchings, in several cases under his observation, were not developed, unless this precordial distress were present.

Dr. Wright related a case which was characterized by coma throughout, lasting several days after the convulsions had ceased, and which was treated successfully by Belladonna and Ignatia.

Dr. Peters and Dr. Belcher related several cases of ante-partem convulsions, mostly cured by rupturing the membranes, or forcible delivery.

Dr. J. Bowers stated that in his experience, post-partem convulsions are more fatal than ante-partem. He related the case of a lady who had had convulsions at the time of three successive accouchements. The first two were ante-partem; the last was post-partem, and proved fatal.

Upon motion, adjourned.

WEDNESDAY, June 9th, 1858.

The Society held its regular meeting, and in the absence of the President and Vice-President, Dr. Hallock was called to the chair.

Present—Drs. Hallock, McMurray, Belcher, Peters. Guernsey, Smith, Fullgraff, Freligh, Sherrill, B. F. Bowers, and Kellogg.

Drs. F. W. Hunt, W. J. Bauer, and G. B. Bouton, were then balloted for, and elected members of the Society.

Dr. Peters then asked permission, which was granted, to suspend the regular order of business, in order to allow him to offer some remarks concerning the *American College of Medical Science.* Dr. P. proceeded at some length to relate the origin and objects of this College, reading the charter, and presenting copies thereof to the members present. He stated that the College would prove a most important institution to us, in view of the intolerant spirit of the old school —for the University of Georgia had just passed a regulation, that no Homœopathists should hereafter receive diplomas from that institution, and that all diplomas already issued to them should be re-called; and a similar movement is now on foot in England. Under these circumstances, Homœopathic Colleges become a necessity, and ought to

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receive the cordial support of the profession. Dr. P. went on to invite members to volunteer to give special lectures upon such subjects as they themselves might select, at such time during the coming winter as might be convenient. It is not contemplated to deliver a full course of lectures until a year from next winter, by which time it is confidently expected that a suitable building, of which Dr. Peters exhibited a plan, will be erected and endowed.

After several reports of cases of no very special note, Dr. Peters was appointed to read a paper upon "*sick-headache*," at the next meeting, and the Society adjourned.

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## Hospital and Dispensary Reports.

In the dominant-school report against the introduction of Homœopathy into the Bellevue Hospital in New-York, we find on page 15 the following rather premature assertions:

"The Homœopathic Hospital of Vienna, which has published annually the most wonderful results of treatment, and as far as its reports gave evidence, was entirely successful, *has* RECENTLY *ceased to exist*. The Homœopathic Hospital at Leipsic, *the home of the founder of this system*, ceased with the death of Hahnemann. The London Homœopathic Hospital has RECENTLY closed its doors.

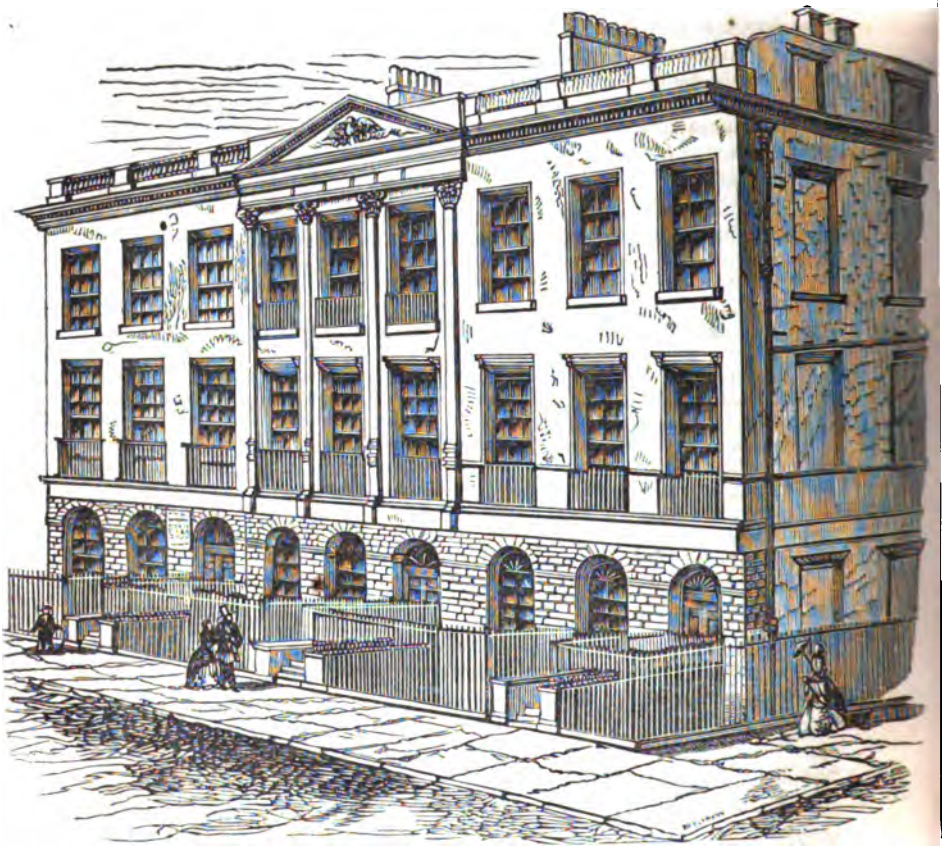
In the May 1st, 1858, Number of the London Illustrated News, we find a wood-cut of the London Homœopathic Hospital, of which a fac-simile is here reproduced, and the following editorial remarks:—

### "*The London Homœopathic Hospital.*

"Without venturing any opinion respecting the truth of homœopathy, it cannot be denied that this system of medicine claims respectful consideration from the medical profession. Its founder, the late Dr. Hahnemann, is admitted by his opponents to have been a learned physician and a man of genius. For the last sixty years homœopathy has been gaining ground in every civilized country in the world. It is recognized by many Governments, Royal and Republican, in Europe and in America; and numbers among its friends several thousand physicians, (most of whom were educated in the old school of physic,) many eminent scientific and literary men, and a considerable proportion of the mass of the people. Such a system of medicine, although it may, by further investigation, be proved wanting, deserves something better than ridicule and contempt, by which new discoveries in science have too often been met.

"The supporters of homœopathy are now striving to establish a large metropolitan hospital, which shall be conducted in accordance with the principles inculcated by Hahnemann, which will be a school for homœopathic students, and which will afford to allopathic physicians the means of inquiring into the merits of the new doctrine and practice. A public dinner in aid of the building fund of this charity took place on Wednesday, April 21, at Willis's Rooms, when the Duke of Wellington presided. His Grace was supported by the Duke of Beaufort, Viscount Lismore, Viscount Maldon, Lord Rokeby, Lord Grey de Wilton, Lord Cosmo Russell, the Hon. R. Grosvenor, Mr. Truman, M.P., Major Blake, Captain Fishbourne, R.N., Mr. Pritchard, (High Bailiff of Southwark,) Mr. Sheriff Rutherfurd, Dr.

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*The London Homœopathic Hospital, Great Ormond-st.*

Quinn, Dr. Russell, and about 150 other gentlemen, known as supporters and practitioners of homœopathy in the metropolis and in the provinces. The usual toasts were given, viz.—"The Queen;" "The Prince Consort and the Royal Family;" and "The Army and Navy," responded to by Lord Rokeby and Captain Fishbourne, who alluded to their experience of the benefits personally derived by them from homœopathy during their service in the Niger expedition, and in the Crimea. The Chairman then proposed "Success to the London Homœopathic Hospital," which was enthusiastically received. From the statement of the chairman it appeared that the institution was opened in 1850, at a house rented for that purpose in Golden-square, and *had been removed, last October, to freehold premises in Great Ormond-street*, W.C., purchased for £5,600. During its existence the hospital had, at an average expenditure of £1,000 a year, afforded relief to 23,000 sick persons, of whom nearly 1200 were in-patients. The returns of treatment were stated to prove the advantages of homœopathy. Thus,

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while, according to the Registrar-General, the rate of mortality in the allopathic metropolitan hospitals is 7.6 per-cent., the deaths in the Homœopathic Hospital. including those from cholera, have not exceeded 4.6 per cent. The premises recently purchased in Great Ormond-street are estimated to provide accommodation for about 200 in-patients; and, when the necessary alterations are completed, there will be two accident wards, a ward for children, a theatre for a school of medicine, &c. The estimated cost of these alterations, and of fittings and furniture, is £4,000, and contributions have been received which reduce the amount to £2,800. The total receipts since the opening of the hospital have amounted to £15,000; and the management had thus far not only defrayed current expenses, but had been enabled to purchase the new premises, besides investing £600 towards the formation of an endowment fund. The chairman's appeal was liberally responded to by the company, and contributions were announced amounting to about £1,000—including twenty guineas from the chairman, fifteen guineas from the Duke of Beaufort, £100 from the Earl of Wilton, and £100 from Captain Felix V. Smith.

"The memory of Hahnemann, the founder of homœopathy," was proposed by Dr. R. Russell; "The health of the Duchess of Cambridge, the patroness of the hospital," by the Duke of Beaumont; "The health of the Chairman," by Dr. Quinn; "The Honorary Secretary, Mr. R. Buchan," by the Duke of Beaufort. Several other toasts were given, and the Duke of Wellington, on leaving the chair, was loudly cheered.

"The musical arrangements were under the direction of Mr. G. Buckland, who was assisted by Messrs. Lockey, Young, and H. Buckland.

"It may be added that there are homœopathic hospitals in Paris, Vienna, Berlin, Moscow, and St. Petersburg."—[*London Illustrated News*, May 1st, 1858.

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It is well known that the London Lancet spread the report of the *closure* of the London Homœopathic Hospital, conveniently assuming that a *removal* was in one sense a closure, at least of the old premises.

In the June, 1858, No., the London Lancet refers to the dinner above alluded to by the London Illustrated News, as one to be eaten by the GULLS of the Homœopathic system, and of course "regrets that the DUKE OF CAMBRIDGE, considering his position, should have consented to preside on the occasion," and consequently prove himself a gull in the eyes of the Lancet, in company with the Duke of Wellington, Duke of Beaufort, &c., &c.

It seems that many of the ladies of England are also willing to be enrolled in the lists of those who are styled the "*gulls of the Homœopathic system*," and are anxious to do their share in enlarging the usefulness of the London Homœopathic Hospital; at least we infer so from a circular which has been placed in our hands, of which the subjoined is a portion.

"A FANCY BAZAAR

"Will be held on Wednesday and Thursday, the 9th and 10th of June, 1858, in the Riding-School of the Cavalry Barracks, Knightsbridge, by permission of Colonel Parker, in aid of the funds for the necessary alterations, &c., in the Freehold Premises, Great Ormond-street, recently purchased for the London Homœopathic Hospital, under the patronage of:

H.R.H. The Duchess of Cambridge; H.R.H. The Princess Mary of Cambridge; Her Grace the Duchess of Richmond, the Duchess of Beaufort, the Duchess Emily of Beaufort, the Duchess of Manchester, the Duchess of Montrose; The Right Hon.'s the Marchioness of Abercorn, the Marchioness of Exeter, Maria Marchioness of Ailesbury; The Right Hon.'s Lady Georgina Codrington, Lady Blanche Dupplin, Lady Henrietta Morant, Lady Adeliza Norman, Lady Char-

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lotte Greville, the Countess of Winchelsea, the Countess of Sandwich, the Countess of Craven, the Dowager Countess of Craven, the Countess of Wilton, the Countess of Harrowby, the Countess of Bradford, the Countess of Glengall, the Countess of Gainsborough, the Countess Cowley, the Countess of Kinnoull, Lady Adelaide Cadogan, Lady Cosmo Russell, Viscountess Sidmouth, Viscountess Barrington, Viscountess Lismore, Viscountess Villiers, Viscountess Newport, Viscountess Curzon, Lady Ellinor Hopwood, Lady Lindsay, Lady Elcho, Lady Elizabeth De Ros, Lady Emily Seymour, Lady Caroline Maxse, Lady Alfred Paget, Lady De Ros, Lady Willoughby de Broke, Lady Gray of Gray, the Dowager Lady Kilmaine, Lady Forester, Lady Lyndhurst, Lady Templemore, Lady Ebury, Lady Cremorne, Lady Rokeby; The Hon.'s Mrs. Ashley, Mrs. Dudley Ward, Mrs Burne; Lady Isham, Lady Acton, Lady Smith, Lady Elton, Lady Hall, of Llanover, Lady Bryant, Lady Littler, Mrs. Whately, of Dublin, Madame Erneste de Bunsen, Mrs. De Burgh, Mrs. Felix Vaughan Smith, Mrs. Samuel Gurney, Mrs. Arthur Berrington.

"Among the Stall Holders, or Sales' Women, are:—The Duchess Emily of Beaufort, the Marchioness of Abercorn, the Countess of Craven, the Countess of Wilton, the Lady Willoughby de Broke, the Lady Ebury, the Lady Rokeby."

We are very confident that the unscrupulous, common-place, and hack politician, who nominally conducts the London Lancet, would be very glad to be countenanced by such gulls. But we cannot imagine for a moment that so vulgar a person would be tolerated in really good society for a moment.

If the friends of Homœopathy are gulls, in the language of the London Lancet, Hahnemann, Homœopathy, and Homœopathic physicians cannot hope for very gentle treatment. In fact, we are told that the epithet, dishonest, is especially applicable to the men who call themselves homœopathists, although we are also told that "Amongst the stewards of this dinner are enumerated twenty-eight individuals with M.D. appended to their names, and eight who bore the addition of M.R.C.S.

The system (Homœopathy) is said to be a humbug projected by a nostrum-vending, *illiterate* ! ! ! ! quack. If Hahnemann was illiterate, who is or can be learned! The illustrious HUFELAND was a cotemporary of Hahnemann, familiar with his doings and his writings—we will see what he says of him. In 1801, Hahnemann wrote a criticism of Brown's Elements of Medicine for Hufeland's Journal, which he wished published anonymously. Hufeland himself put the following note to this masterly criticism.

"These observations are from the pen of *one of the most distinguished of German physicians*; we have here the unprejudiced opinion *of a practical physician of matured experience and reflection.*"

Jean Paul Richter and Coleridge were reasonably good judges of learning, they decide Hahnemann to have furnished "an extraordinary example of learning, combined with philosophy."

Sir John Forbes, Physician in ordinary to Queen Victoria's Household, is quite as good a judge of learning, ability and honesty, as the editor of the Lancet. He says Hahnemann was a very extraordinary man; a man of genius and a *scholar*; a man of indefatigable industry and undaunted energy, and adds: it is but an act of simple justice to admit that there exist no grounds for doubting that Hahnemann was as sincere in the belief of the truth of his doctrines *as any of the medical systematists who preceded him*, and that *many, at least*, of his followers have been and are *sincere, honest and learned men*. Forbes tells us that no careful observer of Hahnemann's actions, or candid reader of his writings, can fail to arrive at these conclusions.

Judged by such a standard, what becomes of the London Lancet's reputation for carefulness or candor. It is needless to add that a hack politician cannot be careful or candid; his very profession forces him to be a bully and slanderer to his opponents, a toady and sycophant to his partizans.

The London Lancet also spread the report that Homœopathy had been kicked out of Russia; we have the authority of Sir Charles Isham, Bart., for saying that in Cronstadt there is a Military Hospital containing 3,000 beds, where the treat-

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ment pursued is entirely homœopathic. He adds that to such a state of civilization we (the English) have not yet attained. Our authorities may learn something from their "barbarian foe."

On Nov. 1st, 1857, a new Homœopathic Hospital and Dispensary was opened in Nizza, or Nice. Among those who subscribed largely was *the widow of the Emperor Nicholas, i.e., the Dowager Empress of Russia*, King Victor Emanuel II., the *Grand Duke Constantine of Russia*, the *Grand Duchess Helen of Russia*, the Crown Princess of Wurtemburg, Prince Carl of Prussia, the Duke of Parma, Count Apraxin, and many others. All of these subscribed at least 200 francs for the establishment of one bed in the Hospital, besides a subscription of 300 francs per year for the maintenance of that bed, with the privilege of having one sick person constantly in such endowed bed.

The list of these titled homœopathic "gulls" can very easily be enlarged.

Her Majesty the Queen of Spain has employed Dr. Joseph Nunez, for many years.

Their Majesties the King and Queen of Hanover, employ the Court Medical Counsellor, Dr. Weber. Medical Counsellor, Dr. Elwert, of Hanover, was decorated with an eagle of the fourth class on the last birth-day of the King of Hanover; and Court-Physician, Dr. Weber, with the Knight's Cross of the Order of Guelph.

His Royal Highness, the Grand Duke of Lucca, consults the well known Counsellor, Dr. Anton Schmidt.

His Excellency, the reigning Prince Lichtenstein, Commander of all the Austrian Cavalry, employs Dr. Hampe.

His Highness, the reigning Duke of Anhalt Cœthen, employs Privy Medica Counsellor Dr. Kurtz, and Court Surgeon Pritsch, both homœopathists.

His Royal Highness, Carl III., late reigning Duke of Parma, consults Dr. Von Benninger.

His Royal Highness, the Archduke John, of Austria, employs Count Von Lebenswerth, M.D.

His Royal Highness, the Prince Albrecht, of Prussia, employs Dr. Stens.

The deceased Dr. Jules Rocco, was physician to Joseph Bonaparte, and to the Empress Napoleon III. In this connection we may mention that through the intercession of the Empress Eugenie, Dr. Bonninghausen, Jr., (son of the known physician and author,) has received permission from the Emperor Napoleon to practice in France without undergoing a new examination from the French faculty. He has consequently settled in Paris; and is engaged to be married to the adopted daughter of Hahnemann, Miss Sophie Bohrer; he will live with the widow Hahnemann, and thus come in possession of Hahnemann's manuscripts and other scientific relics. We may also mention that when Hahnemann moved to Paris, the same favor was granted him through the intercession of Guizot.

The Field Marshal Radetzky employed two homœopathic physicians, Drs. Hartung and Von Nurzian, with the titles of Imperial Counsellors and Staff Surgeons. Dr. Hartung had been his medical adviser from the year 1837, and the Field Marshall it is well known lived to be ninety-two years old.

Dr. Bolle, of Paderborn, received from the Field Marshall Radetzky shortly before his death, in his own hand-writing, a cheering letter for publication in the popular homœopathic newspaper edited by Dr. Bolle.

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The greatest ingenuity or rather hardihood of assertion about the closure of Homœopathic hospitals, is that which pronounces that the Vienna Homœopathic Hospital has recently closed its doors; we do not know whether the London Lancet is liable for this stretch of the imagination or conscience, or whether the majority Bellevue Committee and their medical advisers thought they might as well close the doors of all the Homœopathic Hospitals by their all powerful paper bulletins. It is positively certain that no less than three homœopathic hospitals are now open in the city of Vienna or its suburbs. Instead of the Vienna Homœopathic Hospital closing its doors *recently*, the third Homœopathic Hospital, that of

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the suburb "*Sechshaus*," opened its doors; or rather this institution CLOSED ITS DOORS TO ALLOPATHY, and opened them to Homœopathy, recently, i.e., on the 1st of January, 1858. We think upon the whole that the London Lancet must be responsible for this peculiar mode of closing the doors of Homœopathic Hospitals; it sounds so much like the closing of the London Homœopathic Hospital, that we must be allowed the belief that the two rumors have the same parentage. As some little proof that our information about the Vienna Sechshaus Hospital is correct, we will mention that 386 patients were treated homœopathically from Jan. 1st to March 1st, 1858. In October, 1857, Dr. Fleischmann, Physician to the Vienna Homœopathic Hospital for twenty-five years, was knighted by the King of Bavaria for his distinguished services.

We are very much surprised that the London Lancet has not yet spread the report that the Munich Homœopathic Hospital has "*recently closed its doors.*" Up to a very short time ago there was no homœopathic hospital in Munich; they have only had a Dispensary; but in September, 1857, they succeeded in establishing a small hospital; up to the present time 277 patients have been treated. It is very probable that the Munich Homœopathic Dispensary closed its doors when the Hospital was established, although we are not aware of the fact; this would have afforded the London Lancet a fine opportunity for another of its peculiar left-handed rumors.

In Cœthen, Hahnemann's old residence, Dr. Arthur Lutze has established a new Hospital, Dispensary and College. We do not approve of the manner in which this institution is conducted, but it is said to contain sixty-four rooms, four saloons, and numerous corridors; the garden embraces seven acres of ground, with a statue of Hahnemann, a handsome fountain, large verandas, and an extensive conservatory of flowers for the gratification of the convalescents. In the Dispensary, which has been long established, 11,832 patients have been treated. Lutze, who is a great propagandist, has also long had a department for the treatment of patients at a distance, by letter; 50,819 letters have been received and answered; more than three-fourths of these patients have been treated gratis; seventy-five physicians have visited this institution; he has a printing department in which 15,500 copies of Hahnemann's life have been printed; 13,500 copies of the "Laws of Health;" 15,000 copies of Lutze's Hand-book of Homœopathy; 6,000 copies of a treatise on Small-pox. He also has a department for the manufacture and sale of boxes and chests of Homœopathic medicines, of which 2,840 have been disposed of. During the last year, sixty-nine in-patients were treated. Although Lutze's establishment is not generally approved of by the best German Homœopathic physicians, still it is not conducted with one-half of the scurrility and lying that the London Lancet is constantly guilty of.

In Brussels, at the Hahnemann Dispensary, 2,288 patients were treated in 1856, and 4,182 in 1857, by Drs. Mouremans and Ragmey.

The London Lancet also says that the Leipzig Homœopathic Hospital has closed its doors. There has been no homœopathic hospital there for upwards of twenty years, but there has been a Dispensary where 2,169 patients were treated in 1857.

The Liverpool Homœopathic Dispensary was established in 1841; the number of patients treated up to 1857, amounted to over 37,000; the number of new patients during the last year was 3,407; throughout the year the charity has had the benefit of the services of a qualified house-surgeon; 353 patients were visited at their own houses, and 2,367 visits paid. PETERS.

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## College Reports.

In addition to the well-established Colleges in Philadelphia and Cincinnati, quite lately charters have been obtained for Homœopathic Colleges in St. Louis and in this city. The editors of this Journal will be most happy to receive communications at any and all times from all of these institutions; and to further their interests in every

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way; we will publish such lectures as their professors may be pleased to select, or choice theses of their students, especially on articles of the Materia Medica; or such notices of their proceedings, intentions, or hopes as their faculties may choose to send us. PETERS.

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## *The American College of Medical Science.*

In 1854, a project was contemplated to found a NATIONAL ACADEMY OF MEDICAL OBSERVATIONS AND STATISTICS, to be conducted under the auspices of Government, and for the purpose of establishing a great and permanent centre, where should be gathered, for sake of reference for medical writers, all the works published in the world upon every subject related to Medicine.

It was also intended to include as one of its prominent objects, the laborious task of elaborating a complete *Pathological Geography*, which would be a most invaluable work, especially if liberally illustrated, and one which it is impossible to accomplish by private enterterprise. Such a work would serve to bring physicians of every part of the globe into a greater degree of intercommunication, converting the field of Medical Science into a commonwealth, and would, besides, be the means of giving a condensed, yet complete view of the relations of disease, and also a *resumé* of all experience.

This proposed work would sustain in the science of Medicine, a position identically analogous to that sustained by Lieut. Maury's "*Physical Geography of the Sea*," as related to atmospheric and oceanic currents.

For various reasons this project was, and is postponed.

Desiring in the meantime to be in the active service of something that might aid in giving a generous and broad platform for the study and practice of medicine—something that might help to do away with the trammels and unmanly animosities which now serve as fences for the separation of sects—the endeavor has been to give existence to a Medical School where a desire to teach shall not be subservient to that of self-aggrandizement, and from whence a diploma shall be granted *only* when honestly earned.

On the evening of October 6th, 1857, it was determined by a party of associates, to obtain from the Legislature an act incorporating a College of this nature. Accordingly a draft of a charter was drawn, for assistance in which much gratitude is due to Judge E. R. Olcott. Dr. E. P. Fowler was delegated to visit Albany for the purpose of securing the grant of the charter. Through his exertions, and by the opportune and efficient aid of several friends, among whom Mr. JAS. GORDON BENNETT, Honorables JOHN C. MATHER of the Senate, J. WINTHROP CHANDLER and THOS. JONES, Jr., of the Assembly, were of most essential service, the charter was granted on the 2d day of April, 1858.

The subjoined is a reprint of the charter,

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## AN ACT to Incorporate the American College of Medical Science. Passed April, 1858.

*The People of the State of New-York, represented in Senate and Assembly, do enact as follows:*

SECTION 1. James Boorman, Augustus C. Richards, Samuel R. Betts, Caleb O. Halsted, Wilson G. Hunt, Isaac V. Fowler, Edmund Schermerhorn, F. H. Delano, L. S. Haskell, A. M. Sherman, Lorillard Spencer, Cyrus Curtiss, George S. Fox, E. R. Olcott, A. Oakey Hall, Fletcher Harper, R. H. Winslow, Edmund Dwight, Charles B. Fosdick, Dudley Persse, Horace H. Day, are hereby constituted a body corporate and politic, to be known by the name of the American College of Medical Science, to be located in the City of New-York; and by that name they and their successors shall have perpetual succession, and a common seal; and a majority of the persons named in this section, shall, on the second Monday in April, elect a board of trustees of the said corporation, who shall continue in office for the term of one year, or until other trustees are elected in their places.

§ 2. The said trustees, and their successors in office, by the name of The Trustees of the American College of Medical Science, shall be able and capable in law to take, hold, purchase, and receive by gift, bequest or otherwise, to them and their successors in office forever, any real or personal property not to exceed five hundred thousand dollars in amount, and have power to lease, alienate or dispose of such property, as may seem to them most for the interest of said college. They shall have power to sue and be sued, and are hereby authorized to make such by-laws, rules and regulations, not contrary to the laws of the United States or this State, or which shall not be subversive of the spirit and purpose of this charter, as they may judge proper. Said board of trustees shall meet annually on the first Monday in November, for the election of trustees, or for such other business as may come before the board. The board of trustees shall consist of at least ten, and not more than twenty persons; and should any vacancy occur in said board, by death, resignation, or otherwise, the same shall, at the first stated meeting thereafter proceed to fill by ballot such vacancy. The board of trustees shall have power to elect by ballot, a president, vice-president, clerk and treasurer of their board, together with as many professors as they may think requisite, and generally to transact and accomplish any business conducive to the objects of this institution; and two-thirds of said board shall constitute a quorum.

§ 3. There shall be a board of censors, consisting of seven members, three of which shall be elected by the board of trustees, and three by the faculty of the college, and the seventh to be appointed by the six named and provided for in this section, which shall constitute a board for the examinatien of the students of this college, and five of said board shall make a quorum; and none of said censors shall, at time of censorship, be members of the faculty of said college. Two of said censors shall be appointed for two years, two for three years, two for four years, and the seventh for five years.

§ 4. The board of trustees, upon satisfactory evidence that a candidate for a degree has passed an approved examination before the board of censors, in accordance with the by-laws of the college, shall have power to grant such honors and degrees, giving such rights and privileges, as are usually granted by similar institutions, and in testimony thereof may deliver suitable diplomas. The by-laws shall provide that all examinations for a degree are to be public, and that the votes of the examiners in each candidate's case, together with a minute record of all examinations, shall be inscribed upon a book, which shall at all suitable times be open to the public.

§ 5. It being the object and intention of the corporators of the American College of Medical Science to make it a comparatively free institution, thereby enabling all to avail themselves of a thorough and systematic course of medical education, the fees for the course of tuition shall not exceed those of the College of Physicians and Surgeons in the City of New-York; and in all cases it shall be the duty of the officers of this college to remit these fees, on satisfactory proof to them that the student is unable to pay the same. All moneys which may be re-

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ceived from any students, over and above the current expenses of the college, shall be expended in the establishing of a suitable library, museum, dispensary, &c., &c., for the use of those connected with the college.

§ 6. If any student shall produce a bona fide certificate of his having faithfully attended a full course of tuition in any department of the study of medicine, which department is specially taught by any of the professors of this college, and also produce evidence that his teacher shall have been a regularly graduated doctor of medicine, who, in the presence of two or more witnesses, shall have affirmed before one authorized to receive acknowledgments of deeds, that he has the facilities for the thorough teaching of such branch in medicine, and that he will teach said branch fully and faithfully, and shall have filed a record of the affirmation in the office of the Secretary of State, and Clerk of the county, such certificate shall be received by the professor in this college who is teacher of such special branch, in even exchange for his ticket.

§ 7. To entitle any graduate to the degree of fellowship, he shall be fully examined by the board of censors and the faculty which in all other respects shall conform to the course pursued in the examination of the student, as provided for in section fourth of this charter.

On the evening of the second Monday in April, the corporators met at the house of Mr. Jas. Boorman, Judge Saml. R. Betts occupying the Chair, and Edmund Dwight, Esq., acting as Secretary, when the following gentlemen were selected as a *Board of Trustees*:— Judge A. M. Sherman, Hon. Benj. F. Butler, Hon. Isaac V. Fowler, Judge E. R. Olcott, Mr. Wilson G. Hunt, Mr. Edmund Dwight, Mr. J. Guy Fountain. Mr. Edmund Schermerhorn, Mr. A. C. Richards, Mr. Chas. B. Fosdick, Mr. Fletcher Harper, Mr. Cyrus Curtiss, Mr. R. H. Winslow, Mr. L. S. Haskell, Mr. Dudley Persse.

A few days after, the Board of Trustees met at the *St. Germain Hotel*, Mr. Aug's. C. Richards occupying the Chair, and Mr. Edmund Dwight officiating as Secretary, both *pro-tem.*

Mr. Wilson G. Hunt was elected President, and Mr. Chas. B. Fosdick, Secretary. The Board then appointed a Committee for the completion of By-Laws, and adjourned to one week from date.

At the next meeting, held at the same place, the Board ratified the By-Laws which were reported by the Committee upon same, and then proceeded to the appointment of Judge Sherman as Treasurer, and Judge Olcott as Vice-President; a *Committee of Finance* was also selected, consisting of Messrs. Cyrus Curtiss, Edmund Schermerhorn, A. C. Richards, R. H. Winslow, and Judge Sherman. The subject of a Faculty was then considered, and the Board adjourned.

As soon as preparations can be made, it is intended to commence the construction of a College building, the dimensions of which will probably be about 75 feet front, by 100 feet deep, and four stories high, and is to be built of iron. The cost of this, together with the lots upon which it is built, will doubtless be in the neighborhood of one hundred thousand dollars.

This will give a fire-proof building, and the most stately edifice of the kind in this country, permitting more commodious lecturing apartments, also giving most ample rooms for library, museum, practical

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chemistry, &c., and a suite of private dissecting rooms for the use of physicians.

No *regular* course of medical tuition will be given by the Faculty, until the building is completed.

This is to be neither a mere *Allopathic*, *Homœopathic*, nor in the popular sense of the term, *Eclectic*, College; but one where sectarianism is to rank as puerile and unphilosophical—where true science shall always meet a welcome, irrespective of its birth.

It will be seen from a perusal of the charter, that this College presents several new features.

1. It is a less close corporation than are other colleges.

2. The examinations will be so conducted that there will be no opportunity for the exercise of favoritism, for they are not only made in public, but there will stand a public record, subject to the perusal of whomsoever may please, of the attainments of the graduates at this College.

3. Those students whose pecuniary circumstances would otherwise debar them from the studies, are given free tickets, provided they pledge themselves to take their diplomas from this institution, that is, if their examinations prove them worthy.

In connection with this subject, it is perhaps not out of place to mention another project, in a medical way, for the coming winter.

Through the generosity of Mr. PETER COOPER, lecture rooms in the *Peter Cooper Institute* have been placed at our service for a course of lectures upon medical topics, and the Faculty of the new College are now organizing a corps of lecturers, who will present to the public such portions of medical knowledge as are both attractive and instructive.

Among the courses of lectures which will probably be given this winter, will be one on Hygiene, Diseases of the Eye and Ear, of the Skin, Pathological Anatomy, Clinical Chemistry, Auscultation and Percussion, on the Microscope, Mental Diseases, Medical Exercises and Gymnastics, Diseases of the Ganglionic Nervous System, Medical Jurisprudence, Diseases of the Teeth, &c., &c. Physicians desirous of lecturing upon these, or any other medical subject, may send their proposals to R. G. Perkins, M.D., B. F. Joslin, Jr., M.D., or J. C. Peters, M.D., all of New-York.

Those who lecture, will of course do so upon subjects in which they have the deepest interest, and of which they have the most knowledge, thus securing to the lectures an earnest interest, and comparative perfection.

At the close of the session, the lectures delivered may, perhaps, be thrown into book form, and published in one volume.

Human intercourse is, in the main, always productive of good will and a higher standard of intelligence; and it is hoped that this plan of academic teaching will become a permanent feature in our metropolis, and that through its instrumentality there will be established a

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greater degree of intercommunication in the profession, and also a more universal diffusion of the knowledge of medical principles.

FOWLER.

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*Western Homœopathic College*, Cleveland, Ohio.

J. C. PETERS, M.D.

Dear Sir,—The Eighth Annual Course of Lectures in the WESTERN HOMŒOPATHIC COLLEGE, terminated this afternoon under circumstances most favorable to the future interests of the school, and most gratifying to the members of the faculty. The session, in spite of the fact that the times are wofully out of joint, has been a most pleasant one to all concerned, although our class has not been as large as it would have been under a more favoring state of the money market.

We have had somewhat over fifty students, gentlemen who would be an honor to any college, and whose general deportment and marked proficiency have been such as to win the esteem and respect of all and singular of their teachers.

Our Annual Commencement was holden in College Hall this P.M., at 2½ o'clock. A large audience of ladies and gentlemen were in attendance to witness the impressive ceremonial. The degree of Doctor in Medicine was conferred upon *twenty-seven* young men, whom we are not ashamed to usher into the arena of active professional effort, knowing as we do their peculiar fitness for the important parts they are hereafter to play in the great drama of general practice.

The degrees were conferred by President WHEELER, after which our Prof. HILL delivered an interesting and instructive Valedictory Address, one which was well received by the attentive audience, and in nothing detracted from the superior reputation of our colleague and friend.

Two resignations have occurred since the past summer, both of them being necessitated by the private business relations of the able and well-known gentlemen. I allude to Prof's. GATCHELL and BISSELL. Both, however, retain an influential position in the Board of Trustees, and retiring as they do with the warm respect of their colleagues, will still continue to advance the interests of the school in the future as heretofore they have done. Prof. GATCHELL, as you are aware, was connected with the College intimately for *seven* years, filling various chairs most advantageously to the Institution, and with lasting honor to himself. In the somewhat different calling upon which he has now entered, he will still continue to exert a wide influence on behalf of Homœopathy, and will also become the means of vastly enlightening the lay public, "a consummation devoutly to be wished for" by all.

As you will see by the circular to be forwarded to your address, we have made some marked improvements in the arrangement of matters so far as future sessions are concerned; and we have abundant reason to hope for a large increase in the number of our pupils next term. The vacancy occasioned by the resignation of Prof.

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Gatchell, has been filled by the appointment of A. R. BARTLETT, M.D., of Aurora, Ill., a gentleman who is "worthy" of, and "well qualified" for *any* position, and of whose quality you New-York gentleman will have a taste on the occasion of the next annual meeting of the "American Institute," when he will present an elaborate report upon *Intermittents.* Take it altogether, we deem our prospects most encouraging, and we are determined to continue our united and industrious endeavors to elevate and dignify our school, and to render its course of instruction not only most thorough and efficient, but also to make its *honors* really such. Hand in hand with our esteemed sister College of Philadelphia, we propose to advance the momentous interests of the cause of MEDICAL REFORM; and earnestly do we commend to all true supporters of Homœopathy the remark, that it is a duty they owe the profession to seek to direct their pupils to schools devoted to the enunciation of principles inaugurated by the immortal HAHNEMANN, rather than to others, where antiquated medicine not only is taught, but also are the opinions of those pupils misstated, and their cherished authors violently assailed. We believe that in no Medical Colleges of this country are more thorough, more scientific courses of lectures given, than annually are pronounced in the two Homœopathic Schools of this continent; and hence this fact—whose verification is within the reach of all—should induce a still more hearty support to be given these twain by all American Homœopaths.

Very truly yours, EDWARD A. GUILBERT, M.D.

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## *Homœopathic Medical College of Pennsylvania.*

Ten annual courses of Lectures have already been given in this Institution, and more than eight hundred students have matriculated and pursued their studies under the direction of the Professors since the College went into operation; and more than three hundred physicians now in practice may be numbered among the graduates of the Institution who doubtless will take pleasure in referring to the same, as their Alma Mater.

A medical clinic has been held every Wednesday, and a surgical clinic every Saturday, during the preceding course, superintended by the respective professors of these two branches. These clinics have proved valuable in imparting a practical knowledge of medicine and surgery. They have constituted, and will yet constitute an important feature in the exercises of the College. And also there is a dispensary connected with the College, to which the students have access, that is kept open every day, except Sundays, and more than two thousand patients received treatment from the same during the last year.

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NORTH AMERICAN

# HOMŒOPATHIC JOURNAL.

NOVEMBER, 1858.

## Original and Translated Papers.

### Article XIV.—*Phosphorus—A Pathogenetic Study.* By Wm. H. Holcombe, M.D.

The study of the Materia Medica from the allopathic standpoint is a very easy thing. A few experiments upon the sick suffice to assign the article tried to a certain class of agents—cathartics, sedatives, diaphoretics, arterial or nervous stimulants, &c., &c., and the dose being adjusted—nothing is left but to employ the article, if it occurs to the memory, in cases in which the peculiar physiological disturbance, implied in the very classification of their drugs, is supposed to be indicated. Very different is it in the homœopathic or pathogenetic study of a drug. Experiment upon the healthy system has revealed the curious fact—that although each drug has specific affinities for certain tissues or organs, it permeates the whole body, evoking symptoms from every part. The pure effect of a medicine is not merely cathartic, or stimulant, or sedative, but it is a genuine artificial disease, involving, by intricate chains of sympathetic relationship, every organ and apparatus of the body, and that too with great variety and range of action. Consequently the study of a single drug is as difficult and as important as the



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study of any given disease—cholera, pneumonia or typhoid fever. It is impossible in the present state of physiology and pathology to obtain an exhaustive and thoroughly scientific conception of any one medicine. Our best and most labored efforts are only approximative in their results. Deeply impressed with this fact, I proceed to lay before my reader some materials which I have collected and attempted to analyze in order to improve our pathogenetic knowledge of Phosphorus.

It will aid us in our study to review some of the peculiarities of Phosphorus, both as a chemical element and as a most important constituent of the animal body. For the facts we are indebted mainly to Turner's Chemistry, Draper's Physiology, and Lehmann's Physiological Chemistry, and we only give those which seem to us to have a direct bearing upon the subject before us. Phosphorus is a translucent, waxy, tasteless substance, with intense affinity for oxygen, with which it combines, forming several acids, of which the Phosphorous and Phosphoric-acids are the most important. To the former belongs the smell of garlic. It undergoes slow oxidation in the atmosphere, and therefore has to be kept under water. It is a curious fact, that this slow combustion is prevented or retarded by the presence of certain gases and vapors, even in exceedingly minute quantities. Thus one part of the vapor of the oil of turpentine in 4444 parts of atmospheric air prevents its oxidation, and so of many essential oils. Its oxidation is promoted by the presence of Hydrochloric-acid, a fact of interest when we recollect that the Hydrochloric is the great acid of the stomach. Phosphorus is soluble in Chloroform, Ether, and the fixed and volatile oils. One ounce of Alcohol dissolves about one grain, and this constitutes our mother-tincture. When put into water, its particles more or less gross, are merely held in suspension, and this form is objectionable for the cruder preparations. The attenuations and high dilutions, it is very probable, bring the substance into a new sphere of relationships, in which the common physico-chemical properties are entirely lost, whilst the drug still exhibits its dynamic power.

Phosphorus is an exceedingly important agent in the biochemical processes concerned in the production of nerve-force. Dissolved in fatty matters it is present in all animals, and is a

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characteristic ingredient of nerve-tissue. It passes into phosphates during the disintegration of nerve-tissue, and those phosphates in the urine are almost the exact measure of the intellectual and respiratory activity which the individual has recently exhibited. The phosphates exist in greatest quantity in nervous and muscular tissues, in blood-cells, in the yolk of the egg, in spermatozoa. Consequently it seems especially necessary to *animal* or *nerve-life*, as distinguished from organic or vegetative life. The phosphates deposited in bones and excreted in urine are really *out* of the circle of life, mere excretions, and therefore their quantity does not modify the value of the above statement. Phosphorus exists in the body in a sort of deoxidized, passive state, one of its allotropic conditions, until wanted by the system. It is found pure mainly in the blood, especially in the venous corpuscles, and in the nerve-tissues; always in conjunction with fats. Draper suggests that the axis-cylinder of the nerves is a highly phosphorized protein compound. The per-centage of Phosphorus in the cerebral fats is greatest in the adult man, very low in infants, idiots and old people, and it gradually diminishes, on descending the animal scale, through mammalia, birds, serpents, fishes, &c. The fat of nerves appears to be connected with their conducting properties. The vesicular neurine contains more Phosphorus than the white, and the medulla oblongata presents the greatest amount of Phosphates. The brain-fat remains always the same: neither increasing emaciation nor obesity changing its relative amounts. There seems no special relation between the amount of Phosphorus and the manifestation of intelligence. There seems to be more fat in the crural and optic nerves than in any others. These are interesting and highly important facts, for an appreciation of the physiological value and affinities of Phosphorus may be greatly conducive to an understanding of its pathogenesis.

An apparent difficulty meets us at the threshold of our investigations. It is really Phosphorus which produces the functional and organic lesions we are about to study? Does not its intense affinity for oxygen convert it into hypo-phosphorous, phosphorous and phosphoric acids, and are not the effects due to these substances? We reply—1st, It is an unquestionable phy-

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siological fact that Phosphorus *does* elude the chemical agencies operative at the surfaces of the body and get as Phosphorus (and probably in quite homœopathic quantities) into the blood and nerve-tissues as a normal constituent. 2d, All the Phosphorus taken either as a poison or as a medicine evidently is not oxidized, because the breath and even the urine has been found luminous in the dark after a protracted course of the drug. 3d, The acids which result from its oxidation do not produce on animals or men the same symptoms, which result from the action of Phosphorus itself. Phosphorus in very minute doses may therefore enter the circulation. And the greatest difficulty, in our conception of the drug, is, to eliminate and separate the pure Phosphorus-symptoms from those of the resulting acids, formed on the mucous membranes, and still farther from the sympathetic disturbances of the general system due to the morbid impression made by the acids on the aforesaid surfaces. It is for this reason that the homœopathic study of powerful chemical substances is best made with very minute doses, the constitutional and not the merely local symptoms being the chief objects of our research.

Orfila, after detailing his observations and experiments thus sums up the pathogenetic action of Phosphorus. 1st, Dissolved in oil and injected into the veins, it traverses the lungs, absorbs oxygen from the air, and passes into Hypophosphoric-acid, probably also in part into Phosphoric-acid. The passage of these acids through the delicate pulmonary tissue causes an instantaneous inflammation with arrest of function, which soon terminates in asphyxia and death. 2d, When Phosphorus is swallowed, the symptoms vary according to the dose and the state of sub division in which it was taken. If solid or imperfectly dissolved, the symptoms appear sooner or later according as the stomach is empty or full, and are altogether similar to those which characterize inflammatory processes in the stomach and intestines. This inflammation is the product of violent chemical action. 3d, If the Phosphorus is thoroughly dissolved it is immediately absorbed, and excites powerfully the nervous system and especially the genito-urinary organs: the pulse becomes stronger and more frequent; animal heat is augmented, muscular strength increased, the sweat and urine become more abun-

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dant, and the venereal propensities are very notably aroused. If the dose is still greater, terrible pains are experienced, obstinate vomitings occur, and alarming nervous symptoms indicate approaching death. 4th, If Phosphorus is applied to the exterior, it produces deep, obstinate and painful burns. The cadaveric lesions after death from Phosphorus-poisoning are chiefly traces of inflammation more or less intense in the alimentary tube. The flesh and the various organs may present the smell of garlic and even be luminous in the dark. (Traité de Toxicologie, Tom 1, p. 90.)

Prof. Giulio of Turin, in his physiological treatise on Phosphorus, cited by Orfila, draws the following conclusions. 1st, Phosphorus introduced into the digestive tube of animals undergoes combustion and develops phenomena attributable to that combustion. 2d, The caloric disengaged during this combustion, together with the caustic action of the phosphoretted vapors produces a phlogosis of the mucous membrane, proportioned to the quantity of Phosphorus swallowed and oxidized. 3d, The inflammation of these parts, although sufficient to explain the death of the animal, is not necessary to produce it. The corrosive or burning effects made on the peripheral nerves of the stomach and intestines are sufficient to account for the fatal result. Tremblings of the body, abolition of the vital forces and frightful convulsions are constantly witnessed in animals submitted to the action of Phosphorus in sufficient doses. 4th, The death of frogs caused by the simple vapor of Phosphorus, and by contact only of the inside of the mouth with it, and the prompt destruction of their muscular irritability, prove beyond a doubt, that Phosphorus destroys vitality by abolishing the nervous force.

These are broad and graphic delineations, very valuable so far as they go, but they are bare outlines to one accustomed to the precision and detail of homœopathic study. They merely lay out the ground for us into several divisions, which we are to proceed to subdivide into still smaller plots, each of which is to be successively submitted to critical inspection. There is a local or chemical, and a general or dynamic action of Phosphorus. We should consider how far that chemical action extends, whether it is limited to the mucous membranes, or is continued

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into the current of the blood, and renewed in the capillaries of the lungs, and exerted even in the bio chemical changes of nerve-nutrition. Again, it would be very useful to differentiate the chemical action of Phosphorus from that of Nitrate of Silver, corrosive sublimate, the mineral acids, &c. This differentiation will consist in unravelling the peculiar characteristic dynamic symptoms, if any exist, besides the anatomical lesions, which occur from the specific impression of the Phosphorus on the peripheral nerves of the stomach. Furthermore, we should analyze the general or constitutional symptoms produced by Phosphorus, locate its specific affinities for certain organs, tissues and apparatus, dissect its operation in each department and sub-department, survey its toxical influence on the blood, and its modification of the secretions, and lastly, dissever its dynamic action, *per se*, from the sympathetic disturbances generated by its local impression. This difficult course we do not propose now to take, because the facts before us are not sufficiently numerous, well-established, or elucidated by our current physiology and pathology to enable us to make any great scientific induction. We will add some valuable material, hitherto untranslated from the French language, a little proving of our own, some critical remarks and suggestions, and be satisfied if we can contribute a good stepping-stone to future and more successful laborers in this department.

I. Our first case of poisoning with Phosphorus is extracted from Orfila's Treatise on Toxicology.

"E. P., 24 years of age, drank on the 27th of April, 1824, three centigrammes of Phosphorus in some hot water. Experiencing no effect, he took three days afterwards, in the same vehicle and at a single dose, eight or ten centigrammes. He breakfasted immediately afterwards and felt nothing extraordinary; but towards 5 o'clock in the evening, being at table, he was taken with violent pain in the abdomen, immediately after swallowing some food. He had painful and continued vomitings and abundant alvine dejections. The next day the abdomen, instead of being relaxed, was greatly constricted, and emollient injections procured no relief or discharge. The 2d of May, E. P. still attended to his business, and walked about a good deal during the day. Dr. Worbe saw him on the 4th of May, at seven in the morning. The abdomen was very tense, the epigastric region exceedingly painful; there was no priapism. The patient was in a state of extreme debility, he could lie only on his back; his articulation, when describing his case, was slow and difficult. His features had a sort

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of fixity, which gave to his physiognomy a singular air of sadness, languor and wandering of mind. The tongue and buccal membrane were natural; the lips and skin presented a livid shade, the conjunctiva was deeply tinted yellow. The eyes were dull, opened with difficulty, and could endure for but a short time the contact of light, the iris, however, very little sensitive to that agent neither contracted nor dilated. The pulse was a little hard, respiration natural, urinary secretion normal, no stools since the first day of the poisoning. *Treatment:* Leeches to the epigastrium, general bath, fomentations, cataplasm and emollient injections, gum-water.

"At 10 in the evening the patient recognized no one, was convulsively agitated, and tore off with violence every thing placed on his abdomen. He carried his hands automatically to the epigastric region. The abdomen was contracted, and pressure excited plaintive cries and disordered movements. The mouth was tightly closed, the eyelids opened with difficulty, and at intervals he made deep sobbing respirations. On the 5th of May, at 7 in the morning, E. P. was in the same condition. At the advice of Dr. Bézian, fifteen leeches were applied to each instep, which procured a copious loss of blood. The stomach became meteorized. Dr. Flourens proposed to apply some more leeches around the head, which was done.

"The patient, however, grew worse every moment. There was involuntary trickling of urine, and abundant alvine discharges, followed immediately by extreme flaccidity of the walls of the abdomen. Respiration became slow and easy; the strokes of the heart regular and deep. At 10 in the evening, there was no pulse in the radial artery; the whole body was *intensely yellow* and covered with a cold sweat. He died at 3 in the morning after.

"*Autopsy.*—Death had not changed the physiognomy. The limbs were not as rigid as usual. The skin was *yellow*, the subcutaneous veins of the abdomen and upper part of the thigh were protuberent and arborescent, the scrotum was blueish. There was in the thorax a very considerable quantity of blackish (bloody?) serosity. The lungs were gorged with blood, the heart was soft, collapsed and empty. The mucous membrane of the stomach was the only inflamed part. Its other tunics as well as the duodenum were pale and flabby. The sub-mucous cellular tissue of these viscera was distended by gases. About the cardiac and pyloric orifices there were black or rather marbled spots, which were genuine ecchymoses. The intestines were swollen with gas, and contained very little fluid. The bladder was healthy, and contained about 120 grammes of urine, (a little over 3000 English grains by weight. The head was not opened."

*Remarks.*—This case, although very imperfectly reported, is very valuable, because of the smallness of the dose, the gradual evolution of the symptoms, and the expectant nature of the treatment. The physicians were evidently disciples of Broussais and did nothing to interfere with the natural progress of the poisoning, although their leechings in a state of intense venous

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congestion from exhaustion of the vital nerve-centres unquestionably hastened the death. There are three sets of symptoms in this case, which constitute its main interest, and which are well marked. 1st, The *jaundice*, indicated early by the deep yellow tint of the conjunctiva, and which extended over the whole body before death. There is no nice distinction recorded to show whether the tenderness on pressure involved also the hepatic region, but as the duodenum was found healthy, we may safely infer that there was no extension by continuity of the gastric inflammation to the liver. Whatever morbid impression that viscus may have received was certainly due to the absorption of the Phosphorus into the circulation. Notice that there was none of that intense thirst and high febrile excitement characteristic of acute idiopathic gastritis. 2d, Venous congestions, due partly to metamorphic changes in the blood, and partly to paralysis of the nerve-centres. This was seen in the livid hue of the lips and skin, the varicose state of the superficial veins, the ecchymoses and engorgements found after death, and in the functional derangement of the nerve-centres. The deep, sobbing inspirations occurring at intervals indicated venous congestion of the medulla oblongata. 3d, Paralytic state of the nerve-centres. This had been probably preceded by a stage of excitation before medical advice was taken. Extreme debility, slow and difficult articulation, mental hebetude, fixity of aspect, and finally transient delirium and coma; the symptoms of muscular paralysis, and perhaps the unexcited state of the circulation itself, showing that the reactionary influence of fever could not be established in a state of such central nervous depression, were all due to this cause. The difficulty of opening the eyelids, the immobility of the iris, the stolidity of the facial muscles, the involuntary trickling of urine, the gaseous distention of the bowels, succeeded by copious evacuations and flaccidity, are all illustrative of the paralytic influence of the poison on the nerve-centres. The administration of physiological stimuli almost from the first might have saved the patient.

The practitioner will recognize the resemblance, in a coarse, general manner, of this poisoning to certain cases of congestive bilious fever; the second stage of typhus, and some not unfrequent forms of yellow fever. It is much more similar to those

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diseases than to acute gastritis, as the reader may satisfy himself by reading the chapters on that affection in Watson. Bell and Stokes' work, or any other standard authority. The deficiencies in this report, which impair its value, are: the want of subjective symptoms; the imperfect account of phenomena, especially those of secretion, and the failure to make a post-mortem inspection of the brain and liver.

II. Our next case is taken from an excellent article on Poisoning by Phosphoretted Materials, by Prof. Leudet of Rouen, published in *Archives Générales de Médecine*, March, 1857.

June 3d, 1856, at six o'clock in the evening, J. V. swallowed, to accomplish suicide, the inflammable material of four boxes of lucifer-matches, scraped off into a wine-glassful of brandy. He had first taken a repast of solid food; the swallowing of the poison occasioned no pain in the mouth or pharynx. In about fifteen minutes he experienced a slight burning and prickling in the stomach, accompanied by eructations of whitish vapors through the mouth and nose. Awaiting the effects of the poison he made the circuit of the town, came back and drank a pint of beer. The pricking pain and sensation of heat was neither increased nor diminished. At eleven in the evening, five hours after taking the poison, he was taken with severe pains, colic and diarrhœa; vomiting supervened, and at the same time excessive thirst. He drank during the night six quarts of water. The vomitings lasted all night; in the morning the patient experienced vertigo and some pain in the kidneys, none in the nape of the neck.

He entered the Hotel-Dieu at one o'clock, P.M. June 4th. No change of countenance: complains of pain in the stomach, augmented by pressure. Vomiting continued; inodorous, consisting merely of the liquids ingested. *Treatment.*—Magnesia, fifteen grammes; with the addition of the Laudanum of Sydenham, twelve drops in a quart of water; simple injection; liquorice water as a drink. Four o'clock in the evening, the vomitings continue, but there is less pain in the epigastrium; mucilaginous water and ice allowed. After that the vomitings diminished until they ceased almost entirely in the night.

June 5th.—Appearance of the patient improved. A little *yellowish* tint appears in both conjunctivæ, especially at the internal angles. The patient declares that he had experienced all night severe pains in both the upper and lower limbs These pains, which he compares to cramps, persist all the time, but undergo occasional exacerbations, during which the muscles are stiffly contracted. Intelligence perfect; epigastric pains slight, but sensibility to pressure in the epigastrium and right hypochondrium; fifteen leeches to the epigastrium; warm bath. Throughout the day the patient's general state remained the same, satisfactory to appearance. He took no notice of things, which were passing around him, but his responses were always correct. The *icteric* coloration of the eyes became more and more

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manifest, and extended also to the face and extremities. No nausea; no pain on drinking; no priapism.

June 6th.—*Jaundiced hue* very evident all over the body. Same sensibility in the epigastrium and right hypochondrium. Since yesterday evening a little headache; lancinating darts through the forehead at intervals; little sleep during the night; no delirium; no vomiting; four stools since yesterday. Vesicatory to the epigastrium. During the day no change. About six in the evening, violent delirium supervened; the patient became restless, wished to get out of bed, and at last had to be tied. Towards morning delirium gave place to coma, and he died after a short agony, at seven o'clock.

*Autopsy*—Twenty-five hours after death. Temperature elevated. Cadaveric rigidity very marked. No traces of putrefaction. The membranes of the brain were in normal condition; the cerebral pulp of good consistence; no injection. Cerebellum, medulla and pons varolii all seemed healthy. No effusion into the pleural cavities; but very large ecchymoses of extravasated blood under the serous membrane of the lungs, both costal and visceral. The lungs were crepitant, and presented here and there small ecchymoses, not amounting, however, to sanguine infiltration or apoplectic effusion. The pericardium and endocardium also exhibited ecchymotic spots underneath their tissues. No effusion.

The white parts, the bones, cartilages, and the internal coat of the arteries all presented a strong *icteric* coloration.

The stomach had contracted no adhesions to the surrounding parts. Along the lesser curvature slight redness was found; about the cardiac orifice some small superficial erosions of the mucous membrane; in the great cul-de-sac a little softening. No ecchymoses or ulceration anywhere. The general tint a little yellow. The duodenum and the two upper thirds of the small intestine were perfectly healthy. The lower third was distended by a bloody matter, mixed with fæces. Throughout the seat of this bloody effusion the mucous membrane was reddish in tint and a little softened. Large intestine was natural. The liver was a little more voluminous than natural, and presented a clear yellow color, almost uniform, comparable to that of fatty liver. It did not, however, grease the scalpel, or offer any traces of fatty degeneration. Small ecchymoses here and there; remarkable augmentation of the consistence of the organ. The gall-bladder contained a little very thick bile; the ducts unobstructed. Spinal cord not examined. All other parts healthy.

*Remarks.*—In this case the toxical influence appears to have been manifested chiefly on the hepatic functions and on the spinal cord; besides the gastro-enteritis occasioned by the local action of the poison. The congested state of the liver, its tenderness on pressure during life, the very marked and universal jaundice, and the yellow color of the organ, (so frequently found in yellow fever) indicate a decided determination to the biliary

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apparatus. The spasmodic movements of the extremities unquestionably betokened lesions of the spinal cord, and it is a great pity that that portion of the nervous system was not carefully examined. The ecchymoses underneath the serous membranes seem to show a blood-poisoning, a defibrination or process of decomposition. The inflamed condition of the lower third of the small intestine, whilst the upper two-thirds were perfectly healthy, is very curious. The ingesta containing the poison may have been carried so rapidly through the duodenum and upper two-thirds, as to make no local impression, or it may be a specific dynamic impression on that part coming from within the blood-circle, and the lesions would then bear an interesting relation to those of typhoid fever. The cerebral symptoms, in the absence of any material lesion, we must refer to blood-poisoning.

III. Our third case is taken from the same source as the second, and is one of very considerable interest.

On the fifth of June, at eight in the evening, Maria Leblanc, six hours after having eaten, swallowed the combustible matter of a box of matches, dissolved in a cup of coffee. Immediately after its ingestion she had frequent eructations, and declares that there issued from her mouth fumes of a strong garlicky taste which were luminous in the dark. In about ¾ of an hour she felt severe pain in the throat, a sense of swelling in the tongue, and of pricking in the epigastrium. The pain was paroxysmal, at intervals of five minutes. The woman experienced great sense of fatigue, and there was a peculiar insensibility of the skin of the extremities.

*June 6th.*—In the morning, considerable nausea without vomiting. The feebleness experienced did not prevent her from walking about all day in the rain. Numbness of the extremities; formication; sensibility so much diminished, that she could not pick up a pin between her fingers. Frequent nausea, but no vomiting; pain the length of the pharynx and œsophagus; persistent taste of Phosphorus in the mouth. Towards evening an incomplete attack of syncope, whilst drinking a glass of cider. Brought to the Hotel-Dieu at eight in the evening. She was pale; features slightly changed; had lively thirst; epigastric pains more marked; no reddening of the buccal mucous membrane; skin dry; pulse normal. An emetic was administered, which occasioned a little vomiting.

*June 7th.*—Diminution of epigastric and pharyngeal pains. Frequent painful regurgitations, with expulsion of gas, having an alliaceous odor; commencing *jaundice;* chills. Nothing abnormal on auscultation and percussion. Very weak; intelligence intact; calls for food.

*8th.*—The pains are dull; bad taste in the mouth; nausea, without vomiting: somnolence. The *jaundice* is very decided; the liver is sensitive to pressure, projects a very little beyond the false ribs; more chills. (A pur-

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gative was given.) At four o'clock, chills more intense; fever more severe.

9*th.*—Same symptoms; pulse down to from 50 to 60; no appetite.

10*th.*—Same state; Upon the arms are seen some red spots, which disappear on pressure. Leeches to the arms; soup diet.

11*th.*—Relief after the application of leeches. Calomel and Jalap.

12*th.*—Progressive amelioration: diminution of the pain in the liver; respiration a little difficult

13*th.*—Augmentation of hepatic pain. The liver very painful on pressure; extends two fingers' breadth beyond the edge of the false ribs. Formication in the fingers. A vesicatory to the hepatic region.

In the night delirium suddenly supervened, followed by a comatose state, interrupted by occasional screams.

14*th.*—Delirium, coma, dyspnœa, yawning, loss of intelligence, difficult articulation.

15*th.*—Comatose state, cries, trismus, death.

*Post-mortem.*—Twenty-four hours after death. Very slight vascularity of the cerebral pulp. Bloody serum in the cavity of the pleuræ and of the pericardium; ecchymoses on the costal pleura. Pulmonary engorgement; heart small, collapsed, containing no blood.

Ecchymoses under the peritoneum; bloody serum in its cavity. Stomach and upper half of small intestines full of bloody mucus. In all this extent the mucous membrane tinged uniformly of a lime color from imbibition of the contained liquid. No softening nor ulceration of the surface. Liver larger than natural, of deep brown color and softened. Spleen also enlarged and softened, ecchymoses under its serous coat. Bladder contained a very large quantity of bloody urine and many ecchymoses under its mucous membrane. Kidneys healthy. Sub-peritoneal ecchymoses on the uterus and its appendages, and also between the laminæ of the mesentery.

*Remarks.*—Here again we have hepatic derangement amounting to hepatitis, with jaundice. These three cases prove pretty clearly a specific action of Phosphorus on the liver. It does not increase the biliary secretion and produce diarrhœa like Mercury, nor does it occasion near as much gastro-enteric inflammation as Arsenic. It produces congestion of the liver with more or less arrest of function, a kind of paralysis, as it were, of the hepatic nerve-apparatus. This case remarkably illustrates the power of Phosphorus to produce those blood-metamorphoses or those modifications of the capillary system, perhaps both at once, which result in hæmorrhages, either by ecchymosis into the tissues, or by exudation into the cavities. Notice here the red spots upon the arms. Orfila says, that the petechial eruptions of Phosphorus are red, whilst those of Ar-

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senic are black or blue. Phosphorus, we may say, acts upon the animal life and the arterial blood. Arsenic upon the vegetative life and the venous blood, but that is only a coarse approximation. In this case Phosphorus produced a considerable paralysis of the nerves of general sensation, and the following case from Huss on Alcoholismus Chronicus still further illustrates its specific power on the spinal marrow.

IV. A man, 39 years of age, of regular habits, worked for three years at the manufacture of phosphoretted matches. He slept in the work-shop, where both the materials and the articles fabricated were kept. He had experienced no inconvenience from this way of living, when suddenly one day some of the substances caught fire. In attempting to extinguish the flames he breathed so much of the vapors that he became suffocated and fainted. After this accident he felt a weakness in the back, so that he could scarcely prevent himself from bending double. He felt next a loss of power in the arms and legs, so that at length walking became difficult, and he became tremulous on every exertion. Formications under the skin then appeared. At first he had increased sexual desires, which diminished progressively, until in the last six months he had had no erection. Otherwise his health is good; appetite normal, as well as the alvine and respiratory functions. There is no reason for suspecting any disease of the brain. When he entered the lazareth his legs were so feeble, that he could scarcely take a few trembling steps. His arms and hands also trembled, when he attempted to use them. When he was lying down you saw frequent subsultus of the muscles here and there. It could be provoked by touching any part of his body. There was constant sense of formication under the skin of the left arm. The spinal column was not painful either spontaneously or on pressure. The spinal muscles were so enervated that the patient could not preserve the sitting position unsupported. Of late the articulation has been slow and hesitating. Intelligence and the organs of special sense were intact.

This patient lived three or four years, preserving his intellectual faculties to the last, but presenting a gradual increase of the paralysis, against which the measures employed where wholly unavailing.

*Remarks.*—The first question that arises from a consideration of this case is, why pneumonia and bronchitis were not produced by such extensive inhalation of Phosphorus. In the first place the great volume of phosphoretted vapor itself excluded atmospheric air containing the oxidizing agent. And secondly, the small portion of unexpired air, which always remains in the lungs is mainly carbonaceous in its character, and would not prevent the direct absorption of the phosphorus as such into the pulmonary capillaries. It is only when phosphorus comes from

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within the current of the circulation towards the aërating surface, that vesicular pulmonary inflammation is likely to be excited. Considering the mode of entrance of the poison, and the healthy state of all the other viscera and functions, we must regard the morbid impression on the spinal marrow as specific. It agrees with Arnold's statement, that Phosphorus produces degeneration and deliquescence of the spinal cord. The venereal excitement has been so often observed that it is quite characteristic of Phosphorus.

Caries of the teeth, and ultimately necrosis of the maxillary bones, sometimes result from prolonged exposure to the fumes of Phosphorus. This has been ascribed by some to the direct action of the poison on the bones through the teeth. Others, and Prof. Wood of the number, think that the Phosphorus enters the circulation through the lungs, and acts specifically on the jaws, as Mercury does on the gums. The question is a complicated one, and after a pretty thorough examination of the evidence we cannot agree with either side. The first requisite to necrosis is, that the system be very thoroughly charged with the Phosphorus itself; for people who go into the factories even with very carious teeth are not for a long time affected. But no matter how thoroughly charged the system may be, no explosion takes place until caries of the teeth has brought the capillary system into contact with atmospheric air. The closed blood-circle, charged with Phosphorus in an allotropic or inert state, is as it were tapped at the point of caries, and a series of destructive, local chemical changes commences, demanding for their support a concurrence of both internal and external causes. The morbid process thus established may serve as an attractive point of afflux for all the accumulated Phosphorus in the blood. If necrosis is ever produced in the healthy by our provings, and if conversely idiopathic necrosis is cured by Phosphorus, we will consider the question of specific action on the maxillary bones as established, not before.

Taylor, in his very valuable treatise on Toxicology, says that cardialgia, obstinate vomiting, diarrhœa, tenesmus, pains in the joints, marasmus and hectic fever are common results of the chronic poisoning with Phosphorus. Also that it produces marked irritation of the respiratory organs; bronchitis being a

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frequent complaint of the workmen in the factories and pneumonia having been induced by it. He confirms, moreover, its excitant property on the sexual system. The symptoms are, sometimes, exceedingly protracted in their appearance: death in one case did not result until the seventeenth day. The final symptoms, stupor, irregular respiration, convulsions, &c. can scarcely be regarded as Phosphorus-products, but rather as the result of a toxic change in the blood, or at least as secondary to profound lesions in other organs.

Such are some of the broad and obvious facts, which are revealed to us by the light of Toxicology. What therapeutic induction, not too hasty and premature, can be established by their analysis? With these materials we cannot define scientifically and specialize the minute action of Phosphorus, but we can draw some large outlines, and map out departments in which Phosphorus will be always more or less indicated. We may safely say, that Phosphorus is homœopathic to and, therefore, will be curative in such morbid states as the following:—

*a.* Inflammatory states of the pulmonary mucous membrane, characterized by changes in the nature of the secretions. Pneumonia and chronic bronchitis call especially for its exhibition. In the former disease Tartar-emetic, in the latter Kali-bichromicum is its congener. It seems to me that it is demanded in pneumonia in stronger doses or lower dilutions than in bronchitis. It may even have something of a direct irritant or caustic effect.

*b.* In acute hepatitis and jaundice, especially, when threatening to implicate the nervous system, it promises to be very valuable; the more so if some gastro-enteritis be associated, as is frequently the case. I would call particular attention to this point, as neither Hartmann, Laurie, nor Ruckert mention the use of Phosphorus in this very important connection.

*c.* In certain stages of abdominal typhus, typhoid and yellow fevers, marked by diarrhœa, irritability of the stomach, tenderness of the gastro-hepatic regions, jaundice, great nervous prostration and, especially, by those blood metamorphoses, which result in petechiæ, ecchymoses, and hæmorrhagic exudations. In this field it bears a close relation to Arsenic, Lachesis and Hydrocyanic-acid, and I am confident, will do more for sthenic

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constitutions and for children in those diseases than either one of the above-mentioned remedies.

*d.* In certain morbid states of the brain and spinal cord, in hyperæsthesia, in satyriasis and nymphomania, and certain phenomena of spinal irritation, I should expect to find it valuable in very minute doses. In anæsthesia, paralysis and impotence I should anticipate good results from large doses, at least from appreciable ones.

*e.* In all cases of secondary pneumonia, hepatitis, or gastro-enteritis, as an intercurrent remedy.

*f.* In certain chronic and, especially, scrofulous diseases, attended by dyspepsia, marasmus, occasional hemorrhages, sallow complexion, chronic diarrhœa, or bronchitis and nervous debility.

But although toxicology gives us such a broad and sound pathological basis, that its aid is altogether indispensable, yet we could obtain no full and satisfactory conception of pathogenesis without provings on the healthy man. The provings not only help to unravel the complicated net-work of symptoms given in the toxicological reports, to correct their errors and dissipate their confusion, but they confirm their good and true points, and by evoking the more delicate shades of the morbid process, wherever existing, give us new, important and characteristic symptoms. We could never have learned, for instance, from the coarse poisonings with Phosphorus that it is valuable in mammary abscess, in somnambulism, in strumous ophthalmia, in bleeding hæmorrhoids, in chilblains, in some stages of croup, &c. &c. To confirm whatever has been already given, or to elicit something new, for every constitution has something idiosyncratic about it, I instituted the following proving on myself. None but very strongly-marked symptoms are recorded.

PROVING OF PHOSPHORUS, (with Mother-tincture.)

*Feb. 10th.*—Four o'clock, P.M. I took twenty drops of Phosphorus-tincture. At nine o'clock, P.M., repeated the dose. Had eructations tasting of the substance, and glowing sensation in the stomach. Slight, fugitive pains during the night; with many dreams upon scientific and philosophical subjects. Had to pass a very large quantity of urine before day-break.

*Feb. 11th.*—Nine o'clock, A.M. Took the same quantity. After a soft, easy stool I had a considerable discharge of blood, without pain. Have been subject to bleeding piles, but had had no symptom for several months.

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Sensation of heat in the lungs. Disposition to take deep inspirations, with discomfort on doing so. Shooting pains in the right side of the chest. Occasional sneezing, which aggravates the unpleasant and stuffed feeling of the breast. Slight dizziness, with sensation as if the muscles in walking would lose their equilibrium. Frequent eructations; some little twitches in decayed teeth. Stitches in the lumbar region.

Four o'clock, P.M. Repeated the dose. Fugitive pains in both, thorax and abdomen. Very unusual and violent pain in the teeth, immediately upon eating some candy. Some hacking, tickling cough. Very tired feeling, without having taken even the usual exercise. Involuntary starting on some one's opening the door. Noise very troublesome to me.

10 o'clock, P M. Repeated the dose. Urination more frequent than common. Colicky flatulence in the right side. Pains darting from the small of the back towards the splenic region. Sleepless, inclined to study much later than usual. Violent starting of the whole body whilst falling asleep. Many dreams, character unremembered.

*Feb. 12th.*—Nine o'clock, A.M. Took twenty drops of the mother-tincture. Waked with some hacking cough. First part of stool natural; the last part soft, with considerable quantity of florid blood. An hour afterwards severe griping pain in the bowels, with tenesmic inclination to stool. Headache with dizziness, all day. Decided malaise, with feeling of exhaustion. Flashes of pain in the upper part of the orbits. Considerable tremulousness; especially of the hands whilst writing. Severe pain in the posterior part of the left lung; sometimes aggravated upon inspiration, sometimes not. Could eat no dinner. Deep-seated and very severe pains in the bones of the left hand and fingers. Deep-seated pain in the eyes. Mental irritability, uncommon vehemence in argument.

Ten o'clock, P.M. Took forty drops at once. Glowing sensation throughout the epigastrium and chest. Very sharp stitches in the left sacro-iliac region behind. Sleepless, with prolonged disposition to study. Restless night; waking frequently; erotic dreams.

*Feb. 13th.*—Nine, A.M. Took twenty drops. Had very considerable mucous accumulation in the trachea, with some hoarseness. Sharp stitches in the lumbar and splenic regions. Urgent stools, followed by about two teaspoonsful of florid blood, a less quantity than before. Pain in the epigastrium for about an hour after taking this morning's dose. Many eructations. Frequent stitches through the lungs, especially on deep inspiration. Tenacious mucus hawked up. Great sense of fatigue, with mental depression, and a most uncommon fearfulness or timidity. During the day three or four attacks of violent cramp-pain in the breast, high up under the sternum, lasting from fifteen to thirty seconds, and disappearing with flatulent eructations. At night a fearful dream of being bitten by a ferocious black horse, so vivid as to make a very painful impression on the mind.

*Feb. 14th.*—Waked with considerable mucous accumulation in the throat, expectorated with difficulty. Stool, partly bloody, like that of yesterday. Experienced violent headache on riding. Pains in the chest, abdomen and



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limbs disappearing. Took thirty drops at ten o'clock, but no new symptoms appeared, nor even any of the old ones increased.

*Feb. 15th.*—Took no more Phosphorus. Expectoration of tenacious mucus, and a few drops of blood after stool. Appetite good.

*Feb. 16th.*—Stool perfectly natural; usual health restored. Three months have elapsed since this proving, and no blood has ever recurred in the stool. I have been uncommonly free from fugitive thoracic pains, which have generally annoyed me with apprehension of a tubercular diathesis. For one or two months there was very great indisposition to mental or physical exertion, much more marked than that which almost every one feels and knows under the name of "spring-fever." There was no sexual excitement except in dreams during the proving; but a slight exaltation of that function has been noticeable ever since. In that respect I am quite sure that the Phosphorus had exerted a curative power.

We designed this essay as a contribution of materials for the pathogenetic study of Phosphorus. If any reader thinks he knows enough about it already, he has failed to appreciate the immense scope of the subject, and the very great obscurity which surrounds our Materia Medica. This century has not received enough physiological and pathological light to unravel analytically the immense collection of facts, a "*rudis indigesta que moles*," however, which Hahnemann has given us in his article on Phosphorus in the 5th volume of the Chronic Diseases. But that light will certainly come. It is our duty to re-examine our ground occasionally, to expunge errors, confirm old truths and acquire new ones. A scientific Materia Medica can only be the consummation and crowning piece of the whole cycle of medical science.

Dr. Hartshorne in his notes to Taylor's Medical Jurisprudence, page 119, refers to "an elaborate and interesting paper, by Mm. Caussé and Chevallier on Phosphorus and its compounds, in which a large number of cases of homicidal, suicidal and accidental death from their administration, are given." It is found in the Annals d'Hygiène Publique. Jan. 1855. Cannot some of our colleagues, who are more favorably situated than we, obtain a sight of this authority, and extract whatever is valuable in it for our Journal?

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ARTICLE XV.—*Acute Poisoning with Phosphorus, with Remarks.* By J. C. PETERS, M.D., of New-York.

IN the Jan., 1858, No. of American Journal of Medical Sciences we read that a soldier, aged twenty-one, in order to commit suicide, took the ends of six ordinary packets of Phosphorus-matches, and in three hours afterwards was seized with vomiting, which recurred frequently, and expelled a large quantity of the matches; his pulse was frequent, tongue loaded, head hot, and he complained chiefly of headache.

An emetic of Ipecac. and Antimony was given; cold applications were made to the head, and Magnesia milk administered in considerable quantities. A greenish fluid was vomited up, with undigested food, mucus, and some ends of the matches; the fluid did not emit any odor of Phosphorus.

The next day the headache was less severe; pulse 92; stomach but slightly sensitive to pressure, but there were pains in each hypochondrium.

In the afternoon the turgescence of the face had increased, as had also the hypochondriac pains; there was burning thirst, with dryness of the mouth; the headache had completely disappeared; the urine was high-colored and frothy; its specific gravity increased, and it was found *to contain albumen and exudation-cells;* the coloring matter was augmented, as were also the Sulphates and Phosphates, but the chlorides were diminished in amount. *This state of the urine continued during the whole course of the disease.*

Three days after the Phosphorus had been taken, the thirst and dryness of the mouth, with the hypochondriac pains had increased, and there were, moreover, darting pains in the chest. The tinge of the face was heightened, the sensibility of the epigastric region more marked, and the tympanitic percussion-sound of the stomach more extensive. *Treatment:* Leeches and ice were applied to the epigastrium; ice was given internally, with the view of assuaging the intense thirst; the Magnesia was also continued.

The above symptoms persisted and the face assumed a remarkable bluish-red color, except a colorless band of about an inch in breadth, which extended from the highest point of the fore-

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head down to the median line to the chin, and was sharply defined, giving to the face a most peculiar appearance. An enema produced an evacuation of a yellowish hue, without any odor of Phosphorus.

On the fourth day the pains in the hypochondrium had somewhat abated, *but those of the breast had become intolerable*, without there being any physical signs of disease of the chest. The bluish-red color of the face had changed into a perfectly cyanotic hue, the median line of the face continuing free from all color. The epigastric pain had ceased. The patient *sweated profusely, and the vapor arising from the body gave out an intensely phosphoric odor*, particularly perceptible on raising the bed-clothes. The breath was perfectlly odorless.

A peculiar symptom now showed itself, viz., *deprivation of sight*. The patient who retained perfect consciousness, stated that in the horizontal position he could perceive a feeble ray of light, but that *when he sat up he could not see at all*; the pupils were so dilated that only a narrow ring of the iris was visible, and they were uninfluenced by the light; he now complained of darting pains in the eyeballs. The pulse was 100, but moderately full and strong; in the afternoon it rose to 140, and was small and weak. The sense of hearing was lost; the sweat was profuse, and the odor of Phosphorus was stronger than in the morning; the extremities were cool; and the second sound of the heart was no longer audible.

The patient, who was still perfectly conscious, complained of severe pains in the chest. He died perfectly tranquilly.

*Post-mortem appearances:* The BRAIN was pale, bloodless, and *softer* than natural; the ventricles contained a minimum quantity of serum; the sinuses were distended with dark fluid blood.

*Clinical Remarks:* It would seem homœopathic to anæmia and softening of the brain, without hydrocephalus, but with congestion of the sinuses. (11.)

The LUNGS were of a dark red color; in the right lung were many patches of blood extravasation; the sub-pleural cellular tissue had numerous ecchymoses, and the cellular tissue of the mediastinum presented the same appearances; in the pleura was much bloody serum.

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*Clinical Remarks*: It seems homœopathic to congestion and inflammation of the lungs; to apoplexy of the lungs; to congestion of the pleura and mediastinum, and to hæmorrhagic pleurisy. (11.)

The *pericardium* contained a little reddish serum; the heart was soft, the left ventricle empty; the right ventricle and the great veins contained much blood, partly in a state of loose coagulation, and partly fluid.

*Clinical Remarks:* It seems homœopathic to congestion of the pericardium; softening of the heart, contraction of the left ventricle, congestion of the great veins and dissolution of the blood.

The LIVER was to some extent enlarged, fatty and perfectly bloodless. The spleen was bloodless.

*Clinical Remarks:* It seems homœopathic to an enlarged and fatty condition of the liver, and to anemia of the liver and spleen. It is antipathic to a small and contracted liver, and to congestion of the liver and spleen.

In the STOMACH there was some greenish fluid, with white flakes, and to the surface of the lining membrane much thick mucus adhered. With the exception of the fundus of the stomach, which was somewhat hyperæmic, the interior of this organ did not exhibit any abnormal appearance. The mucous membrane of the pharynx and œsophagus was normal; that of the duodenum resembled the stomach.

The comparative absence of lesion of the stomach was among the most important results of the post-mortem examination; during life in this case there were no marked symptoms of gastritis, or gastro enteritis; nor after death were there found signs of inflammation, ulceration or gangrene of the pharynx, œsophagus, stomach or bowels, appearances recorded in most text-books as found in cases of poisoning by Phosphorus. During the patient's life, giving credence to the general impression that Phosphorus induces inflammation of the stomach, leeches were applied to the epigastrium, and iced applications employed; ice was also given internally with the view of assuaging the intense thirst; and Magnesia was employed as an antidote.

*Clinical Remarks:* It is evident that a portion of the Phosphorus must become neutralized in the stomach; it may be

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changed in part into Phosphate of Soda, when there is much gastric juice present, in like manner as Nitrate of Silver is decomposed in the stomach. Thus a drachm of Nitrate of Silver and more, dissolved in one ounce of water, has frequently been injected into the stomachs of dogs and the œsophagus tied; in the course of three hours all signs of poisoning have passed over and the animal seemed nearly well again; when killed, no signs of local action of the Nitrate have been discovered, the mucous membrane was entirely sound, and its blood-vessels not injected.

In the INTESTINES in many places, the sub-peritoneal cellular tissue presented patches of ecchymoses; the large and small bowels did not contain anything unusual; in both there was a moderate quantity of yellow fæces.

*Clinical Remarks:* It would seem homœopathic to some discratic congestions of the bowels, especially when attended with bilious derangement, perhaps torpor and anæmia of the liver, yellow stools, &c.; it may prove allopathic when similar symptoms are present, but the stools are either too light or too dark.

*The cortical substance of the* KIDNEYS *was* GRANULAR. The malphigian corpuscules presented a beautiful appearance, and resembled red points. On a microscopic examination the rete mirabile malphigianum was found injected, and *the uriniferous tubuli blocked up with exudation matter.* The mucous membrane of the pelvis of the kidney presented some spots of ecchymosis. In the urinary bladder which was contracted, a little cloudy urine was found.

The reporter, Dr. Nitsche, remarks, with respect *to the existence of albumen in the urine,* and the signs of *commencing Bright's disease,* it is not likely that this condition was present before the reception of Phosphorus, for the patient's previous health was excellent. It is much more probable that the lesion of the kidney was produced directly by the Phosphorus, for the same has been observed in instances of poisoning by other agents, and, moreover, it should be remembered how much the kidneys are exposed to injurious influences in the separation of noxious materials from the system.

*Clinical Remarks:* Here we have another truly homœopathic remedy for Bright's disease of the kidneys; Mercurius-

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corrosivus was introduced by me into practice about fifteen years ago; the use of it has spread over almost the whole civilized world, although its homœopathicity is not generally known; the celebrated Hanfield Jones of London uses it frequently. Still it is well known that corrosive Mercury will not cure all cases, or at least, it does not, although there may be some error in the ordinary mode of administering it. However, it is well to have more than one remedy for the same disease, and it is not only highly probable that Phosphorus will suit some constitutions and some cases and stages of Bright's disease, which Mercurius-corrosivus will not; but we are obliged to infer that there are varieties of pathological states of the kidneys, just as there are varieties of trains of symptoms to which they give rise, each of which requires its peculiar and specific remedy.

In fact, according to Todd, we have two principal kinds of chronic enlargement of the kidney: 1st, the *fatty disease*, or Bright's kidney; and 2d, the *waxy* disease. Also two kinds of chronic contraction of the kidney, viz.: 1st, chronic nephritis, or chronic wasting kidney, and 2d, the gouty kidney.

The *fatty kidney*, or Bright's disease is generally attended with dropsy, much greater in amount and of a more persistent and obstinate character than either of the others, the presence of abundant fat-cells, fatty casts, and free oil, with albumen in large quantity in the urine, will generally indicate fatty kidney.

The *waxy kidney* exhibits clinical phenomena sufficiently distinct from those of fatty disease. Instead of the white anæmic complexion, with puffy face, which accompanies the fatty kidney, we find the patient looking sallow, and generally speaking, free from any swelling of the face. Dropsy either does not exist at all, or is very trifling; it does not show itself until the disease has advanced considerably, and it rarely, if ever, is so prominent and chronic a symptom as in the fatty disease, nor is it often as much as in the contracted kidney. In most cases the peculiar waxy degeneration is not limited to the kidneys, but also affects the liver and spleen, causing enlargement of these organs. The increased size of these viscera, therefore, often becomes an aid to the diagnosis of this affection, in addition to those furnished by the urine. The quantity of albumen is generally large, but fat-cells are not found with the aid of the

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microscope, nor the fatty casts, while transparent fibrinous casts and the debris of epithelium are the most common microscopic appearances.

In the chronic contracted kidney the urine is generally sufficiently abundant, pale, low in specific gravity and contains albumen only in small quantities. Under the microscope the urine will be found to contain many *granular casts*, and but few waxy casts; in Bright's disease many *fatty tube-casts and cells* will be seen; and in the waxy kidney, *large waxy casts;* in the gouty kidney, much *uric-acid* will be present.

Some of these cases will require Mercurius-corrosivus and Hydriodate of Potash; others Phosphorus; others Nitric-acid and Colchicum; and others Cod-liver-oil.

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ARTICLE XVI.—*On Chlorosis.* From the Report for 1856 of the "Hom. Poliklinik" in Leipsic, by Dr. CLOTAR MÜLLER. Translated by H. L. H. HOFFENDAHL, M.D., of Boston.

Several modern writers have grouped "anæmia" and "chlorosis" together in one class, believing that the two diseases had a common origin, but applying the latter term to the form of the disease peculiar to girls at the period of sexual development. Others again maintain that the two diseases are essentially different. According to them *anæmia* (or spanæmia) consists in a diminution of the quantity of the blood, without any qualitative change in its composition; while *chlorosis*, (anæmia spuria, oligocythæmia), depends upon a qualitative change of the blood, (diminution of the red corpuscles.)

This is not the place to decide whether it is possible, necessary or useful to maintain this distinction, but it may be safely assumed that these two diseases always occur together, aud that one cannot exist without the other. When the mass of the blood is diminished, there is a speedy restoration of the normal amount of the water, and in part of the albumen and the salts; but there will be for some time a deficiency in the number of red corpuscles, because they are formed with less rapidity. In anæmia then, the number of red corpuscles will always be diminished, except perhaps after rapid losses of blood from mechanical causes, cholera, &c.

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On the other hand, diminution of the red corpuscles can scarcely exist without a general diminution of the mass of the blood. Were this not true, then we should not find the souffle as the most constant sign of chlorosis, a symptom which, as Hammernjk has shown, depends upon an imperfect filling and tension of the vessel, that is a deficiency of blood, not a diminution of red corpuscles. It may therefore be concluded that in anæmia there is a constant diminution of red corpuscles, and that, on the other hand, chlorosis is always accompanied by anæmia.—

This report is based upon the observation of 51 cases of chlorosis and anæmia, occurring in young females at the age of puberty, and not including cases where anæmia accompanied or depended upon tuberculosis, dropsy, syphilis, &c.—Of these fifty-one cases, twenty-one were cured, five were much improved, thirteen called but once, nine absented themselves after undergoing treatment for some time, and three remained under treatment. The results will appear satisfactory when it is taken into consideration that the patients applying to a dispensary, naturally belong to the lower classes, and that the dwellings and diet of the poor, as well as their unhealthy occupations, exert a considerable influence upon the origin and continuance of chlorotic conditions.

The patients were all females between the ages of sixteen and and twenty-six, and with two exceptions, they were unmarried. They were employed as domestics, cigar-makers, seamstresses, workers in flowers and wool. In most cases the chlorosis was well developed, frequently of several years' duration, and in several cases dating from the period of childhood. Amenorrhœa and leucorrhœa were generally present, the latter symptom usually inducing the patients to seek medical advice. The bruit de diable could be easily detected in every case. The following were the most common of the numerous complications: Spasms of the stomach, œdema of the feet, hemicrania, dyspnœa, palpitation and disease of the heart, bronchial catarrh.

The *duration* of the treatment and cure naturally depended upon the nature of the disease and the sanitary conditions of the patient. Several cases recovered with remarkable and unusual rapidity. (1 case in 27 days, 1 in 29, 1 in 31, 1 in 38, and 1 in 44 days.) Of the 9 patients who absented themselves,

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the average duration of treatment was 29⅔ days, without visible improvement. The average duration of the treatment of the 5 improved cases was 74⅖ days. In every one of these cases the symptoms of the disease were either improved or dispelled to such an extent as to make a favorable termination quite certain; but departure from the city, impatience and other circumstances prevented the continuation of the treatment, and the attainment of an entirely satisfactory result. These cases could not be considered as cured, because the souffle and, in some cases, amenorrhœa, still continued. Of the 21 cases that were cured, the average duration of treatment was 78$\frac{8}{21}$ days, (the shortest time being 27, and the longest 150 days.) In these cases all the symptoms of disease were removed, the souffle disappearing entirely, or being reduced to a minimum.

The following remedies were employed in these fifty-one cases:

| | | | |
|---|---|---|---|
| Pulsatilla | 41 times, | Natr.-mur. | 2 times, |
| Ferrum | 15 " | Bryonia | 2 " |
| Calcarea | 11 " | Nux vom. | 3 " |
| Phosphorus | 6 " | China | 1 " |
| Ignatia | 3 " | Arsen. | 1 " |
| Sepia | 3 " | | |

It appears, therefore, that Pulsatilla was used in all but 10 cases. This remedy was also prescribed for those who absented themselves or called but once, with but two exceptions.

Of those who were cured, 8 recovered without using Pulsatilla. In these cases we prescribed:

| | | | |
|---|---|---|---|
| Pulsatilla | 13 times, | Ignatia | 3 times, |
| Ferrum | 9 " | Natr.-mur. | 2 " |
| Calcarea | 8 " | China | 1 " |
| Phosphorus | 5 " | Arsen. | 1 " |
| Sepia | 3 " | | |

Which of these remedies affected a cure, or was most efficient in this consummation, cannot be readily determined, because in almost every case several remedies were administered. In only 2 cases the cure was affected with but one remedy, (Pulsatilla;) in 11 cases 2 remedies were used, in 6 other cases 3, and in 2 others 4 remedies were necessary. One remedy often induced great improvement, but was unable to effect a perfect cure, which was then accomplished by a second or third remedy. It was rare

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that one remedy was entirely ineffectual and could be considered as improperly chosen. It was only in seven cases of the nine absentees that Pulsatilla was ineffectual, and its selection therefore appeared unjustifiable. The two remedies, Bryonia and Arsenic, were only used to combat complications, and had no perceptible influence on the course of the chlorosis.

The following is a tabular statement of the treatment of those who were cured and relieved.

*Cured.*

| | | | | | |
|---|---|---|---|---|---|
| 1. | in | 131 | days | with | Pulsat. and Ferrum. |
| 2. | " | 44 | " | " | Pulsat. and Ferrum. |
| 3. | " | 150 | " | " | Phosphorus and Ferrum. |
| 4. | " | 81 | " | " | Calcarea and Ferrum. |
| 5. | " | 27 | " | " | Pulsat. |
| 6. | " | 59 | " | " | Pulsat., Arsen. and Bryon. |
| 7. | " | 103 | " | " | Pulsat,, Ferrum and Bryon. |
| 8. | " | 29 | " | " | Pulsat. |
| 9. | " | 38 | " | " | Pulsat. and Nux-vom. |
| 10. | " | 66 | " | " | Pulsat. and Ferrum. |
| 11. | " | 102 | " | " | Ignat., Calcar. and Sepia. |
| 12. | " | 90 | " | " | Phosphor. and Pulsat. |
| 13. | " | 70 | " | " | Calcar. and Nux-vom. |
| 14. | " | 39 | " | " | Calcar. and Ferrum. |
| 15. | " | 54 | " | " | Sepia, Ignat. and Pulsat. |
| 16. | " | 31 | " | " | Phosphor. and Calcar. |
| 17. | " | 92 | " | " | Natr.-mur., Calc., Phosph. and Ferrum. |
| 18. | " | 75 | " | " | Pulsat., Phosph. and Nux-vom. |
| 19. | " | 69 | " | " | Calc. and Natr.-mur. |
| 20. | " | 129 | " | " | Calc., Puls., Ignat. and Sepia. |
| 21. | " | 68 | " | " | China, Pulsat. and Ferrum. |

*Improved.*

| | | | | | |
|---|---|---|---|---|---|
| 1. | in | 90 | days | with | Pulsat. |
| 2. | " | 63 | " | " | Pulsat. |
| 3. | " | 62 | " | " | Pulsat. and Ferrum. |
| 4. | " | 92 | " | " | Bryon., Nux-vom., Pulsat. and Phosph. |
| 5. | " | 65 | " | " | Pulsat. and Calc. |

Before speaking of the special therapeutics of chlorosis, I must make a few more brief remarks on the quantitative and

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qualitative deficiency in the composition of the blood, which has been already alluded to. Although Homœopathy does not base the selection of remedies exclusively on such pathological observations, but has recourse to other criteria, still these conditions are not passed over without attention at least to their ætiological importance. In chlorosis particularly, the Homœopathist is accustomed to pay full attention to the assumed change in the state of the blood and to direct his treatment with reference to the deficiency of iron. The general opinion of the profession on this subject may be summed up as follows: The nature and origin of chlorosis is a diminution of the quantity of iron in the blood, inducing greater fluidity and lighter color and diminution of its specific gravity; and thence arises the natural conclusion that the restoration of the normal amount of iron will at once abolish the disease.

The experience of many years has led me to a different conclusion. My conviction is, that chlorosis by no means depends primarily and directly upon the deficiency of iron in the system, and that the essence and cause of the disease is not to be referred to a diminution of the red corpuscles. On the contrary, I consider the diminution of the quantity, and the defect in the constituents of the blood, as only a symptom, certainly a very constant and important one; as only an *effect*, and not as the cause of the disease. From this it follows that chlorosis cannot properly be placed in that class of diseases which has for a factor a faulty and insufficient supply of nutritive agents. It cannot be denied that imperfect nutrition of the blood and of the whole system certainly takes an important part in the production of chlorosis, but this depends not upon an imperfect supply of proper nourishment, but in part or entirely upon a defective assimilation within the system. As a proof of this observe the fact that chlorosis is comparatively much less frequent among the poor than among the rich; that in poor and suffering districts, such as the Harz mountains, upper Silesia and many factory towns, chlorosis is not nearly so common as scrofula, tuberculosis or typhus. Still more rarely does chlorosis originate in loss of blood or debilitating discharges. Leucorrhœa has often been accused of having an influence in producing the disease, but it

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is much more probable that all these losses are consequences rather than causes of disease.

-It is therefore necessary to look for another factor, which influences the female organism during the period of development, and which can gradually induce this specific modification in development and nutrition and the formation of the blood, in spite of a plentiful and judicious supply of nourishment. This being granted, it follows naturally that it does not suffice for the cure of chlorosis to introduce iron and nutritive elements into the system, because, as long as the system has not the power of assimilating these substances they will only be an unneccessary burden, impeding the primary assimilation and not easily excreted. And in fact it may be seen but to often how every possible preparation of iron is employed without any effect on the disease, and how the most nourishing and protein-holding diet, selected according to the principles of modern dietetic therapeutics, only cause difficulties of digestion, and increase the patient's repugnance for solid nutriment. My attention was first attracted to to this point by seeing the complete inefficacy of iron and nutritive food in cases of chlorosis, which were afterwards cured under Homœopathic treatment, with other remedies and a much less luxurious diet. These observations led me to look further back for the essence and cause of the disease, and to consider the state of the blood as only a secondary symptom.

To ascertain with certainty the primary cause of chlorosis, and the location of the original affection, is a question which certainly cannot be decided at once. That it is not simply a chronic dyspepsia, a weakness of the digestive organs, as the materialists of the present day show a tendency to assume, is demonstrated by the facts, 1. that such a chronic gastric catarrh very often exists without giving rise to any of the peculiar symptoms of chlorosis; and 2. because such chronic dyspeptic difficulties usually appear only after a longer duration of the chlorosis, and not uncommonly they are entirely absent.

If I may venture to draw a conclusion from my own observations, I should assume as most probable that chlorosis is originally an affection of the spinal and ganglionic system of nerves, having a character of weakness and exhaustion, combined with erethism and excessive excitability. The nature of the disease

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would then consist primarily in a want of energy and abnormal action of not only those nerves which in the widest sense superintend the functions of digestion in the abdomen, but also of those which supply the sexual organs, the heart and vessels, and perhaps the whole muscular system. The first effects of this affection would then be as follows: Torpor in the activity of the heart and general circulation, and the muscular system; also weakness of the organs of digestion and assimilation, causing an imperfect supply of materials to the chyle and blood, as an equivalent for what has been excreted, and therefore gradually causing a diminution of blood and blood-corpuscles. It cannot be denied that we can thus give an unconstrained demonstration of the development of chlorosis from its true beginning to its entire development. The procession of the symptoms will also be found to be more correct and in correspondence with observation, than according to the usual assumption, which derives all the other symptoms from the state of the blood, although that state only manifests itself in the further course of the disease. Undoubtedly the effect has been taken for the cause by those who have relied upon this assumption, whether it was done out of affection for the theory of dyscrasia, or to justify the improper administration of iron.

A consideration of the true nature of chlorosis goes far to show how untenable is the whole theory of dyscrasia; for this is about the only disease where a change in the state of the blood can be demonstrated and observed with certainty, and yet it appears that this condition is, after all, a consequence and not a cause of disease. How uncertain and visionary then is the doctrine of a primary dyscrasia, where a qualitative change in the state of the blood cannot be demonstrated, but is only arbitrarily assumed.

There are two other phenomena tending to confirm the truth of my assumption of a nervous origin of chlorosis. These are: 1st, the great influence which mental emotions and certain depressions of the nervous system exert upon the origin and development of chlorosis; and 2d, the powerful curative influence of remedies acting directly upon the nervous system, and manifesting an influence corresponding homœopathically to the depres-

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sion and general prostration of vital power peculiar to this disease.

It is an undoubted fact, not denied even by the most enthusiastic adherents of the dyscratic theory, that chlorosis occurring at the age of puberty, is rarely induced by loss of blood or other exhausting discharges, and also that this disease is not common among individuals who are unable to obtain sufficient and appropriate nourishment. The disease is most common in large cities, among girls belonging to the opulent classes, who certainly refuse the plentiful and nutritious diet which is offered to them, but who do so only because they have acquired this distaste during the progress of the disease. Other causes must therefore have been in operation. As such the following are generally enumerated by authors, although they are considered of secondary importance, compared to the stereotyped loss of blood and insufficient nourishment: Excessive mental exertion, too great excitement of the imagination, premature indulgence in social pleasures, sexual excitement, depressing mental affections, sorrow, crosses in love, jealousy, &c.

It is evident that all these influences, which deserve to be ranked among the most important, exert a direct enfeebling and depressing action upon the spinal and sympathetic systems of nerves, and can thus gradually develop the symptoms of chlorosis. The sexual system particularly plays an important part; its premature development and excitement, and particularly the indulgence in the vice of onanism, are undoubtedly among the most frequent exciting causes of the disease. As regards onanism, I will venture to assert that it injures more by means of over-excitement and weakness of nervous action, than by the accompanying material loss of substance. The presence of any of these depressing conditions has a great influence on the origin and development of chlorosis, and on the other hand, their absence is equally favorable for the improvement or cure of the disease. A girl affected with only a light form of chlorosis, will quickly arrive at the stage of the disease, if she is unfortunate in the disposal of her affections, or if she is in the state of mental depression from any other cause. While, on the other hand, if she is happy in her love, or if any other depressing causes can be removed, then a speedy improvement will be manifested. In

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short, the influence of these forces upon the origin and development of chlorosis is so distinct, that our attention is involuntarily directed to the organs which are primarily affected, and we are thus led to recognise the true character and seat of the disease.

It must be confessed that the older physicians had in many respects a more correct and profound conception of the nature of chlorosis than the moderns. It is true that they went too far in assuming that the cause of the disease was always to be found in unsatisfied yearnings for love and the want of sexual contact, entirely overlooking the influence of other depressing and debilitating influences. But the probability is that, in propounding this doctrine they merely wished to indicate that chlorosis is based upon a general weakness and want of energy in certain directions, that, to use an antiquated expression, the vital power was insufficient, that the innervation of certain functions was disordered and imperfect, and that there was need of a corresponding excitation and compensation.

It is worthy of notice that the favorable effect of those homœopathic remedies, which have been used for years in chlorosis by myself and others, fully confirms my views of the nature of this disease. As is well known, the most important of these remedies are: *Calcarea*, *Pulsatilla*, *Ignatia*, *Natrum-mur.*, *Phosphorus*, *China*, *Sepia*. Although there is a great diversity in the character of the operation of these remedies, still it cannot be overlooked that there is a certain degree of conformity as regards their direct and specific action upon those portions of the nervous system which superintend the functions we have just been discussing; and this action, in all these remedies, has more or less of the character of atony and depression. Besides atonic symptoms, many of these remedies also manifest distinct signs of erethism and over-excitability. This need not surprise us, since it is well known that erethism and excessive excitability of certain sensitive nerves are very frequent, if not constant companions of debility and atony. And this same condition is manifested in chlorosis, where we find a debility and prostration of all the vegetative functions, accompanied by excessive irritability and hyperæsthesia; this state being made evident by pal-

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pitations, hemicrania, spasm of the stomach, and a host of other hysterical and hypochondriac symptoms.

Now, as is well known to homœopathic physicians, the administration of the above-mentioned remedies, will, in the majority of cases induce the cure or improvement of the disease, without having recourse to iron. Nay, it often happens, and this was particularly the case in our dispensary, that a favorable result is attained, when there is no possibility of improving the condition of patients as regards their nourishment, domicile and occupation. Sometimes, as has been already stated, cures were effected with these remedies even in patients who were living in the most favorable conditions, and who were not benefitted by a systematic course of feeding on meat, bouillon, eggs, milk and iron.

These facts certainly justify the conclusions that the cure of chlorosis does not depend upon a supply of nourishing food and iron, but that the primary affection of the organism must first be regarded and removed. As our most effective remedies have the common property of causing, and also curing, this peculiar state of atony and prostration of the sympathetic and of a portion of the spinal nervous system, therefore we are justified in concluding that the cause and origin of chlorosis consists in a similar affection of the same nerves, and this conclusion is still more confirmed by the facts related above.

At the same time it cannot be maintained that insufficient or improper food, unhealthy habitation or occupation has no influence on the development or continuance of chlorosis. Undoubtedly these agents, which in time become detrimental to the healthy system, have a still more noxious influence on a diseased and debilitated organism. It is also certain that in cases where the supply of nourishment is insufficient for the requirements of the system, a return to health can only be effected by a more nutritive diet, and this want is to be supplied, not by medicinal agents, but by more nourishing food and drink. Still the fact must be kept in mind that in chlorosis a direct insufficiency of the supply of nourishment is much more rare than is generally supposed; that the defect is rather in the blood, in the nutritive fluids and in the whole body, because the supply of nutriment is not assimilated, but excreted from the system without being



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used. Therefore the administration of richer and more nourishing diet is useful only when the organism has the power of assimilating it, and is necessary only when the supply is inadequate for the demand.

These considerations show us what is the true value of iron in the treatment of chlorosis, and to what extent this remedy is necessary. It is to be considered simply as a nutritive agent. When the primitive affection of chlorosis has been removed, and the system is again capable of assimilating food, if the supply of nourishment does not contain enough iron to compensate for its deficiency in the blood, then it is advantageous and even necessary to introduce iron into the system in such a form as may be easily assimilated. As therefore the deficiency of iron is one of the last links in the chain of symptoms in chlorosis, so iron is generally one of the last remedies required for the perfect restoration of health. Whether in some cases iron may not be something more than a simple nutritive agent, whether it may not be applicable in this disease as well as others, as a *remedy* according to the law of similarity, that is a question not yet discussed, because so far we have only been engaged in examining the customary mode of using this agent in chlorosis.

This usual method of administering iron requires a few remarks. Judging from the theory and principles of the so-called "rationalists," nothing can be more unjustifiable and irrational than the habitual and legitimate doses of this remedy which they administer. The school of "exact observation" asserts that the origin and nature of chlorosis consists in a deficiency of iron in the blood, and is to be cured by administering the quantity of iron which is wanting. Taking this for granted, the next step should be to ascertain *how much* iron is wanting, so as to avoid the predicament of introducing an indefinite quantity of the metal into the system, and leaving it to chance whether that quantity is sufficient, too little or too much. It is therefore well worth the trouble to see to what extent the usual doses of iron correspond to the deficit of the blood. Until recently it was assumed that the blood contained 0,06 per cent of iron, making about 9 grammes as the whole amount contained in the system. Quite recently Benj. Bell has made some new observations on this subject in England. According to his calcula-

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tions the whole mass of blood in the human system, about 25 pounds, contains not much more than 30 grains of iron, estimating that 1000 grains of blood contain about two and a half grains hæmatine, and that the latter contain from 6 to 8 per cent. of iron. (Edinb. Med. Journal, Jan. 1856.)

Whichever of these calculations may be correct, it is still certain that the amount of iron in the blood is relatively very small. Besides, even in the most violent form of chlorosis there is deficiency of only a portion of the hæmatine and iron. Therefore a few grains of iron, properly diluted, should be sufficient to cover the deficit, while the customary large doses are totally irrational. The rationalists will perhaps urge as an excuse that no harm is done in administering more iron than is required, because after the requisite quantity has been assimilated, the remainder can be excreted. But this explanation is not satisfactory, because experiment has taught us that remedies of this class are absorbed, and are effectual only in a very diluted state, while more massive doses pass through the digestive canal in an inert state, or perhaps manifest their presence only by overloading the stomach and interfering with digestion. Thus it is a well-known fact that the natural iron springs have a more powerful effect upon the blood than any artificial preparation, yet the strongest of them contain but little more than 1 grain of iron to 16 ounces of water. The same holds good as regards other mineral waters. The waters of Kreuznach, renowned for their efficacy, contain scarcely ¼ grain of bromina and iodine compounds in 16 ounces of water. What shall we say of these samples of exact observation and rationality? As a last resort we may yet be told that these massive doses are only given to diminish the quantity of sulphuretted hydrogen gas in the intestines, for the purpose of making the results of flatulency less odorous. Tant de bruit pour une omelette!

Let us now proceed to a brief enumeration of the indications according to which the remedies above-mentioned were successfully used in the treatment of chlorosis in our dispensary.

### 1. *Pulsatilla.*

This remedy was administered more frequently than any other, having been used in all but 10 of the 51 cases which came under treatment. It may be questioned whether its use was justifiable

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in every case. Frequently, especially at the beginning of the year, it was probably used rather on account of its reputed efficacy in chlorosis, than on account of its special indication. The curative effects of Pulsatilla were therefore comparatively unsatisfactory, for, although it was administered in 41 cases, it had a favorable effect in only 13 of the cases that were cured, and in 5 of those who were improved. Nevertheless it cannot be doubted that this remedy is very effective in appropriate cases, that it is a very important, although not a universal specific. Its effects manifest the character of the symptoms peculiar to chlorosis more distinctly than any other remedy which has been proved. The law of similarity would be false if this remedy did not in many cases effect a cure or alleviation of the disease.

According to my experience the curative power of Pulsatilla may be relied upon in almost every case of so-called erethic chlorosis, with depression of vital power on one side, and increase of irritability on the other; when there is complete prostration of the digestion and sanguinification; when the menstrual period is either wanting, or consists of the discharge of mucus or a little watery blood; when there is leucorrhœa, and the body and mind is in a state of torpor and atony, with intercurrent erethism. This atony is manifested by want of energy in the circulation, by coldness and pallor of the skin and extremities, by a weak, soft pulse, weak and irregular cardiac pulsation, relaxed cutaneous veins, superficial respiration, oppression of the chest, without well-marked dyspnœa, disinclination to move, sad and depressed spirits. The accompanying troubles, such as spasms of the stomach and hemicrania, are not violent, but lingering and changeable. The sexual system does not play a prominent part, but is rather in a condition of general frigidity. Therefore a case of chlorosis which has been caused by unfortunate attachment, sexual excitement, or onanism, will seldom be cured with Pulsatilla. In fact, this remedy is not indicated in highly developed cases, until the torpid state of nervous activity has been removed. Its sphere of action lies principally in the digestion, assimilation and sanguinification, and like iron, it is peculiarly adapted to influence the quantitative and qualitative abnormal state of the blood. As this abnormal state is only developed in the latter stages of the disease, therefore Pulsatilla is only

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indicated when the primary symptoms have been removed. It is to be used *after* Calcarea, Ignatia, &c., and especially *before* iron, because experience has shown that it has a peculiar power of disposing the system to receive and properly assimilate that metal when it is needed. Pulsatilla is indicated and useful in the first stages only, in lighter forms of the disease, or in cases where the abnormal state of the blood is owing to improper food, weakness of digestion, loss of blood; or reconvalescence from a previous disease.

### 2. *Calcarea.*

This remedy, although it was used but eight times at the dispensary, is nevertheless one of the most important agents in the treatment of chlorosis. Probably too little attention was paid to it, and it might have been more useful than Pulsatilla in a number of cases. Calcarea is specifically indicated in the not uncommon cases of chlorosis which date back from the time of childhood, and are to a certain extent the continuation of the scrofulous symptoms of earlier years. This form is most common in girls of 12 to 16 years, at the commencement of the period of development, of leucophlegmatic habit, with tendency to obesity, disposed to chronic catarrh and diarrhœa, with great weakness of the spine and tendency to curvature.

There is generally complete want of appetite, and particularly a repugnance for meat and cooked food. There is also a peculiar longing for stimulating food, and for substances that are naturally indigestible and injurious, (such as charcoal, chalk, raw coffee, rice.) Frequently attacks will occur of one-sided headaches, with sour eructations and vomiting. Menstruation is rarely entirely absent, but more commonly too frequent and of too long duration, preceded and followed by leucorrhœa. After meals there is a feeling of discomfort, swelling in the epigastic region, and violent palpitation of the heart. The nights are restless, and sleep is disturbed by anxious dreams and terrifying visions. The mental disposition is timid, irritable, with a dread of imaginary accidents. Slight exercise causes fatigue; a sitting posture gives no rest, but causes pain in the head and back. There is therefore a great inclination to lie down and remain in bed. The muscles are soft and weak, and covered with considerable adipose tissue; any exertion is quickly followed by

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palpitations and a disproportionate degree of fatigue. The extremities feel cold and heavy, and are often affected by spasms, stiffness, flexion of single joints and formication.

In cases of this sort Calcarea is the principal remedy, even from the very commencement of the treatment. In many of these cases Pulsatilla may subsequently be required for a complete cure. These two remedies affected surprising cures in a number of cases where iron and protein-holding food had only tormented the patients without giving them any relief. I have therefore no longer any doubt that for this form of chlorosis Calcarea is the true and radical curative remedy, and that it attacks the disease by its root and original development.

### 3. *Ignatia.*

The character of the effects of Ignatia corresponds in some respects so precisely to the morbid condition which lies at the origin of chlorosis, that it is manifestly a specific in certain cases. By itself it will suffice for a cure less frequently than Calcarea, but will often be needed as an intercurrent remedy. As is well known, Ignatia acts principally upon the spinal cord and the motor nerves which arise from it, while it has but little influence upon the sympathetic system. It produces a state of over-irritability, sensibility and weakness, which is manifested by a varied train of disturbances, and affects the vegetative functions only indirectly and gradually. The disturbances of the latter system are always of a slight and transient character. A similar mode of development is found in chlorosis, but here the disturbances of the vegetative functions reach such a height as to obscure the original symptoms belonging to the spinal system.

As Ignatia has a special affinity for the spinal system, it is indicated in cases where the digestion, assimilation and state of the blood are not yet seriously affected, or are of but little importance compared to the irritability and depression of the nervous system. The remedy is therefore specially indicated in cases of chlorosis which have been caused by mental emotions, by chagrin, fright, sorrow, disappointed love, unsatisfied sexual instincts, &c., in females disposed to convulsions and periodic diseases, and of a sensitive, excitable, nervous, hysterical tem-

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perament. In such cases Ignatia alone will sometimes suffice for a cure, because after the symptoms referable to the spinal nervous system have been removed, the disorders in the vegetative sphere will disappear of themselves. But in the majority of cases it is only applicable at the commencement of the disease, and must be replaced in the latter stages by remedies having a more direct affinity for the vegetative functions.

After what has been said, no other special indications for the use of Ignatia will be needed by any one acquainted with the homœopathic materia medica. Certainly no one will expect help from this remedy against bruit de souffle, amenorrhœa, or leucorrhœa.

4. *Nux-vomica.*

Nux-vomica is nearest related to Ignatia. This remedy exerts a very similar action upon the spinal system, but it has a much more pronounced, though subordinate effect upon the ganglionic system, particularly upon the vegetative functions of the stomach, intestines and liver. This gives us the proper indications for its application, which is much more extended than that of Ignatia. Nux-vomica is to be given in a similar class of cases, but the disorders of the nervous system have not a character of atony and depression, but of erethism and irritability. The troubles of the vegetative functions of the stomach, intestines and liver are also more fully developed, and have not a transient character. Moreover, Nux is particularly indicated in accompanying difficulties of the cerebral system, such as hyperæsthesias of the nerves of special sense and others, complications which appear frequently and with great violence in chlorosis. In such cases Nux must often be chosen according to special indications and in a manner purely symptomatic. The remedy is too well known to need a more extended enumeration of its peculiarities.

5. *Phosphorus.*

Phosphorus and Phosphoric-acid have a specific relation to certain deliberated conditions of the organism based upon a general exhaustion of vital power, particularly in the sphere of the cerebro-spinal system. In fact, these two remedies, together with China and Iron, may be said to constitute the apparatus roborans of Homœopathists. Their relation to chlorosis is ea-

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sily determined. Still it is but seldom that either of these two remedies will effect a radical cure. They are indicated in cases where there is true exhaustion, a real asthenia. But in chlorosis there is only a depression of vital power, not accompanied by any decay or very violent disorders in the sphere of the vegetative functions. The disease takes on a threatening character only after long continuance and the concurrence of various unfavorable influences. In the present generation, which so rapidly exhausts the whole stock of vital power, cases of chlorosis will occur exceptionally, in which the energy of the organic functions seems to have entirely disappeared, and the danger of a complete decay of the organic material seems imminent. These are the cases which originate in loss of power in various ways, from grief, anxieties, unhappy love, nocturnal vigils, loss of blood or other fluids, diarrhœa, night-sweats, &c. In these cases the preparations of Phosphorus are required, and not to be replaced by any other remedy.

These same conditions hold good as regards the effects of Phosphorus upon the blood and other fluids. Direct experiments have placed it beyond all doubt that this remedy has an important influence upon the composition of the blood, and produces a so-called dyscratic state of that fluid. At the same time the experiments of Liedbeck, Arnold and Bibra have also shown that this condition is essentially different from that which is developed in chlorosis.

Phosphorus makes the blood more fluid, diminishes the coagulability and exerts a solvent action upon the corpuscles, but the qualitative change in the condition of the blood is different from that, which is developed in chlorosis. It seems to be owing to a want of fibrine, and has more resemblance to the blood of tuberculous or typhoid patients. Phosphorus exerts a more profound action, threatening a dissolution of organic substance, a condition which rarely exists in chlorosis. This tendency is found only in isolated cases of highly developed chlorosis, with a concurrence of other unfavorable influences, and in such cases only would Phosphorus be indicated.

The effects of Phosphorus upon the genital organs must also be considered, because affections of this system often originate or favor the development of chlorosis. Phosphorus undoubtedly

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exerts a powerful influence upon the sexual system, although it cannot be considered an aphrodisiac in the ordinary acceptation of the term. Hahnemann maintained, that this remedy was contra-indicated by a want of sexual instinct, and weakness of the sexual organs, but this assertion must be received in a limited sense, and confined in its application to cases of congenital and constitutional frigidity. On the contrary, in weakness of the sexual system, caused by over-excitement and abuse, as in cases of onanism, Phosphorus is a most important remedy, as has been sufficiently shown by physiological and therapeutical experiment. Acquired weakness is often accompanied by an apparent energy of these parts, because in just such cases asthenia is almost always combined with erethism. This may explain why Phosphorus is so often used with benefit in cases of excitability of the sexual instinct, thus apparently confirming Hahnemann's dictum.

Finally, we must not overlook the powerful curative effects of Phosphorus in leucorrhœa, a symptom which is seldom entirely absent in chlorosis, and which often demands special consideration. In cases of this sort, following chlorosis, Phosphorus and Phosphoric-acid are very important; while they are useless in acute forms of chlorosis, or in such cases as accompany syphilitic or inflammatory affections of the vulva, vagina or os-uteri.

Frequently, as the chlorosis improves, the mucous discharge will gradually disappear as the system becomes stronger, and will need no special treatment. But if this is not the case, and if the discharge consists of a whitish, watery, corroding mucus, most copious at the menstrual period, then Phosphorus should be administered, and a few doses will generally remove these symptoms. I would remark that in these cases I never apply any external applications, except perhaps sitting-baths, which aid the internal treatment by inducing greater cleanliness. I order baths of three or five minutes' duration to be taken before retiring at night; the temperature to be at first about eighteen degrees *Reaum.*, and the coldness of the water to be gradually increased.

### 6. *China.*

The principal characteristic of the effects of China, is, as Hahnemann has already shown, a state of debility, combined

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with an excess of irritability and sensibility. Physiological experiments have shown that this remedy depresses the whole vegetative sphere by its specific action upon the digestive organs, the spleen and liver, that it obstructs the process of assimilation, and disturbs and modifies the formation of the blood. Owing to the uncertainty of all assumptions and investigations with reference to the dyscratic states of the blood it cannot be determined with certainty whether China can produce any qualitative changes. But there is every reason to believe that it produces a quantitative diminution of the mass of the blood, or causes anæmia, because all the symptoms called forth by it have the greatest resemblance to those constantly following important losses of blood. Considering the similarity of the symptoms produced by China and by chlorosis, it is remarkable that the remedy is not used more frequently, and that it is not more efficacious. This is only another instance, showing that the similarity between the remedy and the morbid condition to be remedied, must not be merely apparent, partial or limited, must not be confined to the seat or manner of the appearances, but must extend to their nature, degree and extent.

The only apparent reason why China does not more frequently cure chlorosis, is to be found in the fact that the state of general depression produced by the remedy, as well as the disturbances and abnormities in the composition of the blood, are more material and more developed than is usually the case in chlorosis. The qualitative change in the blood, which is produced by China is also perhaps of a different nature from the blood of chlorosis; it appears at least as if China caused a diminution of the fibrine of the blood to such an extent as to manifest a tendency to serous exudation.

As a therapeutic agent, China like Phosphorus, is seldom applicable in chlorosis, and that only in inveterate and highly developed cases. These cases are principally such as have been caused by material losses of blood and other nutritious elements; such are hæmorrhages, depletions, long-continued lactation, purulent discharges, chronic diarrhœa, onanism, &c.; also cases manifesting a great tendency to serous exudations and dropsical conditions. These last-named phenomena serve as special indications for the use of China, and distinguish this class of cases

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from those which are suited for Phosphorus. For, as has been already shown, the condition of the blood, produced by Phosphorus, resembles a tuberculous, typhoid, septic state; while after the use of China the blood is remarkable for its fluidity, with a tendency to atonic bleeding and serous exudation.

Therefore China is particularly indicated in those cases of chlorosis, which are characterized by too frequent and copious menstrual discharges, or vicarious hæmorrhage from the nose or lungs; and also in cases of dropsical swelling of members or of the whole body. Moreover, China may be indicated in cases following chronic debilitating diseases, such as intermittents, cholera, syphilis, disease of the liver or spleen.

### 7. *Natrum-muriaticum.*

Whether this remarkable remedy exerts a primary and direct influence upon the blood and nutritive fluids, (as is asserted by Watzke in his excellent paper on the Vienna provings,) and the effect on the nervous system is secondary and derived from the blood, or whether the effects are produced in the reverse order, this is a question which is at present difficult, if not quite incapable of solution. But the fact remains certain that salt, itself a necessary element of most of the solid and fluid constituents of the body, if taken in excess, changes the material and dynamic relations of the constituents of the chyle, lymph and blood, that it obstracts the action of the organs, which prepare these fluids, and thus produces a general weakness of the vascular system, with distinct signs of congestion and so-called passive stasis in various organs. This distinct character of the effects of salt indicates its fitness as a remedy for chlorosis. But we must unconditionally oppose the assumption that salt cures certain cases of chlorosis, because the blood contains less than its proper proportion of salt, and that this deficit must be covered by a larger supply.

Such materialistic suppositions must be rejected at once, because the amount of salt in the blood is so small, (six or eight parts of salt to one-thousand parts of blood), that any kind of food will introduce a sufficient quantity of it into the system. We must therefore consider salt not as a nutritive element, but as a homœopathic remedy for chlorosis. The important point is to

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discover in what forms of the disease salt is specially indicated. According to my experience the remedy is indicated in the following cases: 1st, when weakness of the vascular activity and of the circulation is manifested by abnormal appearances about the heart and the larger vessels; 2d, in a peculiar affection of the sexual organs and their functions.

The following are the most important symptoms of the effects of salt upon the heart and circulation: "Violent, irregular contraction of the heart, with intermittent pulse and oppression of the chest; palpitation with oppression, after slight exercise, coming on in attacks which last from five minutes to several hours, fluttering action of the heart; quick, intermittent pulse, with palpitation, particularly after eating; sensation of weight and anxiety in the chest." These symptoms seem to depend more upon a modified activity of the nerves supplying the heart, than upon an abnormal composition of the blood, or organic disease of the heart and valves. That these symptoms are of nervous origin is shown by their irregular and transient appearance, a peculiarity which is also manifested by the symptoms in other spheres, as for example: "Sudden change from a feeling of fatigue to a sensation of lightness in the limbs." Now, it is well known that there are many cases of chlorosis which are characterised by similar abnormities of the pulse and the motions of the heart, symptoms which depend sometimes upon disease of the heart or valves, and which at other times are owing merely to abnormal activity of the heart, or to anæmia, or to an abnormal composition of the blood.

On the other hand, the physiological symptoms of salt manifest a great influence upon the sexual organs and their functions, a fact which has been abundantly confirmed by therapeutic experiment. It is only necessary to remind the reader of the numerous and well-attested cures which have been effected by salt-springs, in cases of amenorrhœa, menorrhagia, impotence, sterility, leucorrhœa, various diseases and tumor of the testicle and ovary. Salt is, therefore, worthy of special attention in all cases where chlorosis is combined with, or caused by troubles of the kinds just enumerated. In all these cases the effects of the remedy appear to depend upon diminished nervous activity, weakness and depression of the sexual functions and passive congestion.

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These remarks exhibit the indications which should be particularly regarded in prescribing Natrum-mur. for chlorosis. The cases will generally be old and inveterate ones, in reduced subjects with dirty-colored, withered, inactive skin and disordered nutrition, as has already been indicated by Rummel.

### 8. *Sepia.*

Although the opinions of Homœopathic physicians, concerning the character of the effects of Sepia, differ in many particulars, still they all agree in allowing that the symptoms bear the impress of depression, want of tone and weakness of all vital energy, often to the extent of entire exhaustion. I will not undertake to decide whether V. Meyer is right in assuming that this remedy acts primarily upon the portal system, and that all the other symptoms are merely secondary. It certainly appears true that Sepia affects principally the venous part of the circulation and its organs, and that it manifests many appearances which indicate venous congestion and stasis in the portal system. But at the same time there is an unmistakeable affection of the sympathetic and spinal nervous system, manifested on one side by a modification of the nutritive functions, and on the other by a general sluggishness on the motor sphere, and by a peculiar influence upon the sexual organs. It is possible that these latter effects, particularly disturbances and anomalies of the menstrual flow and the vaginal secretion, and atony of the uterus, may depend merely upon passive congestion of these parts, in consequence of general venosity. Still an analogous condition may exist in chlorosis, because it is quite certain that congestion is very rarely the consequence of true hyperæmia, but almost always of irregularity of the circulation and atony of the vessels. It is precisely in such cases that Sepia will sometimes be the appropriate remedy.

These cases are characterised by slowness and sluggishness of the circulation and atony of the vessels. There is a want of power and energy in the action of the heart, with oppression of the chest and irregular, intermittent pulse. In the sexual sphere there is passive stasis and atony of the vessels and muscles, which frequently causes hæmorrhage, abortion, prolapsus, leucorrhœa, and which, even if the menses are regular, often

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give rise to pains in the abdomen, back, teeth, limbs or head, and also palpitation, fainting, sleeplessness, &c.

Leucorrhœa frequently indicates the use of Sepia. This remedy is no absolute "specific for mucous discharges of women," but it is very efficacious when the discharge and the other morbid symptoms correspond generally and specially to the character of its action. It is indicated when the menstrual discharge is entirely absent, intermittent, or at least irregular; when the discharge consists of albuminous, yellowish vaginal secretion; when the vaginal mucous membrane is of a brownish-red color and relaxed, so as to be in some cases prolapsed; when there are small diphtheritic abscess in the vagina and on the labia; in women in the climacteric years, or girls at the period of development, of leucophlegmatic habit, and with signs of abdominal plethora. Accompanying symptoms are: Feeling of weight and bearing down in the pelvis; prolapsus of the vagina, piercing pain in the region of the ovaries; frequent desire to pass water; soreness, sharp and burning pain about the labia and thighs.

The above is a short summary of the indications according to which these eight remedies were used, and generally with good success. Of course there are a number of other homœopathic remedies which will be needed more or less frequently. Among these I would particularly remind the reader of Manganum, Asafœtida, Cocculus, Platina, Plumbum, Sulphur.

Finally, it must be observed that *Iron*, apart from its utility as a nutritive agent, is a very valuable remedy in a strictly homœopathic sense, in some forms of chlorosis. Its value as a specific remedy should not be overlooked, on account of the indiscriminate manner in which it has been used in this disease. I shall, therefore, in conclusion give a brief enumeration of the special indications for iron in chlorosis.

Iron is one of that class of remedies which exerts a debilitating action upon the system, particularly upon the sympathetic and spinal nerves. The following are the most constant and direct effects of large doses of Iron upon the healthy organism: General feeling of lameness and prostration, most manifest in the voluntary muscles; and disturbance of the activity of the heart and circulation. These symptoms disclose the character

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and nature of all the appearances called forth by Iron. Very few remedies resemble Iron in localizing and confining their action to the system of animal life, and having only a secondary influence upon other organs. The primary and specific action of this remedy is confined almost exclusively to the blood and muscular system. It is impossible to decide whether the obstruction and abnormal preparation of the blood is caused directly and exclusively by a disturbance of certain vegetative functions, and is followed by modifications of the activity and nutrition of the muscular system, or whether there is a primary affection of the spinal motor nerves. But as we cannot conceive of a direct and purely chemical action of a remedy upon the blood without any nervous influence, except perhaps where there is immediate contact by injection into the vessels, we must certainly allow the existence, to a certain extent, of a primary affection of the nerves, and a subsequent specific influence upon the condition of the blood and the circulation.

The imperfect physiological provings of Iron, and the entire absence of all chemical and physical investigations, prevents us from determining whether this metal, when taken continuously in small doses, will really produce a sort of anæmia and diminution of the blood-corpuscles in the healthy organism. This circumstance alone, not to speak of the great effect of Iron in certain diseases of the lungs, heart and stomach, should be a sufficient inducement for a new and thorough proving of this remedy. Even our present knowledge of the effects of Iron is sufficient to enable us to point out its indications in chlorosis.

It will be found particularly useful in the following two forms: 1st, in a peculiar general affection of the muscular activity; and 2d, in an irregularity of the circulation of the blood, and probably of its preparation and composition.

The first-named condition is manifested by a considerable diminution of the mass and firmness of the muscular substance, also by a loss of contractility of the muscular fibre, so that a considerable muscular action is either impossible, or requires a disproportionate effort. In connection with this there is naturally an unusual sensation of general weakness, with a dislike for any motion or exertion. Added to this there are often affections of a partially spasmodic nature, such as trembling,

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contraction of single muscles, formication, contraction and stiffness of limbs.

The affection of the circulatory system is remarkable for concealing the poverty of the blood under appearances of plethora and congestion. Although the amount of the blood may be essentially diminished, as is shown by the pallor of the mucous membranes and the vascular souffle, there will still be signs of a peculiar erethism and excitation of the vascular system. Among these symptoms are: sudden flushes of the usually pale countenance, dizziness, tinnitus aurium, violent palpitation, with dyspnœa, hæmorrhage from various organs, particularly the lungs, attacks of suffocation at night.

In cases of chlorosis, characterized by symptoms of this class, I have always noticed quick and lasting improvement after the use of Iron. I have not the least doubt that in these cases Iron is a perfectly homœopathic remedy and not merely a nutritive agent. Moreover, I believe that this remedy is indicated by some other symptoms, such as: a peculiar affection of the stomach, manifested by an aversion for solid food, oppression after eating, frequent vomiting of the injesta, particularily after motion or coughing.

On the other hand I am firmly convinced that Iron alone will seldom effect a complete and permanent cure of chlorosis, but that it must be aided by the use of other remedies. In most cases of chlorosis where Iron is used alone, it will only remove isolated symptoms. In the most fortunate cases the primary morbid process will only be palliated for a time, it will easily return, and will gradually disappear only by the co-operation of other favorable influences. This fact has already been justly and honestly confessed by Oesterlen, in his work on therapeutics.

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## Article XVII.—*Theory and Practice of the Movement Cure.* By Charles F. Taylor, M.D.

### General view of exercise.

§ 22. In order to fully comprehend the special medical uses of bodily movements, it will be necessary first, to consider the *physiology of exercise in general.*

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It is generally supposed, that exercise affects only the muscular tissue, but such is not the case, for movements with muscle alone would be impossible except in a few insignificant instances. Every movement requires not only the muscles engaged, but also every other part of the organ moved—vessels, tendons, ligaments and bone. It is not the *muscle* alone, but the *limb*, for example, that moves. And if development is the result, the muscular tissue receives *only its share* of such development. It is just as necessary to the development of *bone* that it should perform *its* part in the exercise—that is, to sustain the muscles, their origins and insertions—as it is for the muscles to perform their part in the movement of the member. It can be easily seen that the bones and all other tissues besides the muscular are necessary to the perfect action of the leg, for instance, and that the development of all these tissues are as much dependent on and effected by the exercise which all are employed in making, as any one tissue. But this is equally true of every other part of the body; the trunk as well as the extremities. The muscles of the chest, for instance, cannot act independently of the lungs beneath them, but taking the thorax *as a whole*, the lungs form a part of that apparatus, and the force, direction and perfection of all motions of that part of the trunk depend directly on the condition of the thoracic contents. And every movement implicates the lungs, heart, &c., *as a part of the motor apparatus;* and the result of the movement, whether it be development or exhaustion, embraces the contents of the chest as well as the bones, ligaments, muscles, &c., for the reason already given that the contents were necessary to the movement.

We move in general exercise not the muscles of the body alone, but the body *as a whole*, and hence the nature of the exercise we take affects us as a unit. This is plainly seen in the physical characteristics, anatomical conformations, peculiar diseases, and even marked intellectual and moral distinctions in different classes of men, according to their trades and avocations, amusements and recreations. It is admitted that sedentary people need systematic exercise, but it is a great mistake to suppose that the laboring man does not also need it. He needs physical training, perhaps, to undo the injurious effects of his



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occupation. As we do not trust to the spontaneous development of the mind, but aid its growth by suitable mental gymnastics, called systematic education, neither should we allow the body to take its choice of proper or improper development. Professor Regius has in his ethnological cabinet many specimens that show the influence of occupation on nutrition. "A person who for a trifling transient lameness took up the occupation of begging, sat at the end of a bridge receiving alms the rest of his life. The favored limb was used as little as possible. The thigh bone of this limb is nearly three-quarters of an inch less in circumference than the other, and more than one inch shorter. A criminal who was confined by a chain attached to one ankle for five years, died by frost in making his escape; although the bone of the unused limb had not materially changed its size, it feels as light as pine wood. An old lady sat knitting in the alms-house the last years of her life; the ribs were so pressed together that the transverse diameter of the chest was only five inches, and the pelvic bones were inclined backwards in a direction opposite the healthy position, so that it was only nine inches from the top of the sternum to the pelvis. The chest of one who has died of consumption, generally measures three or four inches over the ribs less than that of a person who has died of any other disease. The vertebræ of a carpenter or of any one who has followed any similar occupation, are shown here by numerous examples to be not only larger but heavier in proportion to size than those of a shoemaker or tailor."* Now the faulty nutrition induced by occupations, or by any course of life approaching the civilized, should be counteracted by art, so that a harmonious development may be possible for all, in *spite* of evil tendencies. The too laborious farmer or mechanic should be softened down, while the too sedentary people of the towns should be hardened up to the proper standard. The only use of exercises is not, as is generally supposed, to increase the quantity of muscle or other tissues—for *excessive* exercise may decrease both, (§ 18)—but different kinds and qualities of exercise are capable of making very different and distinct impressions upon the system, according to their nature.

§ 23. Exercise, as previously shown, has an intimate connec-

* Dr. Geo. H. Taylor's letters from Sweden.

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tion with the general nutrition, but it has an equally profound influence upon, and can and does control the manifestation of the nervous system also. The amount of nerve-force possessed by any individual may be considered as the measure of that individual's capacity. This capacity may be divided into the two great manifestations of sensation and volition, i.e., what we *experience* and what we *do*. In perfect health, where every functional manifestation is reciprocally well-balanced, the sensations, or the capacity *to receive* impressions, and the volitionary force, or the capacity *to make* impressions, are equal. But each of these manifestations of the functions of the nervous system is capable of cultivation. Indeed, this cultivation is the essence of civilization, and to be perfect, needs only to be harmonious. The reciprocal relations of sensation and volition may be illustrated by comparing the nerve-force, or individual capacity, to a river of definite size, but separated into two streams of equal dimensions by an island at its mouth. Now, if by any means the channel on one side of the island becomes widened and deepened, of course more water will run through it, and therefore *less* water will be left to flow through the other channel. Now if one channel is called sensation, and the other volition, the illustration is perfect. Excessive sensational capacity precludes excessive volition or force, and so on the other hand, great muscular force is not joined to great sensitiveness to outward impressions. By great and small I refer to the standard of the individual, for what might be much for one, might be little for another. Now as we would lessen the larger stream by increasing the smaller one, in the illustration, so we may lessen the capacity for sensations by cultivating volition; or to speak to the practical point, our ability to be affected by impressions is within certain limits, in the inverse ratio of the cultivation of our muscles. Your fine lady, reared on sweetmeats, educated at a boarding-school with all the "accomplishments," every sense gratified, arrives at a point where a breath of wind gives her a cold, she feels the changes in the weather like a barometer, and is really capable of making only the slightest exertion of volition, even to help herself to the ordinary necessities of life without inconvenient physiological disturbances, and perhaps pathological consequences. A slight injury or transient illness

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prostrates her, not with imagined, but with actual suffering; while Bridget in the kitchen, who has been accustomed to *execute* rather than to *feel*, breaks her arm and walks about without inconvenience until it is healed. Extremes are always pernicious. The savage with a complete animal nature, lacks the cultivated intellect and perceptions to direct his brute force into useful channels, and civilization loses much of its nobleness by pandering to appetites and sensations, while the noblest resolves fall to the ground because there is no power to execute!

§ 24. It is easy to see the practical bearing of the foregoing. Properly adapted exercises will not only correct the vicious tendency of certain occupations by their counteracting influence—elevating the lower classes of society by increasing their means of enjoyment, and making them more impressible—but will diminish suffering and give executive ability, character and force to the more refined. The exercises for the first class, to give flexibility to muscle, to increase the higher sensations, should be light and active, such as games, sports, dances, and those generally requiring more agility than force. While those exercises for developing volition and power, and diminishing morbid excitability of the nervous system, should be slow, uniform, easily executed, non-exhausting movements, and those requiring a certain *continuance* of action. In a word, such as will act on the muscles by their continuance and force, rather than on the nerve-centres by their intensity. And as we have seen (§ 10.) that the effect of every movement upon (i.e., changes produced in) the tissues, is in the ratio of its continuance, and that the effect upon the nerve-centres is in the ratio of the effort made to accomplish the movement, we have then an unerring guide as to the *character* of the exercises that it is proper for different classes of people, or for invalids to take.

§ 25. As the necessities of labor are compulsory, (fortunately) there is no escape from the conditions attending it; we can only enjoy the good, and remedy, so far as possible, the evils attending the forced exercise; but in *voluntary* exercise we should always have a general purpose in view, of which the various bodily movements are only the means to accomplish an end. Unfortunately, gymnastics have been considered as certain contortions *to be done*, instead of certain physiological impressions to

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be made by means of movements. It has been considered, for instance, that to strike the back of the hands together behind the back at the height of the shoulders, was a feat worth striving for; whereas the *development* resulting from such a movement would be much less than if the arms were carried only just back of a line parallel with the shoulders. Indeed, if a person be so loose-jointed as to contort himself thus, that would be sufficient reason why he aught never to do it, till he has developed himself by proper exercises up to the point that his muscles, tendons and ligaments hold his joints so firmly together that such a contortion would be impossible. But the details of gymnastics are foreign to the object of this work, but only those physiological principles relating to exercise in general will be considered here.

§ 26. But when exercise in any form is taken to secure tissue-transformation and growth, there are two considerations that should never be lost sight of. While in perfect health it undoubtedly happens that the greatest amount of tissue-metamorphosis occurs at the moment when the nerve-centres give warning by weariness, that a similar condition has taken place in them, yet in civic life it much more frequently happens that the best results of the exercise has taken place long before there is any sense of weariness, in which case further exercise destroys more or less the good already accomplished. Or, on the other hand, and as always happens in feeble persons, there is weariness so soon that there has been comparatively little change wrought in the tissues. In the first case, as with literary people, school girls, or where there have been previously large draughts made upon the nervous system, the exercises should never be pushed too far; while in the second case, the exercises should be of such a nature as to call out but very little nerve-force, thus making the greatest impression upon the tissues with the least waste of innervation. This latter idea will be further illustrated when I come to speak of the treatment of those diseases attended by great depression of the nervous system, because it is one of the essential qualities of the Movement Cure that exercise can be taken without fatigue. (See hysteria, chorea, &c.) And as exercise may be taken without fatigue, so also there may be fatigue without exercise. And with weakly

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persons, where there is debility and the accompanying irritability of the nervous system, improper exercise may do harm by inducing fatigue without a corresponding impression on the tissues. As a general thing, people in ill health ought not to be required to exercise to weariness, because sickness implies, generally, a certain depression of the nervous system, which should not be increased; but if it is necessary to make still deeper impression upon the muscular system, (§ 22,) then the medical uses of bodily movements, to be explained hereafter, will be found necessary. Free exercise would then not be sufficient, but the patient would require appropriate (Movement Cure) treatment to answer the indications. But it may happen, in some instances, that it is the functions of the nervous system mainly that need to be called out and exercised as the principal means of affecting the organism. When this is done in such a manner as to develop the function acted through, so as to produce harmony between it and other manifestations, nothing could be more proper. When the will-power is feeble from nonuse merely, whether or not accompanied with certain phases of hypochondria, then fatigue will be a strengthening instead of exhaustive process, independent of the general physiological effect of the exercise. But nothing is more promotive of mischief than the general indiscriminate recommendation of physicians to their patients to "take exercise," without any instruction as to kind, quality or manner of taking it. Even the free exercises of invalids should always be in accordance with the *indications*. There is a method of medical practice by acting through the nerves of *sensation*, which though not connected with the subject under discussion, may yet be referred to here as illustrating the general idea. The *Water Cure* system effects and to a certain extent controls the general nutrition through the nerves of sensation, by variations of temperature by means of water upon the external surface of the body. Starting upon the fact that we exist in a perpetual bath—generally colder than the blood—and that the calorifacient function finds thus its normal stimulus, under certain circumstances, artificial variations are produced either upon the whole or any portion of the surface of the body for the purpose of increasing the introduction of oxygen, by means of respiration, to supply the heat taken

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away by the cold, with the corresponding control of the direction of the circulation, and the increased depurating effect of the increased oxydation. With proper knowledge, and guided by certain principles, this may be a strictly scientific treatment. But too severe or too great persistence in these applications is apt to place the system in subservience to these sensational impressions, at the expense of volition and the general disturbance of every manifestation of the nervous system, and even to the production of pathological states. So also certain conditions entirely contra-indicate these applications, though with proper discrimination the water-cure-processes are very efficacious.*

§ 27. As a deduction from what has before been said, it should be remarked that while *habit*—implying the presidence of the spinal cord instead of volition over the movement—allows a much greater amount to be taken without fatigue than could be endured at first; it also should be recollected that all sudden, indefinite, unexpected movements require a vast expenditure of nerve-force. A short succession of sudden trips, or missteps, or blunders, will speedily exhaust even the strongest man. And there is no doubt but that the present style of long skirts for ladies dresses, requiring as it does constant, uncertain, often unsuccessful efforts to snatch the skirt away from the advancing feet to keep them from tripping; the getting into stages and ascending stairs in crouching, unsteady attitudes, holding up the dress meantime, and all similar spasmodic efforts, require such a fearful expenditure of nerve-force that it is, of itself, sufficient in many cases to bring on a train of the most distressing symptoms. Indeed, the whole subject of dress, in all its influence upon bodily movements, requires consideration. Any style of dress is faulty that confines or impedes ever so slightly the simplest movement. It is not enough that the movement may be made with comparative ease and in the most perfect manner, but it must be perfectly free, else there will be next time an instinctive reluctance to perform it, or shrinking from it, involving other parts not necessary to the original notion with a corres-

* But it is not necessary to always employ the water-bath. Feeble patients get great benefit from the *air*-bath, denuding themselves and walking about the room; but all the clothing must be off, else currents will be formed of unequal temperatures.

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ponding loss of power. But still worse; by persistence, this false action becomes a permanent habit; for instance, the slight impediment to the movements of the arms, especially the upward movement, occasioned by some styles of dresses, is injurious, not so much from the actual resistance of the dress to the action of the deltoid and other elevator muscles, as the resistance, though trifling, being persistent, it causes an equally persistent shrinking away from the point of expected resistance. This style of dress, especially for females—they having fewer counteracting influences—constantly tends to produce narrow and shrunken chests, depression of the diaphragm, falling of the bowels and injury to the pelvic organs, besides general debility from imperfect respiration.

The pernicious effects of tight-lacing need not be argued here. But what *is* tight-lacing? for no lady admits that she laces tight, and many honestly deny it who still are daily suffering from its evil influences. When viewed from the foregoing remarks on impeded motion, and the tendency of parts to recede from persistent resistance, it follows that a very slight resistance to the action of the respiratory muscles—a resistance falling far short of actual compression of the chest—must be extremely harmful, harmful to a degree not often contemplated even by the medical man. The fastening of tight cords or bands about the waist to sustain gentlemen's pants or ladies skirts, is injurious from two causes, viz.: the soft parts of the loins and abdomen are easily compressible, infringing upon and displacing the organs beneath, and interfering with their functions as well as with muscular motions; but if possible, still more deleterious is the weight imposed. The diaphragm is dragged downwards, followed by the lungs, and the abdominal contents are forced down into the pelvis. This is more especially true in females, because of the larger abdomen and pelvis and less power of resistance in the muscles and other tissues, and fewer opportunities to counteract by exercise the weakening effects of such malpositions of organs, than in males. The fashion of wearing very long, especially pointed waists, that obtained a few years ago, and is liable at any time to be re-introduced, is no doubt the cause of much of the present female suffering. The abdominal organs, by such a dress are forced low down and fixed there so permanently, that ladies have often remarked that they

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"could make themselves long-waisted" by persevering in that style of dress. Stays, though more perfectly fitting the form, passing far down as they do over the abdomen, must press upon it with great force from their stiffness, in all forward flexions of the trunk, which together with having the objections of long waists, more than counteracts all the fancied relief said to be afforded by sustaining the skirts.* But there is another still more serious objection to stays, from the *support* they give to the upper part of the trunk, thus weakening the muscles which alone are competent to hold the form properly erect. Even if the muscles cannot sustain the trunk without too much fatigue, there cannot be anything gained by holding them up ever so slightly by support. Fatigue indicates *rest*, and not *assistance*. It would be better for the patient to lie down part of the time, with the advantage to the muscles of alternate action and rest, than to receive constant support which they so soon learn to rely upon. With reference to the clothing worn on the lower extremities, it may be mentioned that coldness of the feet is sometimes caused by wearing too tight fastenings to the stockings, thus impeding the capillary circulation in the legs, and the return of blood to the heart.† Internal congestions may thus become more liable. The shape of the shoes is of great importance. Man has a much narrower base of sustentation than most other animals, which renders it important that that base should not be lessened by cramping the feet in narrow shoes, rendering progression difficult, awkward, and quickly fatiguing. But probably the most serious fault in the feet coverings is the elevated heel often given to them. By elevating the heel, besides the still narrower base given, whether in progression or standing, the anatomical relations of the whole body as an instrument of locomotion, are materially changed. As in curvature of the spine, a deviation from the proper position at one point may cause several other compensating curvatures, so an

* Skirts should be held up either by the shoulders, or by a broad band passing *around* the hips and *below* the abdomen.

† The best means of holding up the stocking, besides tapes from the hips, is the old-fashioned woolen knit garter, its fibrous nature allowing it to be lightly put around the leg, while the common elastics must be so tight as to constantly compress the leg, or they will not stay up.

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improper position of one part of the locomotive apparatus will cause a succession of other false positions of other parts. By elevating the heel and constantly keeping the flexors of the feet on the stretch, relief to them is instinctively sought by a slight flexion at the knee; this would destroy the perpendicularity of the figure, were not another slight flexion attempted at the hips, but as this would throw the trunk forwards, requiring still another flexion backwards, a compromise is effected by curving forwards the spine and inclining the head. Thus high heels tend to produce and permanently establish a succession of zigzags from the ankles upwards, with the weight of the body supported by the tension of the muscles, and not as in erect stature by the bony framework. The injurious results of persistence in such positions, falls not so much on the legs as the trunk and its contents. The head inclines forwards, the chest sinks, the spine curves too far backwards, the abdominal coverings are relaxed, and the belly pendulous with the weight pressing down into the pelvis. From their characteristic anatomy, smaller feet, broader pelvis, larger abdomen, and weaker muscles, it must be evident that the female must suffer much more from this cause than the other sex. It will be seen that as regards the relations of dress to human anatomy and movements, the faults above pointed out, all centre, in the female, about the pelvis, and becoming cumulative, even without apparent wrongdoing on the part of the subject, may be amply sufficient in connection with other causes, to account for the large proportion of uterine derangements among our countrywomen. It may also shed some light upon the ill success that has hitherto attended the medical treatment of those diseases, and point a way to better success in future.

§ 28. It has been previously mentioned (§ 9.) that the mind exerts a powerful and often a controlling influence upon corporeal nutrition; it is equally true—such are the inter-relations of mind and matter—that bodily conditions influence mental manifestations, and the relation of corporeal exercise and mental manifestations has probably a more intimate connection than any other vital phenomena. *The performance of function,* whether of mind or muscle, is necessary to health, and these functional activities cannot be separated one from another with

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out detriment. Aside from the general hygienic influence of muscular activity, and the consequent purity of blood, (§ 1,) the elimination of carbonic-acid, so destructive if retained, and the introduction of an increased amount of oxygen, so enlivening to the brain and nervous system, there is a positive and immediate correspondence between muscular and mental activity. Harmony is the great law of nature. With the body trained to vigorous health—not the stupid blunting of the sensations by muscular over-work—the health and proper activity of every function of the mind *must* be wide awake to the perception of moral or scientific truths. But beware of systems of ethics emanating from a connection with paralytic muscles or theological dogmas receiving their inspiration from bad digestion. This is a *practical* question, and will ere long become an *agitated* question in its application to the rising generation. There can be no just education while ignoring physical training. Education does not consist in efforts of the memory alone, but in the developed power to properly *use* facts and principles, as we would use our muscles. Exercise and ratiocination are almost convertible terms. The *pleasure* of exercise, that peculiar feeling of physical enjoyment which the manifestation of any function always imparts, is enhanced as the clear and coursing thoughts occupy one's mind after such exercises as are adapted to one's wants.

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ARTICLE XVIII.—*Notes on Puerperal Fever.* By JOHN FITZGIBBON GEARY, M.D., of Philadelphia.

Several cases of this dangerous malady having from time to time come under my notice, and in the early part of last year seven or eight cases at once, I was led to turn my attention very closely to the subject, and to investigate whatever lay within my reach that could throw light on the nature and treatment of the disease. I must admit myself somewhat disappointed in my researches among the professional literature of the reformed school, and acknowledge a proportionate amount of obligation to those members of the old school who have so fully and lucidly treated the subject in all its bearings, and so candidly placed on record the utter feebleness of the means

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they have hitherto thought best to resort to in dealing with so fierce and formidable an antagonist. In throwing together in this paper the result of my reading as an introduction to the few cases which I thought worth reporting, I do not expect to confer any benefit on the many members of the profession whose opportunities of seeing and treating the disease itself on a large scale, and who have necessarily become well acquainted with its details and management. My only object has been to collect within a more narrow compass such scattered information as I deemed useful to myself, thinking it possible that there may be many in equal need, and to whom condensed and reliable views, facts and suggestions may be also useful at a time when, if ever, they are sure to be appreciated—when the enemy is before them, and death or joyful victory must disappoint their hopes or crown their labors with rejoicings and blessings; when science has vanquished disease and a mother is snatched from the grave to cherish and bless her infant offspring!

Puerperal peritonitis, puerperal fever, or child-bed fever, is a form of disease, which, as its name denotes, is peculiarly restricted to lying-in women. It is said by the best authorities and most careful observers to appear as a sporadic, epidemic, or contagious disorder. But while it is conceded by all that its appearance is frequently sporadic, it is a strongly-contested point and the contestants pretty equally divided, whether it is really an epidemy or a contagion, and whether, at any time, it may break out, or assume either the one form or the other. And though I do not presume to decide this question to the satisfaction of either party, I shall, in the proper place, endeavor to place the amount of evidence on each side in its true light, giving my assent to that side only which appears to be based on indisputable facts and reasonable circumstances.

Puerperal fever is said to set in at any time from four hours after labor till the end of the fourth day; the third day being considered the most dangerous, on account of the increased febrile excitement accompanying the appearance of the lacteal secretion; and a case has been mentioned to me on competent authority, where it attacked the patient nine days after her confinement. The disease consists in a general or local inflammation of the serous lining of the abdominal viscera: the ovaries,

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the womb, the vagina, the intestines, and the stomach may be involved individually or collectively. Its presence is marked by a very decided and unmistakable train of symptoms:—

*First.*—Its usual, though not invariable, precursor, is a violent rigor, or shivering, succeeded by a high fever which sometimes terminates in profuse perspiration.

*Second.*—The pulse at an early stage is rapid, but somewhat irregular, being at times weak, hard, or soft in turns, and often rises from 110 to 150 beats in a minute.

*Third.*—The appearance of the tongue is not always of great importance, often giving no indication at all, while at other times it is white, soft, moist and slightly furred with a dry portion in the middle.

*Fourth.*—The urine is high-colored and turbid, often passed with pain, and sometimes arrested altogether.

*Fifth.*—The skin is hot and dry, occasionally assuming a soft and moist character, and is covered with profuse sweat.

*Sixth.*—The head is often the seat of severe pains, the ideas are confused, there is ringing in the ears, with anxious and pallid countenance.

*Seventh.*—There are extreme pains in the abdomen, often extending to the "small of the back" and to the lower extremities.

*Eighth.*—The lochia is generally arrested, and if the attack succeed the appearance of the milk, that too ceases, and the breasts become flaccid and unhealthy in feeling and appearance.

*Ninth.*—As the disease advances, there are tumidity, enlargement and hardness of the abdomen, which resembles an inflated gas-bag or bladder.

*Tenth.*—Vomiting, which is sometimes present at an early stage; when it sets in towards the close, and is dark-green or black, like coffee-grounds, resembling, or perhaps identical with the "black vomit" of yellow fever, is deemed, not without reason, a sign that, though true diagnosis may do much for science, to the patient it is a matter of little consequence.

*Eleventh.*—The bowels after a few hours, commonly become constipated, and seldom yield even to the most active purgatives.

*Twelfth.*—Diarrhœa when it sets in early, is a good omen, and should be encouraged, but if at an advanced stage, and it

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assume the dysenteric form, it is looked on as the forerunner of a speedy and fatal termination.

*Thirteenth.*—The loss of all the maternal feelings was noticed by Dr. Dewees as a marked feature of puerperal fever.

*Fourteenth.*—The sudden cessation of abdominal pains and tenderness is regarded as an indication that mortification has set in, and, of course, that the case is at an end.

I have here noted down the characteristics of "child-bed fever" as seen by the most reliable observers. Without trusting, however, to the views of any single authority, I have rather compared those of a large body of learned and accomplished medical men, and to the best of my power condensed them into as brief a space as the nature of the subject would admit. Some authors have remarked a few deviations from the usual symptoms, such as the absence of rigor, &c., &c.,—but as there is so little danger of confounding it with any other form of disease, it does not seem to me necessary to dwell on them. But if a mistake were possible, it would, doubtless, be in favor of "*after-pains.*" Now it must not be forgotten that "after-pains" are always periodical and complicated with no other derangement, that the lower limbs may be drawn up or flexed upon the abdomen without inconvenience, and that pressure is attended with no acute suffering, while the very opposite is true of puerperal peritonitis.

Resolution has been known to take place by its assuming the form of erysipelas on the extremities or other parts of the body; or probably by its giving place to this *new form* of kindred disease which nature has wisely provided as a superficial counter-irritant. Fatal terminations mostly occur by mortification or suppuration of the parts within the cavity of the abdomen. It seems a clearly settled point that in its nature this disease is of a decidedly inflammatory character. The symptoms, course and termination, as coinciding with other maladies of this type, furnish reasonable grounds for this conclusion. The treatment resorted to by those who have classed it with affections of the putrid, or typhus stamp, has led to the strongest form of proof that they were in error. The administration of wines, cordials, and stimulating drinks in general, have never failed to aggravate the condition of the sufferer; nor are there many cases of

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recovery on record to demonstrate the hypothesis thus hastily assumed.

Some have classed this disease with erysipelas, as of a kindred nature, but the mere fact that both forms were prevalent at the same time in the same place, whether town or country, amounts to no proof of their identity of nature or character. The fact that they are both inflammations being admitted, would introduce even scarlet fever and measles into the same fraternity. In inquiring into the causes of this disease, it would seem desirable first to examine the arguments for its contagiousness. For after the *first* case (which must be accounted for on other principles,) the seeds are sown which are said to spring up in certain and fearful abundance. Our object in tracing out the cause of any deranged condition of the human body is, that we may arrive with some degree of certainty at the mode of its prevention or cure.

Although science has established with the clearness of an axiom the contagious nature of a certain class of diseases which are communicated by actual touch or contact, from the unclean to the clean—such as syphilis, small-pox, cow-pox, itch, hydrophobia, &c.,—a very large class of others is left in the category of disputed points. It is not to be questioned that certain simple epidemics, or even sporadic disorders, may by ill-treatment or neglect, take the form of a virulent contagion. But may it not be asked whether, in this new character into which they have been forced, they can be viewed as the same disease? Has the original simple affection been only a portion of the cause that produced a complicated and dangerous contagion?

Puerperal fever has been known to appear in certain places, at particular periods under a very severe and dangerous aspect, to have attacked a very large majority of women delivered at these times and places, and by a singular sort of preference to follow in the footsteps of a particular accoucheur, like an evil genius, till his course seemed that of terror and death, so that no one dared to call him to a bedside! From these facts which have repeatedly taken place in this country and abroad, a large number of judicious observers have concluded it to be contagious, and have accounted for its spread only on this principle. To others, however, the conclusion seems too hasty, and I must

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admit that it does not appear to myself to be sustained by any powerfully convincing arguments drawn from the facts in the case. Let us for a few moments consider the value of these arguments. The argument founded on the prevalence of the disorder in certain hospitals, in town and country localities, at certain times, and under the hands of certain practitioners, proves too much, and, therefore, proves nothing. Pleurisy, pneumonia, measles, scarlet fever, hooping-cough, typhus, yellow fever, cholera, &c., &c., which have never yet *been proved* to be contagious, are regulated in their appearance by the same periodical and local coincidences.

Every observer, as well as every physician, is aware of the singular fact, that certain diseases, accidents, crimes, and those too frequent lesions which interfere with the moral health of society, "happen in groups." Proverbialists, poets, and doctors have given so many illustrations of this occult law, which will probably forever baffle human genius and human research, that it would seem an impertinence to waste time in quotations. That certain physicians have been so unfortunate as to have at certain times the constant companionship of the disease, for whose fellowship it seemed to have formed a strange attachment, does not seem more inexplicable than that their fellow-laborers, side by side, in the same town or city, have as marked and as free an exemption; and that even the close contact of the latter, during consultations over the patients of the former, has not been able to draw it into their path!

But this circumstance suggests the inquiry whether or not there has been something in the treatment of the physician, the habits of his patients, or in the conduct of his nurses, which may have proved the unrecognized cause or causes of what has been attributed to contagion?

In puerperal fever at least, the direct contact, or even the near approach, of the diseased and the healthy, is generally out of the question; so the infection must needs be carried by a third party, and this onus rests commonly on the doctor or the nurse. But such has been the care taken by nurses and members of the profession, that it became purely a matter of impossibility that they could have carried any contagion about their persons, and still the precaution proved useless; and cases are on record

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where medical men have gone from the diseased bedside to that of another patient without any precaution whatever, and no evil results have ensued.

If diseases generally admitted to be contagious were thus easily transmitted, the doctor who goes from day to day, and hour to hour, from one infected dwelling to another, would not himself and family be so frequently exempt from the "plagues" with which he is, according to this theory, "saturated." This "*moving pestilence*" should have left a track less uncertain, and less liable to be mistaken for that of any one else in the community.

If the conclusion could be accepted, that this disease or its seed are "conveyed from one patient to another," we cannot conceive it possible that any one could escape in the midwifery practice of those who are so unfortunate as to encounter it. The attendant goes to the bedside "reeking with infection," the patient is in the most susceptible condition, ready, as it were, to imbibe the poison through a thousand open wounds, and yet, strange to say, she escapes! Never surely had contagion a more ready soil, and less obstinate scope for development, and never was there anything so strange as this apparent resistance to what has been insisted on as having the force of a natural law, that is, "that one who has been in attendance on a puerperal fever case, will always carry the infection to his next patient." This was the opinion of Dr. Gordon, one of the most correct and lucid exponents of this disease.

In concluding this part of the subject, it must not be overlooked that while nearly all contagious affections select the *mucous* or *cutaneous* surfaces, puerperal fever confines itself to the *serous* membranes. This alone would seem to furnish a very conclusive objection to its being considered contagious, or even identical with erysipelas.

Whilst I have now presented the arguments of those who hold the contagion theory, in as clear a light as they will bear, and those which seem to me fairly to invalidate their force, they appear indeed to fall but a little short of the *reductio ad absurdam*, it devolves upon me to present such inducing causes as are sufficient to account for its appearance without assuming a contagion theory.



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It will not be questioned that all wide-spread and dangerous epidemics as well as contagions, make their first appearance, at least, in, and not unfrequently confine themselves altogether to, those localities where the poorer grades of every large community reside; where bad ventilation, damp and closely-confined dwellings, want of due cleanliness, externally as well as internally, are but the too faithful foster-parents of every embryo infection.

Puerperal fever has proved no exception to this condition. Dr. Gordon, one of the strongest advocates of its contagiousness, practiced almost exclusively among the *poorer classes* in and about Aberdeen. Of the seventy-seven cases reported in his table, we find sixty-one to have been *delivered by midwives*, one by a Mr. Harvey, one blank, or not accounted for, and only fourteen cases attended personally by the doctor himself.

Now as to the immediate or direct cause of the disease in each case, except the fourteen under his own constant care, it is clear that Dr. Gordon had no clue to it but what the midwife or nurse chose to impart; and every one who has had experience of this class of persons, knows that they take very good care to keep back whatever happened by their own neglect or officiousness, if it in any way has been the cause of trouble to the patient. Dr. G. could, therefore, only speak fairly and with full assurances of those cases where he himself was cognizant of the invasion of the fever, and his conclusions from the others have not even the force of fair inferences. It is an acknowledged fact that a large proportion of the births take place at a certain season of the year, as that of deaths does at another, and if this season should, from atmospheric or other occult causes, be favorable to epidemic diseases in general, it is clear that puerperal fever could be no exception, but even, from slight and at other times harmless deviations from the most rigid care, spread with all the appearance of a fearful and fatal contagion.

There is a habit, almost universal, and having the force of an article of revealed religion, or of canonical law, amongst most practitioners of the old school, and wherever one is so far in advance as to pay no regard to it, the neglect is sure to be supplied by the nurse or friends of the patient—I mean "*purging the bowels on the second or third day.*" It is a singular fact

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even if it were free from all danger, that so unscientific a prophylactic should be introduced into practice for the purpose—for surely it could have no other use—of "keeping down the milk fever!" It would seem to the most superficial a useless labor to force the bowels which had, both before and during labor, been thoroughly evacuated, and which had little or nothing introduced into them during the intervening days. "*Ex nihilo nihil fit*," only might prove the harmless result of this gratuitous dosing, were it not that unfortunately the forcing and irritating effects of the purge produce diarrhœa and even dysentery, that the rest of the woman is broken and her whole system disturbed, the abdominal viscera roused into an abnormal state of excitement and effort to aid the already enfeebled powers to dislodge the poison from the stomach. It is more than probable that not one of Gordon's seventy-seven cases had escaped this orthodox purgation. How far this mode of treatment may prove innocent of many cases of puerperal fever during epidemic seasons, or at other times, let those who can show no rational grounds for its utility demonstrate. It is well known that no qualified practitioner of the reformed school ever advises or sanctions it, and it is equally well established that they never require its aid.

Another practice that may be fairly presumed to be fertile in producing similar results, or even much worse, if indeed that were possible, is a very common usage which prevails everywhere among that class of society where Dr. Gordon labored, and from which, perhaps, no class is wholly free—that of treating visitors to "*a little of something stronger than water*"—and of which, not unfrequently, the *patient herself* is imprudently persuaded to partake, as an amiable concession to the hospitality due to "the little stranger" and its admiring guests. The evil results that often follow are seen by the doctor, but there is little danger that the nurse will betray an amiable weakness to which she herself is prone.

It is known to every man of any experience in obstetrics, that monthly nurses—the most obstinate and unmanageable of all servants—cause frequent and serious trouble to the physician, as well as injury to the patient, by their almost constant departures from his directions, both in the medical and hygienic treat-

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ment of his patient. Ever anxious to show their own importance and to make it appear that they are "*as knowledgeable* as any doctor,"—to use their own lingo—they habitually disobey their orders or run counter to them, and even introduce their own nostrums, mode of diet, &c., while the frequent cases of puerperal disease resulting from their faithlessness and presumption, are charged to the doctor's incompetency or neglect, and by him in turn put to the account of contagion.

Besides those already stated, there are other predisposing causes which appear to deserve serious attention before any one case, or number of cases are attributed to contagion.

1. There is the altered character of the blood, having a larger proportion of fibrine than usual, the vital forces are heightened to an unprecedented degree, and the nervous system at its full stretch and tension, subject to a violent and speedy reaction—a series of phenomena, occurring in conjunction, sufficient of themselves to account for more cases than commonly occur, and rendering it a matter of surprise that puerperal fever does not manifest itself in every case of confinement.

2. The severe muscular contractions, with the frequent use of instruments, and the not uncommon mechanical injuries resulting from such use, a large portion of the internal surface of the uterus is left raw and irritable by the detachment of the placenta, whether by natural effort, or by the hand, and therefore in a fit state to take on inflammation with its constantly accompanying fever, which is always intense in proportion to its cause.

3. But even admitting that these may, as they often do, pass off without any serious result, there is on the third day, the usual high degree of actual fever attending the appearance of the lacteal fluid, immediately followed in very many cases, by an engorged and inflamed state of the mammæ. The whole system of the patient being thus in a most critical puerperal state, it is plain that a very slight cause may at any moment aggravate this condition and precipitate censequences both dreadful and dangerous.

4. As every case of labor is attended by all that is named under the three last heads—except the results of instrumental force—in a greater or less degree, and that by far the greater

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number of labors take place at a certain season of the year, and that no one doubts that severe and trying atmospheric changes are peculiar at certain times and seasons, they must of necessity produce their effects on the human body, and the greater the number who are in a debilitated and ailing condition, the more likelihood there is of an epidemic of such a nature as the condition of those in delicate health is most prone to. Surely in the case of lying-in women, puerperal fever is that most likely to result in such atmospheric vicissitudes. It needs hardly be remarked here that consumption seems to be epidemical every spring in our towns and cities as well as in England.

From what has been thus stated on both sides, we are inclined to the opinion that puerperal fever is generally sporadic, and under certain circumstances, and by some yet unexplained law, assumes an epidemic character.

On the *treatment* we must be necessarily brief, and we fear too superficial. It would not be just to our brethren of the unreformed school, not to give in fair and clear terms the modes of practice which they hold to be most successful and reliable, and to which many of the most skilful and conscientious of them have given their sanction and approval. To us, however, viewing it through what we consider a clearer and better light, it would be difficult to select another disease which could present the impotency of old therapeutics in bolder relief. Indeed we cannot be more emphatic in our disapproval of its inefficacy than are the many enlightened gentlemen of the old school who have candidly owned their entire inability to arrest, to cure, or even palliate this disorder.

"General bleeding, topical bleeding, Mercury, Ipecacuanha, Turpentine, Opium, soothing treatment, stimulating treatment, purging, cathartics, diaphoretics, blisters, and whatever other means are thought likely to control or arrest the malady at each stage of its progress," are the ample resources which have the authority of by far the largest number of allopathic practitioners of the very highest class, and which have been acknowledged by them to have signally failed, and to be wholly unequal to the necessity of the case.

But there is a small body who have taken an enthusiastic stand in favor of the Gordonian mode of treatment in this coun-

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try and abroad. This ultra-heroic, if I may so call it, system consists in excessive bleeding and purging, that is, taking away from twenty to twenty-four ounces of blood within six or eight hours after the invasion of the attack, or at the farthest, not later than twelve, and the free and continuous purging of the bowels. At a later period it is deemed useless to attempt the cure by these means, not without reason, we think. This practice was first introduced by Dr. Gordon, of Scotland, already named in this paper, who professes to have been quite successful with it during a general epidemic, which took place in Aberdeen in the year 1789, in the treatment of which all other means proved entirely useless. Dr. Gordon's echo, and the greatest admirer of the bleeding and purging application as the last stronghold of "scientific medicine," (?) on this side of the Atlantic is Dr. Meigs, the elder, of this city, (Philadelphia,) who with more ingenuity than good taste or scholastic accuracy, has ransacked the English language for "*sesqui pedalia verba*," and Latin, French and German phrase-books for quotations to cry up purging and bleeding in his essay on the subject; and, "*in transitu*," to cry down Homœopathy, of which he knows nothing by theory or practice, except the fact that "we give small doses." But though Dr. Meigs speaks with so much confidence of this system of treating puerperal fever, and has had large experience as an obstetrician, his clinical experience being looked on with considerable suspicion by his own party as generally loose, exaggerated, and inaccurate, we can allow but very little weight to his testimony. Nor can we award to our "great Gordonian bleeder" in this department of practice, at least, a higher place than that of the immortal and most heroic of all bleeders, the famous Dr. Sangrado of Valladolid. Though indeed the latter had the advantage in the use of the milder element, "warm water," to make up for the depleting effects produced by the barber's lancet. Both seem to coincide, however, in the practical advantage to be derived from that very scientific discovery, for which even Gordon himself must yield the merit to Sangrado, viz.: "*a patient cannot be blooded too much.*" (Gil Blas, Book 2, chap. 2.)

We have, however, a large mass of opposing testimony from men more reliable, more accurately educated, and of more extensive experience than Dr. Meigs, in refutation of Gordon's

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mode, all of whom have tested it fairly and found it even "worse than useless." While we refer our readers to the works where they will find all this in detail, we will simply name the well known Dr. Collins of Dublin, as their exponent, and whose extensive opportunities in the large Lying-in Hospital of that city, render his opinion of the utmost value. He tells us "that general bleeding is more likely to do injury than good, except in cases where the patients have a strong and full pulse," that is, in fact, where the patient is strong enough to bear being bled half to death. And finally, Dr. Lee, of London, after going over the whole field of treatment, informs us "that in spite of all that can be done, the greater number of cases prove fatal."

It is therefore no unfair inference to conclude that under the practice of those who obstinately oppose all medical appliances not known in the days of Hippocrates and Le Sage, the patient has but a poor chance for her life, and the medical attendant poor encouragement in following up a system pronounced "unsafe, uncertain, and generally hopeless."

We now turn very briefly to the homœopathic treatment of this disease. And considering it merely in theory, it must appear that in a malady in which the symptoms are so clear and well defined, and the nature of the disease itself so unmistakeable, requiring the least possible time for diagnosis, with an array of remedial agents directly bearing upon every symptom and in every stage of its progress, the practitioner of the Reformed School has a clear and decided advantage. So much does this appear to us the true view of the case, that if we had to choose any one disease from among the "thousand ills that flesh is heir to," to fairly test the merits of our system, it would be puerperal fever under ordinary circumstances, or indeed, under any, in fair and equal competition with our opponents. Homœopathy is yet so far at a disadvantage in not having been tested in any general epidemic outbreak of puerperal fever, as far as the writer is informed, and still more in having been, thus far, deprived of an opportunity of putting itself to the proof in any large lying-in-hospital—the dominant party having the rule in these institutions everywhere, and being interested, like the Scribes and Pharisees in olden times, and other ecclesiastics in more modern days, in the exclusion of light—have studiously guarded their

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preserves from the inroads of humanity and life-saving science. We are, therefore, restricted to the records of private practice for our experience. While preparing these notes for the press, the author has made it a point to inquire of several physicians whose experience is extensive, and testimony reliable, and each has unreservedly testified to the most decided and encouraging success in their treatment, and to a vast superiority over the old school, in which many of them had had long experience.

This partial lack of more specific information should prompt the members of our school to supply from their note-books such records of cases as would doubtless amply enlarge our field of observation in this direction, as well as give increased strength and confidence to younger members of the profession, who are always necessarily thrown in their early days of practice on the reliable reports of their more experienced brethren. We will refrain from laying down in detail what is generally considered the most approved homœopathic treatment, as it has already received due attention from other and more able hands; and as it is no very easy matter to fix any general rules where every single case requires special and separate treatment. For he who attempts to combat even the same disease, as it affects different individuals, with the same weapons, will seldom come off victorious.

### *Case the First.*

Mrs. C., the wife of a shoemaker, was confined on the 9th of February, 1857. It was a case of ordinary natural labor, being a woman of naturally strong constitution and excellent general health; she suffered but very little, though it was her first child, and convalescence took place steadily until the sixth day, when I was summoned by her husband in great alarm. He stated that his wife blamed the medicine I had left her for her sickness. This was some ten or twelve globules of Bryonia, 3d dil., in half a tumbler of water, to regulate the lacteal flow and prevent induration of the mammæ. On my arrival, I found the patient with her head enveloped in napkins saturated with spirits of Camphor, she complained of "splitting headache," with great abdominal tenderness and pain; her face was much flushed, skin hot and dry, pulse about 100; the temporal arteries throbbed violently, and the lochia suppressed. I made every possible in-

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quiry as to the cause of this unusual change, but her steady and determined assurance that "nothing but the medicine had done it," was all I could elicit. Knowing that, even in the annals of those who draw direful prognostics from the aggravations of the 30th dil., such a result was impossible. I made up my mind to the simple but disagreeable conclusion that my patient was playing me false, and that she had either eaten or drunk something not in my bill of fare. Being left alone by her nurse with the patient, and desiring to administer some remedy at once, I looked about for a tumbler; the first that presented itself to me not appearing clean, and having some suspicious dregs at the bottom, I found on applying it to my nose, that it was the remains of ardent spirits and water, and on the impulse of the moment charged my patient with having drunk some of it. She declared that "*they* had been drinking a small taste, and that the thimbleful" she had taken could not have "hurt the infant at the breast!" "and indeed that they only took it to welcome home the little darling." I had now arrived at the satisfactory assurance that cause and effect were sufficiently evident to remove all obscurity as to the condition of my patient. My prescription was Acon.$^{2}$, Bell.$^{2}$, of each two or three drops in separate tumblers half full of water, a table-spoonful every fifteen minutes alternately, till relieved, with the application of cloths saturated in hot water to the abdomen and vulva. With this treatment I had the satisfaction of seeing my patient speedily relieved, and past all danger in twenty-four hours. In a day or two she was restored to her former state of progessive convalescence, and I had learned the important fact, that "brandy and water" may sometimes be the synonyme for "contagion" in accounting for puerperal fever.

*Case the Second.*

Mrs. M., the wife of a mechanic, was delivered of her second child on the 4th of March, after a natural labor of about five hours' duration. She was a robust and healthy woman, and improved steadily till about the end of the fourth day, when she complained of headache, thirst, high fever, severe abdominal pains, retention of the lochia, and frequent bloody evacuations, attended with severe tenesmus and pains. These had all set in without cause, as far any revelation from the nurse or the patient

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could throw any light on the matter. All my orders, as I was informed, were strictly adhered to, and they "were sure that if the medicine had not done it, they could not tell what else should." I had prescribed two drops of Arnica, 2d dil., in half a tumbler of water, a table-spoonful to be given whenever "after-pains" were found troublesome. But again good fortune came to my aid to disperse the clouds and darkness which enveloped the truth, for the good nurse being off her guard, and in one of her best talking moods several hours after my first visit, assured me in a most confidential manner, but out of the patient's hearing, "that if she had not got out of bed, used the chamber, sat in a cold chair in her night-clothes for a good long while in the morning, to show how brave she could be, there would be nothing the matter with her." I administered Acon., 2d dil., in a tumbler of water, to be taken in table-spoon doses every ten to fifteen minutes, and Mercurius-cor., 3d trit., every three hours, with an alternation of a dose of Bell., and one of Nux-vom., and the hot water application to the abdomen and pudendum, the patient had fully recovered by the end of the third day, after what seemed to me considerable obstinacy and resistance on the part of the disease.

*Case Third.*

Mrs. T., a finely developed and healthy mulatto woman, a liberated slave, lately arrived from the South, was delivered after a natural labor of about three hours, on the 14th of February, 1857. Being in attendance on another case, I did not arrive till a few minutes after the child was born. She was so little affected by her sufferings, that she insisted on putting the roller on and fastening it herself, having, as she said, been quite accustomed to help herself. This was her seventh child, all then living with her, and as fine specimens of the "amalgamation of races" as a physiologist could desire to study; it is not easy to distinguish them from the children of white parents. Her recovery was all that could be expected under the circumstances, until the evening of the fourth day, when I was called in great haste, and not without reason; her condition was truly alarming. Her sickness, I was told, commenced with profuse vomiting; she was then troubled with constant and foul eructations, the tongue was much coated, bad taste in the mouth, intense headache, violent

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action of the temporal arteries, flushed face, hot, dry skin, pulse about 120; the abdomen was enlarged, hard, and on percussion indicated the presence of flatus; the lochia had disappeared, the breasts were soft and flabby, and there was intense and constant thirst. All these symptoms had made their appearance within a few hours, and for a portion of that time she had become very delirious. I had never before nor since, felt so painfully and suddenly alarmed at what seemed to me the utter hopelessness of the patient; indeed, so much so, that for a few minutes I hesitated whether I should leave the house at once, or administer remedies only to prove their impotency. Having, however, yielded to the impression that it was my duty to act while life lasted, I prescribed Bell. and Nux-vom., 2d dil., in the same quantity of water as in the former cases, giving alternate doses every ten minutes. I ordered the application of hot cloths to the abdomen, and laid strict injunctions on those about her to follow closely the directions during the night. On the following morning I found a decided, and I must say, an unexpected change for the better; the delirium had steadily abated after the second dose of Bell., and had all disappeared before the morning. I found much less fever, and the gastric symptoms less, though still formidable. Having been unable to get any clue as to the cause from the nurse, I now demanded of the patient what she had been eating or drinking, for I felt satisfied that she had in some way gratified her appetite at the risk of her life. She unhesitatingly informed me that she had conceived a strong desire to have some *sausages*, which the nurse refused to furnish, but for which she could see no reason, since "she was as well as she had been in her life, and had been accustomed to anything she desired in the South." She therefore took advantage of her nurse's absence, and sent one of her children for half a pound, which she ate, "all but about the length of half her fore-finger," which she gave the child as a reward for her catering abilities. Nor could she even then understand how anything that "*tasted so elegant*," could have done her so much harm. There being still hot, dry skin, and quick pulse, I gave Acon. and Puls. as above, but every half hour only, and with very excellent results. I had, however, several reactions in this case, with aggravations recurring with the least change in her diet; nor was it till the

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end of the second week that I felt satisfied she was out of danger, and she required afterwards from five to six weeks careful treatment and constant watching. The flow of breast milk was not restored, and her powerful and robust system received a shock the effects of which she felt for many months.

I have seen but few cases, if indeed any, so instructive as the above, as clearly demonstrating the importance of immediate and vigorous treatment, even in some cases apparently beyond medical aid, affording a clear and incontrovertible illustration of the powerful efficacy and the vast superiority of our therapeutic law of cure, and, finally, another example to prove the danger of too hastily adopting a contagion theory without due regard to the many causes that may operate in individual instances, occurring at the same period of time, which may be as independent of each other as if they had taken place at the same season of two years separated by a decade.

*Case Fourth.*

Mrs. E., an interesting and intelligent lady, of a healthy, though not robust constitution, aged about thirty-two years, was delivered of her fourth child on the 21st of February, 1857, after a favorable labor of about four hours. She seemed as well as ladies generally are during the first and second day; on the third day, however, her spirits were depressed; she complained of weakness, there were no indications of her milk coming, nor any of the symptoms that usually attend its approach. Her manner showed considerable indifference, not only to all about her, but even to her infant. There were no puerperal symptoms yet present—neither abdominal, headache or fever—and the pulse was small and low. The next day the above symptoms were even more marked and much increased, with the addition of slight mental derangement. In this case the utmost care had been taken of the patient's diet, and appropriate remedies administered, but all seemed useless; there was no reaction, but the gradual and steady progress of her symptoms apparently under the action of the mind rather than by appreciable bodily derangement.

The abdomen now enlarged by degrees, the bowels became seriously affected, the discharges being involuntary. A consultation was now deemed necessary, and an experienced and skil-

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ful physician was called in, but only to prove that nothing could be done by combined effort more than by a single one. Her abdomen swelled to more than its size before her confinement, the bowels became more and more deranged, and the delirium heightened till the 28th day, when she breathed her last. One of the most painfully marked illustrations of the total inefficiency of our medical treatment it has been my lot to witness, and the more so, since complete mystery had thus far enshrouded all the avenues to a rational solution of the cause that led to the fatal termination. Accident, however, came to my aid here also, and put me in possession of the following facts which are to my own mind a rational explanation of the case.

1. It appeared from information received from her relatives after her death, that some years ago she had consulted a fortune-teller, who assured her among many other things, which had doubtless less of prophetic verity in them, "that she would become the mother of *four children, and then die;*" and that dwelling upon this singular piece of sybiline wisdom during her pregnancy, she had frequently stated to her friends that she had "never feared the consequences until now."

2. She had occasion to consult a former physician about a year previous to her pregnancy for some slight uterine trouble, who took an opportunity to advise her as to the propriety of "not having any more children, as she was not a very strong woman." She was, of course, careful to lay up this very questionable item of medical wisdom by the side of the revelation of the gipsy—where it must be owned it was not unworthy to hold its place—and was in the habit of quoting them in the same connection, as corroborative testimonies in favor of the morbid misgivings which they seemed to have no small share in creating.

3. Her husband had been in daily expectation of being called to New-York on important business for some time before her confinement, and she had busied herself "in making him ready," affecting to be quite satisfied that he should be away, while she was secretly mourning over the possibility of his absence, when she naturally desired that he should be near her. The summons did not arrive, however, till the morning of the day of her delivery, when her husband read it at her side, when to use the words of those who had noticed the circumstance, "*she never*

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*raised her head afterwards,*" but from that hour gradually sunk into the hopeless and melancholy condition already described.

The above are the simple developments by which only any satifactory clue can be gained leading to the cause of disease in Mrs. E.'s case—a case which the contagion or epidemic theory fails to unravel—and I must state that to my own mind they afford a cogent and reasonable solution. It seems clear that the painful forebodings produced by the fortune-teller's bold assertion and the doctor's uncalled for suggestions, so preyed on the mind of an over-sensitive person deeply imbued with superstition, as to produce complete prostration of the vital forces, which prevented the necessary reaction. After the anxieties and sufferings of child-birth, and to this must be added the painful sensations called into play by the expected departure of her husband when his presence was so much desired, and a case seems established where a person dies simply *because she was impressed with the idea that she must.*

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ARTICLE XIX.—*Observations on the Physiological Effects of Atropine*, by LUSANNA. Translated by H. L. H. HOFFENDAHL, M.D., of Boston.

*Lusanna's* experiments on the physiological effects of *Atropine* were first published in the *Annal. Univ.*, June, 1852. A summary of his observations appeared in the *Prager Vierteljahrschrift*, Vol. 40, and in the *Allgem. Hom. Zeitung*, Vol. 55. The following is a translation of the article which appeared in the last-named journal.

The physiological effects of Atropine, when taken continuously and in increasing doses, are as follows:

1. *Dilatation and immobility of the pupil.*—The dilatation is most marked at the beginning, (fourteen to twenty minutes after taking a dose of $\frac{1}{17}$ or $\frac{1}{30}$ of a grain,) and at the end of the experiment. At the height of the intoxication the pupil is quite immoveable, and has nearly its normal diameter. The return of a slight motion of the iris is the first sign that the effects of the remedy are diminishing. Dilatation of the pupils often continues for eight days after the cessation of the other symptoms.

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2. *Disturbance of the sight.*—Objects appear as if enveloped in a fog. As the dose is increased, the obscurity of objects increases even to perfect blindness. On omitting the remedy, these symptoms diminish with great rapidity, and disappear entirely in one or two days.

3. *Somnolence and confusion of ideas.*—First merely sluggishness of the mind, then dizziness and a condition resembling commencing intoxication. Headache occurred in but one case. Atropine rarely induces this symptom, but often relieves habitual headache.

4. *Hallucinations of the sense of hearing.*—Not frequent, consisting of various sounds, roaring, &c.

5. *Hallucinations of the sight.*—While the obscurity of objects is increasing, various phantoms are observed, gigantic forms, and sometimes laughable, sometimes terrifying appearances; also quick rotation and duplication of objects.

6. *Anæsthesia.*—Cessation of pains, especially of spasmodic neuralgias; diminished sensibility for painful physical impressions. The sense of touch alone appears to be but little affected.

7. *Dryness of the mouth and fauces* always occurs in a few days. At first it is only a subjective symptom, but later it can be observed objectively, depending upon a diminution of the salivary secretion, but never connected with gastro-enteric irritation, a symptom which was never observed.

8. *Loss of appetite;* present in all cases, changing to great voracity at the end of the experiment. There is no thirst, notwithstanding the dryness of the fauces.

9. *Difficulty of utterance;* present at the height of the intoxication.

10. *Delirium,* often followed by, or alternating with stupor. Always occurs after larger doses, (one-tenth to one-fourth of a grain,) is generally of a petulant, cheerful character, and disappears slowly.

11. *Dysphagia* is never absent if the use of the drug is persevered in, and keeps pace with the dryness of the fauces.

12. *Redness of the skin* only observed in one subject, having a delicate, white skin. The redness appeared so constantly in this case, from half an hour to an hour after each dose, that it was undoubtedly caused by the medicine.

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13. *Torpor and paralytic trembling.*—The limbs, especially the lower ones, gradually became weak, and the gait unsteady; finally the subject was obliged to lie down. Slight convulsive trembling of some of the muscles may be observed, but never spasm, painful retraction or spasmodic rigidity. With the loss of consciousness, the motions become entirely automatic. When the medicine has been given in gradually increasing doses, there is subsultus; when a single large dose has been given, convulsions occur.

14. *Paralysis of the sphincters* of the bladder and rectum. This is the highest step, beyond which it is not safe to push the physiological experiment. In two patients, who took the dose of one and one-half grains, there were involuntary fæcal discharges. Another patient took a still larger dose, followed by incontinence of urine and involuntary discharges. In these cases the respiration, circulation and temperature remained nearly normal; occasionally the latter was slightly increased.

All the more threatening symptoms come and go with such regularity and precision, that, with proper care in administering the drug, the occurrence of every symptom may be predicted with the greatest certainty, and there is no necessity for the slightest alarm on the part of the experimenter.

The symptoms which have been mentioned, affect the cerebro-spinal system exclusively. At first those portions of the cerebral system are affected which subserve the functions of sight, thought and speech. Then the spinal system is attacked; first the circular fibres of the iris, then constrictions of the pharynx, then the sphincters, and finally the whole muscular system. The first symptom is *dilatation of the pupil*, caused by paralysis of the circular fibres of the iris, the radiating fibres maintaining their power until, in the progress of the intoxication, they are also paralyzed. Then, the antagonism of the two sets of fibres being abolished, there is complete abolition of motion in the iris, the pupil resembling that of a corpse.

According to Lusanna, the external application of Belladonna or Atropine on one eye, causes dilatation of the pupil *on that side only*, and does not affect the vision. (This observation does not coincide with a case reported by Dr. Kafka in the *Allg. Hom. Zeitung*, Vol. 52, page 181, where the vision as

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always much affected.) The internal administration of the drug never affects one eye alone.

The irritability of the spinal cord is diminished, causing diminished appetite, diminution of the salivary secretion, various anæsthesia, and finally paralysis of the sphincters.

*Larger doses* cause suppurative inflammations of the eye, livor, swelling, and even eruptions and gangrenous exfoliation of the skin; also retardation of the pulmonary and general circulation, and venous stasis. The poison has, therefore, attacked the ganglionic system, and destroyed its vitality in a manner resembling a mechanical destruction.

As an *antidote*, Lusanna recommends wine, taken by the mouth, or introduced per anum. An intermittent action of *Atropine* was never observed.

*Mode of administration.*—When introduced into the stomach, *Atropine* was absorbed and showed its effects in fifteen or twenty minutes. The action of *infusion* or *extr. Bellad.* was manifested in half an hour. Administered per anum, the same general effects were observed, but they occurred later and with less violence. The medicament acted most rapidly and violently when inspired in the form of vapor. Applied on a portion of skin denuded of its epidermis, the violence and rapidity of the action was almost the same as when introduced into the stomach. Applied to the uninjured skin, the action of *Belladonna* was slow, and confined to the neighboring nerves; but the action of Atropine, even in smaller doses, extended to the nervous centres. Applications to uninjured mucous membranes, such as those of the genitals, gave the same results as applications to the healthy cutaneous surface. Injections into the veins give the quickest results.

The active principle of Belladonna, *Atropine*, is therefore taken up by the blood, and avoiding other tissues, acts exclusively on the brain, the spinal cord, and the nerves of sensation.

The chemical demonstration of the presence of atoms of Atropine in these tissues must be left for future observation. The absorption into the blood is shown by the fact that snails fed on Belladonna leaves, give rise to symptoms of poisoning when eaten, even after their digestive apparatus has been removed. This is also shown by the dilatation of the pupils of a cat,



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caused by the administration of the urine of a rabbit, which had been fed with Belladonna.

Dr. Kafka promises that he will shortly give his further observations on the use of *Atropine.*

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ARTICLE XX.—*On the Relations of General Pathology to Homœopathic Therapeutics.* Read before the Chicago Homœopathic Medical Society, by R. LUDLAM, M.D.

"Disease, as Brown and Rush have said of life, 'is a forced state;' it is never spontaneous."* The term has been variously defined. It, however, represents what is opposite to, the contrast, and negative of, health.† "Looking to Anatomy and Physiology as standards, we may define *disease* to be, *a changed condition or proportion of function or structure in one or more parts of the body.*"‡ Physiology comprehends a knowledge of the functions, forms, forces, and elements of life. Pathology is a *morbid* physiology; a science which searches out the essential nature, causes, and characteristics of all the variations from regularity in the actions performed by living beings, and which together, constitute the phenomena of disease. Pathology is based upon a correct system of anatomy and physiology. It may be true, however, as some have taught, that pathology is the key to physiology,—that we should know but little "of the circulation without congestion and inflammation, or of the nerves without convulsion, neuralgia, and paralysis;"§ yet is the converse of this most certainly true. These fundamental branches of our science must consequently be the same in all the schools. It is upon the *Ars Medendi*, or the art of healing, that physicians are found to differ. It is the question of squaring the art to the science which more than any other separates and distracts the great medical mind.

Now we are not of those, who, because of having given in their adhesion to a *law* in therapeutics, pretend to ignore all pathological research. We would know somewhat more of disease than the simple fact that we may have set it aside unwittingly.

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* Dickson's *Elements* of Medicine, p. 22. † Ibid.

‡ Williams' *Principles* of Medicine, (Clymer, p. 34.)

§ Henle's *General Pathology*, (Preston,) p. 43.

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It is not sufficient to content us with recognizing only the pathogenetic effects of our remedies, and their value as means of cure. That were to leave our work as physicans but half accomplished. The overgrown catalogue of symptoms pickled away among the choicer meats of JAHR and his fellows, fail, and very naturally, to satisfy one's thirst for science as applied to the great end of healing. Here is a duality in medicine,—two hemispheres, and we are but half-learned, or half-travelled, if we accept the one and deny the other. To be a good pathologist does not make a man a good physician; neither is he fitted to be classed as such who knows nothing but the pathogenesy of drugs. Pathology and therapeutics have a common aim—*to unravel disease;* and their mission loses none of its interest because the field chances to lie *between* their two points of departure. We are now speaking of that department of general pathology which relates to *ante-mortem* phenomena. The details of morbid anatomy may prove more interesting than valuable, and are seldom of real worth unless free from the tokens of a gross medication. "It can be seen at first glance, that a departed person has gone off and left his cadaver with, perhaps, a tumor on it about the size of a cocoa-nut, and of the consistence of white-oak cheese. But that does not tell us the half, and is, in truth, a very useles piece of intelligence if we do not associate with it an immense amount of other intelligence. The tumor is not the disease, nor does it tell much about its antecedents, nor does it more than hint at all the consequents of the disease. * * * * To look at that man's cadaver with persevering penetration will not enable us to persuade the next man not to leave his cadaver in the same way. We fear there has been a fearful waste of material in this cutting-up business. Cutting-up must be done. There can be no getting at the truth in a cytoblast without it. But let it be done with the expectation of finding only the coarse and *altered* illustration of a small part of the complex processes which preceded death."* It is the misapplication of this species of intelligence which has introduced so many classical errors into the detailed history and teachings of morbid anatomy.

* Am. Journal of Medical Sciences for January, 1858, p. 148.

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Nor can pathology and pathological anatomy be divorced. To classify the former as consisting only, or essentially, in a recognition of the more sensible symptoms denoting inflammation, for example, or the latter in the details of a never-failing *lesion*, left as a sort of "legacy or sign" to the surviving doctor, were to restrict them to a mean and narrow capacity unworthy of either. Indeed, if the consideration of either be valuable, it must embrace a knowledge of the essential causes, as well as the functional and structural consequences of the attack—provided always these same be not so subtle and recondite as altogether to escape our recognition.

We notice severally each of the sub-divisions of General Pathology—ETIOLOGY, SYMPTOMATOLOGY, DIAGNOSIS and PROGNOSIS.

To be successful in a contest, depends equally upon a knowledge of the topography of a battle-field, and the various contingencies which may tend to a defeat, as upon a confidant reliance on our aim and ammunition. We should also know the innate and characteristic nature of the foe we have to deal with, else our brightest hopes are worth but little, and the odds are against us. SYMPTOMATOLOGY gives us the *topography of disease;* ETIOLOGY, the *motive which prompted its invasion;* DIAGNOSIS, the *characteristic peculiarities of our enemy;* and PROGNOSIS, *the beacon-light to pilot and passenger.*

## 1. ETIOLOGY.

Applied to the subject before us, as indeed throughout the whole domain of nature, cause and effect are invariable co-relatives. The causes of disease are very numerous. They lie about and within us, on every hand, and embrace whatever is foreign to the necessities of a purely physiological state of system—whatever is not really called for among the wants of the healthy organism. To these influences are we constantly subject. A complete exemption therefrom would afford that absolute anomaly in physical life which we are accustomed to style *perfect health.* We need not enumerate them. For the present purpose it is sufficient to include them all under the three general heads of *Accidental, Incidental,* and *Artificial* causes of disease.

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*a. The* ACCIDENTAL *causes.*—Under this head, we include all those *extrinsic* agents to the production of disease which are ordinarily narrated by writers on pathology. They are the *exciting* causes of the old authors. WILLIAMS* divides them into *cognizable* and *non-cognizable* agents. The subjoined table includes both classes.

- Exciting Causes of Disease.
  - 1. Cognizable Agents.
    1. Mechanical.
    2. Chemical.
    3. Ingesta.
    4. Bodily exertion.
    5. Mental "
    6. Excessive evacuation.
    7. Suppressed, or defective do.
    8. Defective cleanliness, ventilation, and drainage.
    9. Temperature and changes.
  - 2. Non-Cognizable Agents. (Endemic, Epidemic, Infectious) — Poisons.

We need not detail particular examples of disease from one or another of these various sources; neither pause to speculate upon their *modus operandi.* Suffice it to say that each and all of them possess inherent properties capable of engendering disease, in some one or more of its many phases. Acting under very diversified states of system, and modified in a thousand ways by the contingencies of constitutional predisposition, age, sex, habit, location, &c., &c., they are nevertheless inherently and individually adequate to the production of that morbid *condition* we familiarly term disease. The varieties of consequent disorder are endless. We witness them hourly. To humanity they are become a common inheritance—of our fraternity, the almost invincible foes. Let it be borne in mind that these agents are now spoken of with reference to their effects upon the healthy system. The perturbation, or *perversion,* which they occasion is synonymous with disease, "and does not imply a simple difference in force, marked by the characters of plus or minus."†

*b. The* INCIDENTAL, *or intrinsic causes.*—Literally interpreted, these are not causes, but mere contingencies of disease or disorder. They are the old-style predisposing causes. We

* Principles of Medicine, (Clymer,) p. 53. † Dickson's Elements, p. 21.

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use the word predisposition as implying a passive state or condition on the part of the subject himself. Nor is this condition necessarily incompatible with that of health. Removed from the influence of *accidental* agents afore-named, a state of comparative exemption from disease and its consequences may bless a long life, though all the while the germ of suffering lies dormant within. Nevertheless a peculiar diathesis may of itself furnish the essential phenomena of disease. All this is supposed to be understood by the reader.

The principal effects of the causes under consideration are found in a modification of the phenomena more directly traceable to the operation of the other two classes of agencies. This explains them as contingent upon the others.

Predisposition is either *original* or *acquired.* Original predisposition may be:—

1. Idiosyncratic, or personally constitutional.
2. Parental, or hereditarily "
3. Tribal, or derived from the characteristics of race.

Acquired predisposition is:—

1. Normal, or
2. Morbid.
3. Transient, or
4. Permanent.*

Examples of disease engrafted upon one or more of these contingences are quite too common to demand a mention here, and we leave it to the reader to summon them at pleasure as we proceed. The predisposing pathological tendencies of the subject will modify his disease, and, reasoning from effect to cause, we must be able to recognize the former, in order the more certainly and safely to comprehend the latter. The influence of the different temperaments, age, sex, habits of life, occupation, &c., &c., likewise afford the theme for very interesting and profitable study. This, however, pertains to the province of special pathology, and we pass to the consideration of

c. *The* ARTIFICIAL *causes of disease.*—Under this head we arrange all those *drugs*, or *medicaments, having specific affinities for particular tissues and organs of the body*, and which, *administered in* HEALTH, *will more or less readily occasion disorders of the functional or structural system.* They might

* Dickson's Elements of Medicine.

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also be termed *voluntary* causes, since their effects are induced at pleasure, and for the express purpose of instituting a comparison, or drawing a parallel, between them and such as follow the operation of the accidental, or more ordinary causes.

The members of this class, as of the first or accidental variety, are each possessed of individual and specific properties. Administered to the healthy subject, their poisonous or mischievous effects are more or less readily evinced by symptoms plainly signifying some morbid invasion of the functions of the economy. The law holds good that, in common, "each is possessed of an individuality—a specificity—a *modus medendi* peculiar to itself."*

We do not speak of these artificial agencies as being adequate to the production of *bona fide* diseases, as we find these latter nosologically arranged in our works upon the practice. Cinchona may not (?) develop a true intermittent, as classified and diagnosed by Wood, or Watson, or Bartlett; while it is nevertheless a fact that it may, and will occasion, in certain subjects, an analogous set of symptoms. Its operation, like that of miasm, or whatever it is which develops an ordinary intermittent, is liable to a similar modification by the predisposing pathological tendencies, temperament, &c., of the patient. The *incidental* causes must play their part in both.

We may not, perhaps, voluntarily produce a genuine inflammation of the brain short of poisoning our patient, by the administration of crude narcotics, as Belladonna, Opium, Hyosciamus, Stramonium, Hellebore, &c., while yet it *is* possible to develop such a train of morbific symptoms as shall closely counterfeit this same accidental process, and which physicians are frequently called upon to cure. Carry the experiment far enough, however, and morbid anatomy confirms our suspicions.

The symptoms capable of being produced by Mercury, Antimony, Ipecac, Arsenic, Aloes, Colocynth, and every other remedy, so-called, afford an aggregate simile or counterpart of all the morbid changes referable to the operation of such agencies as are ordinarily accepted in the etiology of disease. These artificial disorders may not be identical with such as we see in eve-

* Marcy, N. Am. Journal of Homœopathy, Vol. 1, p. 324.

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ry-day practice, but we do find them as certainly and easily susceptible of scientific classification and arrangement as are the known effects proceeding from any other set of causes.

But "the principle of Homœopathy—'*Similia Similibus Curantur*'—is a theory of *cure* and not of *disease*."* Hence the necessity of setting a boundary or limit to experimentation with these voluntary agencies; and the key also to the fact that the revelations of morbid anatomy are of much less significance to the practical Homœopath, than are the teachings of that more available and agreeable department of pathology to which our attention is principally directed.

Thus much being established, and the propositions advanced are such as recommend themselves to inquiring minds, it is obvious that "the only correct method of learning the pathogenetic character of drugs is by their trial upon the healthy. This method, even in the days of empiricism, and in the schools of theoretical medicine, has been acknowledged as a good one, if not the best. Yet, till the time of Hahnemann, it was never followed with any practical success."†

Take again the two general classes of agencies to the production of disease. If, for the sake of available knowledge, we classify the symptoms pertaining to the operation of the one variety, then why not those which belong to the other? If the symptoms which follow the introduction into the system of marsh *miasm* be of real practical import, why then are not those peculiar to and capable of being produced by *Mercury*? If the former operate in attenuated doses, why may not the latter also? If the pathologist recognizes the feeblest impressions of an *accidental* influence through or by means of the phenomena accruing, why need the physician question the evidence of *voluntary* impressions induced upon the same medium?

Moreover, if without this detailed knowledge we cannot possibly comprehend the properties and special characteristics of miasmata, how shall we, except through a like means, be fitted to recognize those belonging to Mercury? The cases are strictly

* Dr. Scott's Prize Essay; British Journal of Homœopathy, Vol 6, p. 165.

† Dr. J. P. Dake's Report on Mat. Medica; Proceedings of American Institute of Homœopathy for 1857, p. 50.

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parallel. In both the exciting cause is not a necessity of, but foreign to the animal economy. The only difference between them lies in the fact that mankind are not subject alike to their mischievous influences—the one is an accidental, the other an artificial occasion of disorder. The parallel might be still more closely drawn, but our limits forbid.

Special pathology and special pathogenesy are the rails which reach to our destination, and the car of True Medical Science cannot roll upon either the one or the other, exclusively! The Allopaths have tried the experiment under the direction of a host of engineers, for over two thousand years, and their success in running at long intervals from station to station, is attributable to the fact of their stumbling occasionally upon the *second* rail—an aid, a means, with which, did they but know it, the principle *Similia* would not fail always to supply them.

(To be continued.)

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Article XXI.—*On Pericarditis.* No. I. By Dr. Wood, of New-York.

Of all the vital organs in the human system, the brain is the most complicate both in structure, function and action, and the heart most simple. The functions of the former are manifold, while propulsion of the vital fluid is the sole function of the latter, upon which all animal life is dependent. As the heart is solely muscular, and has fixed and clearly defined modes of action, the diseases to which it is subject can be classified under three distinct heads—1st, Those which weaken the power of propulsion; 2d, Those which hinder the flow of blood through it; 3d, Those which accelerate its action.

Before taking up any one of the diseases to which the heart may be subjected, let us glance at some of the aids to a true diagnosis. If the ear or a stethescope be applied to the region of the heart in a person of sound health, a beat or pulsation is heard, followed by an interval of rest; this beat or pulsation is double, being composed of a dull, slow sound, immediately followed by a short, quick one. According to Laennec, the duration of these pulsations is as follows: first beat two-fourths, second, one-fourth, and the interval one-fourth or a little less.

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Percussion may also assist in determining the size and state of the organ in many diseases, whether it is normal in size or abnormal, whether matter or fluid be effused into the pericardium or not.

We come now to speak of some symptoms which accompany diseases which are acute and chronic—for the heart, like other organs, is subject to inflammations, acute and chronic, and to other functional derangements, leading often to change of structure. These symptoms often cause great difficulty in diagnosis, being common to the diseases of the lungs and other important organs—sympathetic action often existing between other organs and the heart—in the case of the lungs the sympathetic complication is very easily explained, if we consider their position regarding each other and their intimate functional connection.

Dyspnœa alone affords no reliable diagnostic symptom of disease of the heart, as it accompanies also inflammation of the lungs, when they become so inflamed as to impede respiratory motion. The inflamed lung tissue enlarging and encroaching upon the air cavities and tubes, causing a less amount of air to be admitted, and much labor to expel it. When the investing membrane of the lungs is involved, the patient feels great uneasiness, and experiences great difficulty in the necessary motions of respiration. How then are we to make difficult respiration a diagnostic sign of disease of the heart? We know that at every pulsation of the heart, blood is thrown into the lungs and received from the lungs by the heart; any impediment of the heart's action must consequently impede the action of the lungs, from the fact that it would cause an accumulation of the blood in the arteries and veins, distending the vessels and lessening the cavities of the air tubes, causing dyspnœa. There are cases of heart-disease where difficult breathing is the only marked symptom, and others again where it is wholly absent. Therefore, dyspnœa or uneasiness in respiration will not alone be sufficient evidence of disease of the heart, it being common also to the lungs.

The *pulse* in diseases of the heart is variable, being often more irregular than in other diseases, than in simple lung inflammation, still we cannot wholly rely upon an irregular, frequent, fluttering pulse, as a diagnostic symptom—as simple in-

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flammation of the lungs, from the intimate relations of their functions with those of the heart, may produce an irregular pulse—and fevers attendant upon all internal inflammations, have peculiar conditions of the pulse.

Inflammation often attacks the pericardium and becomes a formidable disease, from difficulty in its diagnosis, being often masked by other inflammations, or many of its symptoms being absent. In general, this disease is manifested as follows: "pain in the region of the heart, increased by pressure on the intercostal spaces; inability or unwillingness to lie on the left side; dry cough; dyspnœa, or a feeling of oppression; a hard, frequent, jerking pulse, afterwards becoming irregular and ultimately intermittent, and as the disease progresses to a fatal termination, great anxiety of countenance; fits of palpitation of the heart, syncope, and anasarca;" each or all of these symptoms may be absent, and still pericarditis exist. It may be announced by local symptoms, which render its diagnosis easy. It may come on simply with dyspnœa, of greater or less intensity, and diagnosis by exclusion or negation can only declare it. It may be met with no other symptoms than acceleration of the pulse, nervous phenomena of a severe character, sudden prostration of strength, and death. Andral records cases where all the symptoms seemed to be in the nervous centres, and M. Rostan a case presenting certain cerebral symptoms, followed by a "profound loss of consciousness," pulse almost imperceptible, no more than the beat of the heart; the post-mortem disclosed bloody serum in the pericardium, with a false membrane on its surface.

The inflammation produces an effusion of lymph and serum, and according to Dr. Hope, this production of lymph or serum is the cause of the variability of the symptoms—"the sense of oppression, the irregularity of the pulse, and the syncope, being occasioned by the liquid effusion, by pressure, impeding the heart's action." M. Bouilland states that when the inflammation is passing into the formative action, when organization is commencing in the effused lymph, the second movement of the heart seems double, or imparts a crepitating or crackling sensation to the hand; there is a persistent sound, dwelt upon by many, accompanying the earlier stages of pericarditis, resem-

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bling the creaking produced by a new saddle in riding, and is always indicative of inflammation of the pericardium.

This sound proceeds from the pericardium coming in contact with the uneven film of lymph deposited on the heart; this sound may be and often is absent, the formation of adhesions suspending it. The creaking sound must not be counfounded with the bellows murmur accompanying inflammation of the internal membrane of the heart, and evident as the systole of the ventricles, and attending the first sound in adhesion of the pericardium. The signs of effusion are "an irregular, fluctuating impulse, some of the strokes being soft and double, whilst others are occasionally hard and abrupt, as if it were that the heart suddenly reached the ribs through a liquid." Should this effusion be extensive, we find feeble pulsations, intermittent, and discernible with difficulty, the modicum of blood thrown into the arteries being insufficient to tighten the semi-lunar valves so as to produce a sound.

There are other occasional symptoms to be mentioned, as vomiting, when pericarditis is complicated with diaphragmatic pleuritis. Hiccough will also arise from the same complication. Delirium and convulsive twitchings of the facial muscles are met with in very severe cases, the course of the disease to these most rapid metastases of rheumatism is often followed by pericarditis, the palpitations, acute precordial pain and dyspnœa supervening upon the sudden disappearance of articular rheumatism. In most cases this change is marked by inconsiderable wandering pains—the thoracic parietes being at first attacked—gradually these pains become acute, and are felt at the epigastrium, base of the sternum, and precordial region; dyspnœa ensues as the pain increases in acuteness; the pulse varies, now hard, full, rapid, and again irregular, frequent, small. So also the pulsations of the heart vary, now throbbing violently against the walls of the chest, and again almost imperceptible in its pulsations; besides this there are other prominent symptoms, as anasarca, vomiting, violent hiccough, at times intense headache, and *watery, burning eyes.* In many cases there is torpidity of the digestive organs, and an increased secretion of limpid urine, and a nervous, hacking cough. The effusion of lymph and serum into the pericardium is fearfully rapid, and the organization into

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coagula follows as the inflammation increases; the effusion of fluid in the abdomen increases, filling up the cavity and causing death in many cases by suffocation.

We have seen how obscure and variable the symptoms of acute inflammation of the pericardium are. Its chronic state is presented in certain cases under such forms as display the general and leading symptoms of organic disease of the heart. Generally there are two distinct periods observable in chronic inflammation of the pericardium. 1st. The commencement of the inflammation producing no other phenomena than those resulting from a sympathetic irritation of the heart. 2d. Violent palpitations, dyspnœa, and dropsy. The dropsy arises from embarrassments of the heart's action, and from obstacles impeding a free circulation of the blood of the vena-cava.

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ARTICLE XXII.—*Contributions to Therapeutics.* By E. M. HALE, M.D., of Jonesville, Mich.

I prefer to give the clinical experience resulting from the use of some particular remedies in disease, than to give illustrative cases, which, as they are sometimes related, are excessively tedious, to read. I have, however, relied upon the records of my case-book, for much of the material to be found in this article. I will premise, that *nine* years ago I commenced practice as an ultra-dilutionist, adhering to the attenuations in all cases, but some sad and mortifying experience taught me that the dose must be selected more from the dictates of reason, than from mere theory. As the susceptibilities of the case, and its exigencies vary almost infinitely, so must the size of the dose, and even its mode of application.

*Engorgement and Inflammation of the Breasts.*

In the early part of my practice, adhering to the dictum of the authorities we then possessed, I gave Acon., Bell., Merc. and Hepar, internally, but the many painful cases of suppuration which ensued, forced me to resort to other agents. For nearly five years I have relied upon the following treatment, and out of nearly two hundred cases, only four or five have run on to suppuration. Apply the infant early to the breast, not al-

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lowing officious nurses to feed the child the first hours of life. It is a most reprehensible practice, that of stuffing the infantile stomach with unnatural compounds. Unless there is some insurmountable obstacle to nursing, no child should be fed anything for twenty-four or even thirty-six hours. Such meddlesome interference is a prolific cause of nearly all the diseases of early childhood. When the first symptoms of engorgement appear, patient, continued friction with warm oil or lard should be used; the rubbing to be *from* the base of the gland *to* the nipple; meanwhile the milk should be drawn out often. This mechanical method will often suffice; if it should *not*, I give Antimony and Rhus, and apply a fomentation of the following:

℞. Tinc. Aconit. rad. fl. ʒj
Kali Hydriodatus fl. ʒj
Aqua fl. ℥iv

Dip pieces of Canton flannel in this mixture and apply them to the mammæ, covering the whole with oiled silk. I have found this to be the most certain and effectual application to dissipate the engorgement. Many women who have invariably had abscess of the breasts at every confinement, have escaped that misfortune through the use of this fomentation.

If I do not see the patient until suppuration has commenced. I give Phos., Stibium, or Phytolacca, (1st) and open the abscess as soon as possible. Afterwards I am in the habit of compressing and supporting the breasts by strips of adhesive plaster, which favors absorption, and prevents long-continued prostrating suppuration, fistulous ulcers, and unhealthy granulation. (For the latter condition there is no better remedy than injections of Aqua Calendula.)

### *Spinal Irritation.*

It has been my luck to treat more than the usual number of cases of this disease. Besides the use of *Acon.*, *Agar.*, *Arnica*, Cocc., Ign., Macrotin, *Nux*, Rhus, Secale and *Electro-Magnetism*, with the means calculated to remove the remote causes upon which this condition often depends. I have derived immense benefit from the following formula:—

℞. Acon. Rad. tinc. fl. ℥ 1
Arnica Tinctura fl. ℥ 1
Aqua lb. 1

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A portion of this is to be rubbed into the spinal column several times a day. Under its use the tenderness rapidly diminishes, and the sympathetic pain in other organs and parts of the body relieved. I unite these two drugs because experience teaches me, it is better thus, than to use them separately. Acting upon the suggestion of Dr. Marcy, I have passed a current of electro-magnetism through flannel wet in the above, and believe the cure proceeded much more rapidly; but as that agent is of itself a powerful remedy for the disease, the process may have no superior claims in this instance.

### *Chronic Laryngitis.*

I have met with many cases of this complaint, characterized by a group of symptoms, which may be found in the provings of *Lachesis*, and which were invariably aggravated by low dilutions of that remedy, but were promptly cured by the 30th, and in one instance by the 200th dilution. In a case where *Lach.* seemed indicated, but failed to cure, good results were obtained from Hydrophobin 30th. But in the majority of instances, the inhalation of appropriate medicines is far more successful than internal medication. The oils of *Copaiva*, *Tar*, and *Tereb.*, or Iodin, Bromin, Kali-bic., Amm., Caust., Hepar-s. and Phos. (1st or 2d) are the most reliable.

### *Asthma.*

In this disease also, inhalation is an excellent palliative and curative means. Ether, Chloroform; Lobelia and Strammonium inhaled; with *Arsenicum*, Cocc., *Cuprum-ac.*, *Ipecac.*, *Nux*, *Phos.* and Puls. internally are very efficient; but the best cures I ever made, remarkable both for promptness and permanency, were brought about by the following:

℞. Fowler's Arsenical Solution, 1 ʒ.
Kali-Hydriodatum, ½ ʒ.
Aqua destillata, 1 ʒ.

Give ten drops three times a day in chronic cases, or every one, two, or three hours in acute.

I am satisfied from abundant experience, that the *Arsenic* alone is far less efficient. I am not aware that such a preparation has ever been recommended before, and was led to use it from certain deductions, which I have not space to mention. I

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will add that this is a most potent remedy in dropsy, especially hydrothorax, being a more powerful diuretic than either drug, alone.

It must not be supposed that I sanction the absurd polypharmacy of the allopaths, but in this case, as with Hahnemann's Hep.-Sulph.-Calc., such a union may prove a most valuable one.

### *Functional Diseases of the Liver.*

The king of all remedies, in functional diseases of this conspicuous organ, is the indigenous root of the *Leptandria-Virginica.* The alkaloid, *Leptandrin*, is perfectly safe and efficient, while it is far superior to that dangerous drug—*Calomel.* As I intend to present the homœopathic profession with a monograph of this remedy, when I collect sufficient data, (and I here solicit contributions from my colleagues,) I will now only mention *two* conditions of the liver in which I especially recommend it.

1st. That condition characterized by deficient secretion of bile from an overloaded condition of this organ. A prompt and immediate cure will here be made by one-grain doses of the pure alkaloid, repeated every two or three hours. Its action is unaccompanied by pain or any other disagreeable sensation. In this it differs from a preparation of the fresh root, which is painful and severe in its effects.

2d. That condition characterized by excessive secretion of bile, from over-stimulation of this organ, or congestion of the portal system; also a vitiated, acrid state of the bile, and all the consequent symptoms.

In this condition, the dilution prepared from a tincture of the fresh root, (from the 1st to the 30th,) are perfectly homœopathic, and will remove the symptoms like magic.

I know of no remedy of which a proving would be more valuable. It has a wide sphere of action, and will be found invaluable in the treatment of many diseases. Any physician who will send me fragmentary provings, or clinical results relating to it, may rest assured I will use them to the best of my ability.

It is but justice to add, that to the early "Botanic," and lately the "Eclectic" school, is due the merit of introducing this remedy into practice, and investigating its properties and virtues.

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# Reviews and Bibliographical Notices.

## 1. Hirschel's *Rules and Examples for the Study of Pharmaco-Dynamics.* Translated by Thomas Hayle, M.D., Manchester, England, 1857, pp. 213.

We hail the appearance of this book—extract as it is—with great pleasure, for Dr. Hirschel has made the most successful attempt to establish homœopathy on a thoroughly scientific basis. But we are vexed that Dr. Hayle did not translate the entire work. It is, perhaps, the best that has ever emanated from the homœopathic press—the one most calculated to impress the allopathic reader with a profound sense of the author's physiological and pathological knowledge—those great foundations of medical science—and which our opponents, strangely and falsely enough, have pretended to consider quite alien or unnecessary to homœopathic practice. Hirschel's Basis of Homœopathy, Jahr's Rational Exposition, and Dudgeon's Lectures on Homœopathy, should all be in the hands of the advanced students, as the best expositors of the German, French and English mind upon the great subject. We will defy an intelligent and candid old-school physician to get up from the perusal of these books with any of the vulgar prejudices and misconceptions about homœopathy, which characterize and disgrace the allopathic press.

Dr. Hirschel makes a thorough analytic and synthetic study of *Bryonia* and *Rhus*, as examples, so that the honest student can extend the same method and principles to the other articles of the Materia Medica. We consider the subjects, intricate as they are, admirably executed, and the pathogenesis of these drugs made as clear and comprehensible as possible in the present state of physiology and pathology. No idea of the exhaustiveness of the study could be obtained from any mere quotation or extract. The whole must be surveyed from the author's stand-point, and we recommend the book as a great disciplinary lesson of the mind for cultivating a lofty standard of professional thought. Holcombe.

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## 2. *De la Dégénérescence physique et morale de l'espèce humaine, determinée par le vaccin;* par le Docteur Verdi-Delisle. Paris: Charpentier, pp. 251: 1855.

We have often been amazed with those startling brochures which our volatile neighbors are so fond of putting forth, apparently more to astound the world with an extraordinary proposition, and to strike a theatrical attitude before the eyes of the public, than from any very profound conviction of the truth of their theory. The question, "Who is he? What has he done?" always the first question of a Frenchman, makes it a strong temptation for a practitioner to thrust himself into notice on the shoulders of any theory or proposition which he can render most novel or startling. We do not know that this is the case in the present work, but verily he has seized upon the most startling, and at a first glance, the most untenable theory which ingenuity could have devised. His postulate is as follows: "In a word," he says, "we are about to give the death-blow to an imprudent experiment, which already, though but three generations have passed away, weighs upon the human race as a blight and a curse. Let us go back to the first cause, to the origin of this many-sided disaster"—



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"C'EST LE VACCIN."

"Take," he says, "upon a vast scale, children of the same families; vaccinate one-half, and leave the others to nature; then observe the different development of the diseases which attack them, their constitutional and pathological origin, and follow out with care the changes supervening in the moral and physical constitution of the children. This," he says, "has not been done, but the whole world has been blindly vaccinated."

He seems totally to ignore the fact that the very comparison which he urges, has been made, and upon the grandest scale, by the very introduction of vaccination. Men were scourged by a horrible plague, which swept over the land like a resistless sea. They vaccinated themselves, and were healed. In place of a desolating pestilence, sweeping its thousands annually into the grave, they had a mild and tractable malady, rarely or never issuing in a fatal termination. They walked about in the most pestiferous places without a fear, where formerly not one but was stricken by the loathsome malady. Are these results subjects for lamentation and regret? Are great benefits to the human race causes for vituperation and denunciation?

The diseases which he asserts to have arisen from this pernicious practice of vaccination, we must confess we cannot see. On the contrary, we find a marked and striking diminution of that horrible malady, syphilis, which at the time of the discovery of Jenner, was running so devastating a course, that hardly a family in the land could call themselves entirely free from its ravages. We do not see that the annals of hospital practice show that increase of disease and augmentation of intensity which he insists upon. On the contrary, though some diseases may have assumed a more violent type, others of which we read in the older authors are now extinct, or merely medical curiosities. Where, for instance, is the plague, and the leprosy, and many other of those old-world diseases? A fair and candid comparison of the statistics of disease at the present time with those of two hundred years since, would doubtless show that if anything, the general virulence of disease is vastly mitigated, owing to the improvements in treatment which have taken place during that time.

He cites typhoid fever, croup, tuberculosis, phthisis, scrofula, cancer, as sequelæ of vaccination, but were these disorders unknown before the introduction of vaccination? Typhoid fever, he unequivocally says, is, like varioloid, simply a modified expression of the variolous infection, interfered with in its natural course by vaccination, taking the low, vitiated, and unhealthy forms of varioloid and typhoid fever!

He instances these diseases as having arisen because variola was necessary to the safety of the human race. If small-pox was necessary to the human race, what did those do who never got it? If variola was a necessity, why also is not syphilis? Why do not those who have never been exposed to the contagion of this disease, wither and die?

Croup, for instance, he next insists upon as being after typhoid fever, the most marked instance of variolous pathogeneesy. The membrane of croup was first demonstrated in 1576, (though Miller, Home, and Trousseau, in the beginning of the century, were the first to give it a definite pathology,) yet he insists upon this scourge of infancy as arising from vaccination, and endeavors to prove the identity of the lardaceous exudation upon the fauces and the variolous pustule!!

So much for disease—but he also asserts that we have physically and mentally deteriorated—that our *physique* and our *morale* are vastly inferior to that of those old heathens of the Empire, of whom it must be confessed he draws a very eloquent picture. "Prate of the march of reason," he

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says, "in *those* days men were *young* in their youth; they had such a wealth and exuberance of vitality and strength, that like a mountain torrent no barriers availed to restrain their vigor; it escaped and effervesced in a thousand follies and excesses. Recall to mind our fathers, that bold and hardy race of the empire, those self-reliant natures—those men of granite—those noble old grenadiers of the Guard—grand both in their virtues and their vices. Viewing them side by side with the men of to-day, one is tempted to believe that they must have belonged to the heroic ages. They are our masters in our very dissipations; if, perchance, their shades still cherish the memory of those old herculean orgies, of the deep and fiery wassail, of the hardy daring and the reckless play of those old days of the regency, would they not look down with pity upon the prurient and feeble turpidity of their descendants?"

We are also far behind in the arts and sciences, and in all the discoveries which make an age great. He asserts, that any invention whose admirable results we are in the daily habit of seeing and appreciating—all those great and manifold blessings, which steam, the rail, and the telegraph are daily conferring upon humanity, are but the gift of the genius of our forefathers—of the great minds of the age which has passed away. We, reduced to mere handicraftsmen, are content to apply the principles laid down by our ancestors, who had the good fortune to precede by a few years, and to escape the virus of Jenner.

"See," he exclaims, "this unfortunate generation—inert, rachitic, struck at birth with impotency and old age!" Oh ye inventors of electric telegraphs, ye astronomers of the 19th century, ye chemists whose discoveries are daily changing the face of science, ye projectors of ocean telegraphs, ye Kanes and Havelocks and Neills, why were you vaccinated? Better that you had died in your unhappy and impotent infancy!

We can see the train of thought which institutes this comparison, but he mistakes a local accident of the times, for a phenomenon common to the human race. The truth is, he argues, not from the mass of the people, but from the proverbially frail and ill-developed child of great cities. In the present temporary degeneracy of the French literature, also, he finds some color for his latter charges, but like all Frenchmen, he mistakes Paris for the centre of France, and France for the centre of the universe. He says, "after Voltaire, Beaumarchais, Mirabeau, after Royer-Collard, Chateaubriand, Lamenais, Beranger, after Guizot, Villemain, Lamartine, Arago, Dumas, Thiers, Hugo, Balzac, and Husset, we have the mournful spectacle of a crowd of imbeciles, whose highest flight never soars beyond compilation or criticism." This is true, in a manner, of French literature, undoubtedly, but why it should be laid to the unhappy discovery of vaccination we must confess we cannot see. We cannot see that there is any distinct or reliable proof brought forward that such is the case, but starting with a theory already formed, the author endeavors to bend all facts to its Procrustean length.

Which is most likely to be right, the accumulated evidence of the civilized world, or the partizan dictum of one man, who attempts to make a Pegasus of an untenable theory? Most men are content to establish a theory by the aid of facts—he, however, endeavors to establish facts by the aid of his theory. We can call down upon him no more dire anathema, than to condemn him and his offspring to abide by his theory. We are sorry to see that Wolf of Berlin, in his otherwise capital little treatise on Apis-Mellifica, has adopted some of the follies and extravagances of Verdi-Delisle about vaccination. SNELLING.

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### 3. Douglass *on the Proving of Baptisia-Tinctoria.*

*Messrs. Editors.*—Some medical writers, anxious to manifest their extensive learning, cannot write an article on any medical subject without travelling out of the way to show how learned they are on a variety of other subjects. Being a very modest man, I have always felt opposed to anything of this sort, and heartily ashamed when I have even *appeared* to be guilty of it.

A short article of mine on the proving of Baptisia-Tinctoria in the Nov. No. of the Journal, has cost me a blush on account of several *apparent* departures it contains from my usual modesty in this particular. Who furnished the article for the Journal is unknown to me. The provings of myself, Prof. Beckwith and several medical students were collected and read by me to the medical class in the Cleveland College; many took notes, and some, I presume, sent it to the Journal. It was prepared, in manner and language, simply to be read to the class, and not for the press, as will be obvious to any one who reads it. I have never particularly examined it, as published, till quite recently, and have not yet ceased blushing at it. After some minor peccadillos, at which my face felt slightly warm, I came upon the following: "After *laying* for not more than ten minutes upon my back," &c. How arrogant, thought I, so unnecessarily to intimate my familiarity with poultry-yards and fresh eggs! and my cheeks burnt with a modest blush. As soon as I recovered my self-possession, I read on as follows: "the sacral region became intolerably painful as though I had lain on the *barn*-floor all night." The blush spread over my whole face. How unpardonable, I reflected, thus to take pains to inform the world of my familiarity with sleeping on barn-floors in addition to my learning in connection with poultry-yards and fresh-laid eggs! when the mention of a house-floor, or simply a floor without any qualifying adjective would have answered all the *legitimate* purposes of the article! My very ears burned with contrition for such vanity. I resorted to the wash-bowl to cool off, mentally resolving to pen an article within the next five minutes, denying the authorship of the article, and modestly confessing my entire ignorance of poultry-yards, laying eggs, or sleeping on barn-floors. But first, though with some tremulous apprehension, I resolved to look a little further. After describing the painful effect of "*laying*"—on my *back*, the article proceeds to say: "When turning upon the *other* side, the same sensation was produced on the hips!" That is, after resting on my back till the pressure became intolerable, turning on the *other* side, (query, on the belly?) the same pressure was produced on both hips! The reader must suppose this *laying* labor to have been decidedly severe to produce such pressure on the hips in such a position. But here I had evidently got beyond my own depth. I had written what was incomprehensible even to myself. Yes, repudiation is my only resource. But I bethought me to turn to my manuscript, where I found the following plainly written: "After *lying* for not more than ten minutes upon my back, the sacral region became intolerably painful, as though I had lain on the *bare* floor all night." "When turning on *either* side, the same sensation was produced on the hips." My face now felt cooler.

The following sentence occurs in the article: "The tongue dry on rubbing it against the roof the mouth, smarted and felt sore as if burnt." My manuscript reads; "Tongue dry, and on rubbing it against the roof of the mouth, smarted and felt sore," &c. "Inability to make *other* physical or mental exertion," should be "*either.*"

I hope you will benevolently aid me in my attempt to maintain mediocrity among my professional brethren, by kindly publishing the above corrections.

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I observe you have the plant referred to in this article, written Baptisia-Tinctoria, the specific name commencing with a capital, and the two names united by a hyphen, and that the same rule is observed in other botanical names, as Anthemis-Nobilis, &c. In my Botany studying days, (but that is a long time ago,) it was the rule not to commence the specific name with a capital unless it was derived from a proper name, not to connect the two names by a hyphen any more than the christian and surname of a man. Has the rule or the fashion in this respect changed, as in most other things, in the last thirty years? Yours, in a good cause,

*Cleveland*, March 1st, 1858. J. S. DOUGLASS.

## 4. *A New Variety of the Medical Genus.*

The following "morçeau," which we met with in the "Herald" some days since, seems to us altogether too good to be lost:—

"CONSUMPTION—

"ITS FIRST AND LAST STAGES.

"The earliest indication of this treacherous disease is an irritation of the throat and bronchial tubes, by catching cold, which excites coughing and expectoration of a foamy froth or whitish phlegm; in others it is of a more chronic tendency, hawking up a congealed mucus similar to boiled starch, of a glutinous, slimy and stringy substance, more profuse in the morning, and particularly after meals, which causes a disagreeable sensation in the throat, until this offensive matter is removed. Then the sufferer is at ease for a short time, while another sputta is collecting and accumulating to substitute the former. This is the result of a neglected condition of the bowels, which checks the circulation of the blood, and corrupts the flowing fountains of life. The parent of consumption is concealed in the adulterated and impure state of the blood, which gives rise to cough by the slightest exposure, producing hacking, hawking and expectoration of a lightish secretion, with a derangement of the liver and bowels, which is termed bronchitis, or bronchial difficulties, and is, in reality, the first stage of consumption.

"LAST STAGE.

"Breathing short and hurried, cough frequent, with an accumulation of corrupted matter, sometimes streaked with blood, profuse night sweats, emaciation and debility, cold chills in the forenoon, with a burning fever after, flesh soft and flabby, the limbs scarcely able to support the body, a susceptibility of catching cold upon the least exposure, attended with a hoarseness and loss of voice, with a heavy expectoration in the forenoon; flying pains in the chest, sides and shoulders, with a severe fit of coughing in the morning on awaking from sleep.

"The painful crisis is fast approaching, with a swelling and puffing of the feet and ankles, and frequent attacks of diarrhœa. In females the symptoms are more distressing at an earlier period than in the male, with a weakness in the back and loins, a sinking and exhausted feeling at the stomach, nervous and excitable, with gradual and frequent interruptions of the monthly flow, and, as the disease progresses, a total or final cessation of it, with the harbinger of a broken-down constitution.

"The above stages are sufficient to convince the sufferer of the origin of his woes, by comparing them to his own feelings, which must terminate fatally. If the latter symptoms are fully developed a cure is impossible. What a mockery to attempt to cure consumption when the lamp of life is almost extinct, through a total neglect on the part of the sufferer in checking it while confined to the throat.

J. D. D——N.

"Chronic and Consumptive Physician, can be consulted at No. — —— st. —— place, New-York."

Passing over the first part of this brilliant pathological essay, without even pausing to inquire what "another *sputta*" may be, we come at once to the strikingly novel definition contained in the last three lines of the first part, viz:—"a derangement of the liver and bowels, which (of course re-

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ferring to the said derangement,) is termed bronchitis, or bronchial difficulties, and is, in reality, the first stage of consumption."

Now, although we have before this seen it stated that dyspepsia is the first stage of phthisis, we were not aware that dyspepsia consisted in a "derangement of the liver and bowels," nor did we know that said derangement went under the *alias* of "bronchitis, or bronchial difficulties."

Skipping again over the concise, though perhaps somewhat general resumé of symptoms belonging to the "LAST STAGE," and ending "with the harbinger (what harbinger?) of a broken-down constitution," we beg to present for the "distinguished consideration" of the reader, the following tit-bit: "The above stages are sufficient to convince the sufferer of the origin of his woes, by comparing them to his own feelings, which must terminate fatally." How *can* "the sufferer" compare his "woes" to "his own feelings?" and why must his feelings "terminate fatally?" If ingenuity of comparison constitute, as has been said, the truest wit, what a brilliant circle of "*beaux esprits*" must be comprised in the practice of our advertising friend! What poetic sensitiveness of disposition must attach to the "sufferers" under his care, whose feelings "terminate fatally! Verily, we are almost tempted to believe ourself transported from this stale and commonplace world into some weird and mystic realm, when we hear of such patients treated by such a physician; for, mark it well! this is no ordinary "medicine man," but a "Chronic and Consumptive Physician!" though what a "Chronic and Consumptive Physician" may be, we confess our utter inability to conceive. Consumptive physicians we have known, and indeed, many of the brightest ornaments to our profession have perished through the instrumentality of that fell destroyer, phthisis; although, in their instances, the fact of their being consumptive was not considered as any particular recommendation; but a "Chronic Physician!" We have heard some practitioners designated as "acute physicians," and this may be intended as a frank avowal that J. D. is the reverse of acute; but then, why publish the fact as a lure to patients? With many persons, the mere circumstance of a physician being in delicate health is considered as a valid objection against employing him; and we do not see how their scruples are to be overcome, because, in addition to being "consumptive," he is also "the reverse of acute." Perhaps, on the principle that "two negatives make an affirmative," two disqualifications may neutralize each other; however, we leave that point for rhetoricians to decide, and revert to another explanation of the descriptive adjective in question, suggested by its second definition in the dictionary. We there find "Chronic, *adj.*, of long duration," and consequently, its use, in the above connection, may hint mysteriously at the discovery of the "*Elixir vitæ*," or some succedaneum therefor, which renders J. D. "of long duration." Now this *would* be a decided recommendation for a physician, and would, at the first blush, seem to be the true explanation of the difficulty, but, on referring to the advertisement, this view of the matter is rendered void; for does he not immediately afterwards describe himself as "consumptive?" and does he not also state that a phthisical "sufferer's" "feelings must terminate fatally?" The conclusion, then, is patent, that a man who is consumptive, cannot be more than ordinarily chronic. We give it up! CARROLL.

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5. *On the Constitutional Treatment of Female Diseases.* By EDWARD RIGBY, M.D.; pp. 256. Philadelphia, 1857.

This is an excellent little treatise of a thoroughly practical and useful character. It surveys the functional and organic diseases of woman in the

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light of the latest and best modern pathology. It is full of sensible remarks—of valuable suggestions as to diagnosis, and even treatment. It is probably the best book a young physician could study on its very difficult and complicated subject. Still we find much loose reading, detestable logic, and deleterious treatment. The fault, however, is not Dr. Rigby's, but the vice belongs to the allopathic school. Dr. Rigby has no doubt said the best that could be said (with the exception of homœopathic treatment,) at the present era of medical history. But we never read a medical work —old or new-school—without being disgusted with the predominance of the hypothetical—the taking this and that for granted—the acute reasoning from false premises—the lame and blundering evolution of the subject from even the best premises—the confusion of cause and effect—the unwarrantable inferences and the general prevalence of the dogmatic spirit. We are not so arrogant and foolish as to suppose that we could do any better ourselves—but we can imagine better things—and we sigh with genuine sorrow over the present uncertain and perplexed state of medical science, and yearn for the advent of a Positive Philosophy into the dark and welter-ing chaos that lies around us.

Dr. Rigby has been deeply impressed with the fact that many female diseases are not merely local and idiopathic affections, but local manifestations of certain conditions of the general system. They are what Dr. Latham tersely defined tubercle to be fragments of a great constitutional malady. Therefore, says Dr. Rigby, the most efficient treatment must be essentially constitutional. We cannot help remarking the resemblance of this doctrine, by no means a new one, however, to Hahnemann's despised psoric theory. That theory, according to our conception of it, supposes that many chronic and some acute diseases are the effects, outward manifestations, projections as it were, of an interior concealed dyscrasia. Whether that dyscrasia exist in the nervous system, in the blood, or in the organs of vegetative life. This theory has been astonishingly productive of results, whether true or false in itself. It has led to the exhaustive study of some of our greatest remedies—such as Sulphur, Calcarea, Sepia, &c., remedies inert or trivial to a mere superficial inspection, but full of profound significance when deeply investigated. It has led to a laborious and praiseworthy study of symptomatology in both its physiological and pathological relationships, and above all, it exacts the strictest individualization of cases, wherein lies the true difference between scientific and empirical practice. Dr. Rigby's constitutional treatment, however, is remarkably meagre of results. Leaving out of view the purely hygienic measures and coming to the strictly medical, his therapeutical armory is easily catalogued —mercurial purgatives and tonics!—

What can we think of "scientific" medicine when one of its magnates sums up the treatment of one form of amenorrhœa in the following language? "Having occupied some days in steadily rousing the hepatic and intestinal secretions, and in clearing the bowels of their unhealthy contents, we may commence the use of tonics, and at once put her upon the use of steel medicine." Where is any proof that the torpor of the intestinal system here supposed, (for it often does not exist at all,) is a *cause* of the torpor of the uterine system? Is it not oftener an effect? Is it not still more probably a *coincident* effect of a common deep-seated cause? Where is any proof of "unhealthy contents" pre-existing in the bowels? And what intestinal tube could not present an unhealthy condition after being "steadily roused up for some days," by mercurial and other poisons. Does Dr. Rigby suppose that his mercurials are gentle and obedient ministering angels, doing promptly and precisely the behests of his medical theories, permeat-

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ing the tissues with soft, healing influences, carrying off the unhealthy secretions and gently soliciting all the normal functions of the parts they come into contact with? Then we recommend Dr. Rigby to a better study of toxicology, and to a more respectful reverence for the sacred recesses of the human body, and warn him against such a flippant and rash invasion of the mysteries of vitality. It is not wonderful that tonics are then found very useful, yea, very necessary. Dr. Rigby has pulled down with one hand, he must build up with the other. Such is a faithful miniature of the principles of allopathic practice, when it leaves the specific and empirical ground and aspires to be eminently rational. From such philosophy, "good Lord, deliver us."

Still we must not be too hasty, nor make the unjustifiable generalization that all allopathic practice is an unmixed evil. Dreadful as this drugging of the chylo-poictic viscera appears to us, certain as it is that a most extensive gastro-intestinal irritation is thereby produced, we have the evidence of many intelligent and trustworthy gentlemen, Dr. Rigby among the number, that such powerful impressions upon the alimentary mucous membrane are followed by great amelioration and sometimes perfect cures of the uterine affections, and it is curious that the same treatment is useful for all of them, amenorrhœa, dysmenorrhœa, menorrhagia, and all the inflammatory processes. There must be some physiological or therapeutical law to account for these results. The common allopathic explanations are unsatisfactory to our minds. Depletion, reduction of plethora, restoration of equilibrium of the portal circulation, removal of "unhealthy contents," restoration of healthy secretion, &c., are to us most unmeaning terms, because possessed of a purely hypothetical basis. The *pathogenetic* action established, whatever that may be, is the true secret of the cure. The alimentary canal, and especially that immense gland, the liver, is irritated, congested, and made to pour out all along the vast mucous surface the special secretions of the parts. By *reflex sympathy*—just as the cardiac orifice of the stomach dilates as the os-uteri dilates in labor—by reflex sympathy, the uterine organs take on a similar action and disgorge themselves. The disease is cured by another disease. Cannot specifics acting directly on the parts produce a better effect without the intervention of such injurious measures? Yes.

The capital defect of the book appears to us to be the assumption of plethora, abdominal congestion, gastric derangements, &c., as the *causes* of the morbid uterine states. We think they are only concomitant effects of the same deep-rooted cause which occasions the uterine disturbance. That cause lies somewhere in the nervous system, probably in the mal-nutrition of the nerve-centres which govern the reproductive function. The primary operations and changes may forever remain inscrutible and inaccessible. But there is no need to build up a practice founded upon hypothetical causes. We have only to study the entire groups and series of the symptoms, both internal and external, and fortunately we have drugs which will produce and therefore cure analogous symptoms. Imperfect as our science yet is, and much room as it still has for development, we may safely boast its superiority in these diseases, both as to principles and practice, over that of the dominant school.

All of Dr. Rigby's measures, however, are not so objectionable as his alternate purgative and tonic treatment. He very frequently stumbles upon excellent empiric and sometimes almost specific means. His local treatment is almost always judicious, and he condemns very justly the indiscriminate use of caustic and other fashionable and much-abused measures. The chapters on the displacements of the uterus, and on the organic dis-

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eases of the uterine system, are very valuable, giving us the best light from the latest sources. If this book was reprinted with homœopathic criticisms and chapters of homœopathic treatment, it would be invaluable to the new-school practitioner. HOLCOMBE.

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# General Chronicle of Medical Science.

## PATHOLOGY AND THERAPEUTICS.

### *Epitome of the Foreign Homœopathic Journals.*

Prepared by H. L. H. HOFFENDAHL, M.D., of Boston.

Under this head it is proposed to add a new feature to the N. A. Journal. It is our intention to prepare, quarterly if possible, but certainly semi-annually, a concise synopsis of the most important articles, contained in the European homœopathic journals, especially those emanating from Germany and France. Particular attention will be paid to articles of a practical tendency, clinical observations, &c., and we shall presume to use our own discretion in passing over papers of insufficient interest, or of doubtful scientific value. At the same time complete translations will still be given of the most important articles, the value of which might not be appreciated after the perusal of a mere synopsis.

*Zeitschrift für Hom. Klinik*, Vol. vii., Nos. 1—13, [Jan. 1st to July 1st, 1858.]

I. OLEUM CROTONIS. A *Contribution to the Treatment of Cutaneous Diseases.* By Dr. Bähr of Hannover.—The writer's attention was first directed to this remedy while attending the lectures of Prof. Hebra, the celebrated dermatologist in Vienna. Hebra is in the habit of demonstrating to his class the commencement and progress of *eczema* by repeated inunctions of *croton-oil* on the healthy skin. The course and appearance of the artificial disease thus produced is precisely the same as that of regular eczema. Struck by this similarity Dr. Bähr subsequently proceeded to use croton-oil in the treatment of eczema, and obtained very favorable results. The following are the results of his observations: Croton-oil is most efficient in uncomplicated, idiopathic eczema, particularly in the early stages. If used early in the so-called *crusta lactea* of children, it will effect a cure without the aid of any other remedy, even if external cleanliness is neglected.—Eczema, complicated with disease of other organs, may be relieved, but will not be cured by this remedy. (Hebra has frequently directed attention to the fact that eczema and uterine disease often appear in connection.) The remedy was always given in the 3d decimal trituration. Children received from one to three

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grains, and adults five to eight grains per diem.—The whole of this article will probably be translated hereafter.

II. *Manganum in Diseases of the Skin, by Dr. Cramoisy.* [From Journal Gallicane.]—The author is astonished at the paucity of skin-symptoms recorded in the physiological provings of this drug, because, in his opinion there is no better remedy for lepra vulgaris, all varieties of psoriasis, pityriasis-ruba and -alba. Moreover, judging from the symptoms referable to the kidneys, it seems almost certain that *Manganum* would prove useful in *pityriasis nigra*, or Addison's disease of the supra-renal capsules, which has of late excited so much attention.

According to Cramoisy, *Manganum* is indicated as follows:

1. In cutaneous diseases unaccompanied by unpleasant sensations on the skin, where the itching is almost imperceptible.
2. When the skin is covered with scales of various sizes; either quite large, or so small as to look like powder.
3. In eruptions which are dry and have a geometrical figure.
4. In eruptions situated on or near the joints.
5. When the skin is rough and dry.
6. In persons having a tender, easily-wounded skin, and in cases where, after an external injury, the whole surface including the hairy parts is inclined to suffer sympathetically.
7. Particularly in individuals of a scabious or "psoric" constitution.

Moreover, it is said to be very useful in anæsthesia-cutanea, lichen and its varieties, ichthyosis, pellagia, horny excrescences, lentigo and freckles. (! Rather an extensive list. H.)

The following cases are reported:

1. *Lichen circumscriptus* of six weeks' duration, on the neck of a healthy woman of forty-four. The disease commenced with itching. Four weeks later there appeared two circular groups of rose-colored, slightly pointed papules, confluent at the base, and without any secretion. Itching worse by night than by day, and ceasing after scratching. On Feb. 20th, the patient received Mang. 6, two drops in eight ounces of distilled water. Improvement began March 3d, and the cure was completed April 17th.

2. *Psoriasis inveterata*, in a man of forty-five, addicted to the immoderate use of brandy. Eight years ago he was cured of amaurosis by electricity, and six months later the cutaneous disease commenced. The patient had a sickly appearance; he is muscular, but thin, and his complexion is dark. He had had gonorrhœa, chancres and buboes, and he was drunk at the first consultation. The eruption first appeared on the elbows, then on the knees and calves. At the diseased points the skin first became thickened, then fissures appeared, and finally white shiny, hard, adherent scales, which were continually reproduced. There was scarcely any itching, and occasionally rheumatic pains.—On March 12th, the patient received *Mangan.* 6, in water as above, three tablespoonsful per diem. On March 19th, there was a perceptible improvement although the pa-

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tient continued to drink brandy. Soon after he received Mang. 4, and was perfectly cured on May 20th.

3. *Pityriasis rubra*, in a man of twenty-two years, who had been healthy since his 12th year, of healthy appearance, temperate, and had never had syphilis. Three weeks ago an eruption commenced of dark red, well-defined spots, covered with small loosely adherent scales, extending over the thorax and left shoulder. The scales of epidermis exfoliate in immense quantities, exposing a red dry surface. *Mangan.* was given twice a day with a result as favorable as in the other cases. As regards the mode of action of the remedy, Dr. Cramoisy proposes this hypothesis. As the healthy skin contains Manganese, it is possible that the diseased skin is cured by absorbing the amount of Manganese in which it is deficient. This unsupported supposition will probably be received with extreme caution, but it is to be hoped that the therapeutic results will be corroborated by more extended trials.

III. Clinical Rarieties, a series of capital articles by Dr. Kafka, on various rare and obscure forms of disease. It would be a pity to mutilate the writer's clear and scientific descriptions by making a mere abstract. These papers will, therefore, be translated in full.

IV. Hydrocotyle Asiatica. [From a paper by Dr. Andouit, in the *Journ. de la Soc. Gall.*) This is a new remedy which promises to become extremely useful in various diseases of the skin, particularly in *lepra*, or *elephantiasis Græcorum*. This plant is indigenous in India, where it has long enjoyed a high reputation among the natives, for its efficacy against leprous diseases. It became known to Europeans through Dr. Boileau, practicing in the isle of Mauritius, who first used it in 1852. The remedy was subsequently imported to France, and many experiments were made with it in Parisian hospitals by Profs. Cazenave and Devergie. The results they obtained were but partially successful, because they had no leading principle to guide them in the application of the remedy. Dr. Andouit began by making physiological experiments with the drug on himself and others, then applied it in disease, and reports many remarkable cures. Andouit gives full reports of the following cases, which were cured with *Hydrocotyle:* elephantiasis Græcorum, lupus exedens nasi, chronic eczema impetiginodes, various other chronic eczemata, of the scrotum, anus, scalp, &c.; pemphigus. The following diseases of other organs were also treated with effect: Various nervous affections, such as neuralgia of the supra- and infra-orbital nerves, pruritus vaginæ; rheumatic troubles, acute and chronic gonorrhœa, ulceration of the os-uteri, aphthous stomatitis, engorgement of the cervical glands, flatulent colic and constipation. In all these cases the remedy was indicated by the symptoms occurring during the physiological provings, a list of which, want of space will prevent us from publishing at present. Physicians of the old-school have been in the habit of giving unnecessarily large doses, to the amount of one drachm per diem. These large doses gave rise to the following troublesome

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symptoms: Copious perspiration, fever recurring every night, dizziness, uncertain gait, disturbance of vision, heat of the face, anorexia, nausea. Andouit, generally, gave the remedy in the 3d dilution, but sometimes rose to the 6th, or 12th. As a hint to the enterprising proprietors of homœopathic pharmacies we would state that preparations of Hydrocotyle can be obtained of Messrs. *Catellan frères*, Paris.

V. *Intense membranous laryngitis, cured by the inhalation of Iodine Vapors.* By Dr. Schlosser.—The patient was a daughter of Dr. Schlosser, 2½ years old, of vigorous constitution. Early in the morning she exhibited symptoms of a slight catarrh of the mucous membrane of the nose and fauces. In a few hours croupy symptoms appeared. The head and face were hot; there was paroxysmal, dry short barking cough; respiration was irregular, short and quick, accompanied by active motion of the alæ nasi. Globules of *Acon.* and Iod. 3, were first given, while sponges dipped in hot water were applied to the throat. At noon *Spong.* 6, and *Hepar-sulph.* 6, were given in globules, followed during the night by *Brom.* 3, and *Phosph.* 6. These remedies had no effect, and the disease increased to an alarming extent Towards morning inhalations of *Iodine* were administered as follows: twenty drops of the 1st dilution were poured into a small saucer full of hot water, the heat being maintained by a spirit-lamp, and the saucer placed so that the vapor would be inspired by the child. In half an hour the respiration became moist and rattling, and on the following day the child appeared completely well, with the exception of slight hoarseness. There is no record in this case of any appearance of membrane in the fauces or on the tonsils, but it is stated that three days after, small portions of membrane were detected in the fæces.—This mode of administering *Iodine* was in imitation of the process described by Dr. W. Arnold in the last volume of the Hom. Klinik. As this article is an important one we will translate it entirely:

VI. Iodine Vapors in Croup. *By Dr. Wm. Arnold of Heidelberg.*—Membranous croup is usually treated so efficiently with the specific remedies offered by homœopathy, that the immediate danger is soon over, and the physician has only to look after the remaining irritability of the mucous membrane, or the liability to a return of the disease. It is seldom that cases offer a long resistance to our mode of treatment. If this is the case, it is generally when the disease has continued for some time and has made considerable progress. In a number of cases of this sort, several of which had already been given up by other physicians, I used *Iodine* internally with success. In a few other cases, which resisted even this treatment, and which would have induced many physicians to perform tracheotomy, I applied the Iodine locally to the mucous membrane of the respiratory organs, and was always gratified by complete success. The three children in whose cases I applied the Iodine-vapors, not only remained alive, but recovered entirely, without any subsequent disease of the respiratory or other organs.

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In one of these cases the croupy inflammation was confined to the larynx, in the other two cases the bronchi were manifestly affected. The effects of the *Iodine*-vapors were first to make this cough more moist; then mucus was expectorated, which was soon mixed with fragments of membrane, and accompanied by a certain degree of amelioration. On renewing the inhalation the children expectorated a tough mucus and fragments and stripes of membrane of various sizes; the expectoration being accompanied by violent cough and inclination to vomit. After a frequent repetition and a continuance of the expectoration, the anxiety and dyspnœa of the little patients visibly decreased. They enjoyed spells of quiet sleep, which gradually increased in length after every attack of cough. In this manner one of the cases I observed, was out of danger in sixteen hours, the other two in forty and forty-eight hours.

The evident and visible effects of the *Iodine-vapors* were looseness of the cough, separation of the membrane, and consequent greater facility of respiration. The mode of preparation was simply to pour a few drops of from the strong tincture to the second dilution of *Iodine* into a shallow vessel filled with boiling water. The child was made to inhale the vapor by holding its head over the vessel, or in its immediate neighborhood. The preparation of the vapors was renewed more or less often, as it was needed, from every two to every six hours. At first the vapors appeared to be agreeable to the children, since they endeavored to approach the steaming vessel. Subsequently the effect seemed to be unpleasant, for two of the children resisted the application, after the more violent attacks had been relieved.

VII. *On an epidemic of influenza in Dresden, during the months of November and December*, 1857. *By Dr. Trinks.*—This epidemic commenced in the middle of November, reached its height in December, diminished during January, 1858. Isolated cases were met with until the following April. The disease attacked persons of both sexes, and of all ages and temperaments. Individuals advanced in age or with disease of the respiratory organs were dangerously affected. The following were the general symptoms: Prostration of strength generally moderate, but excessive in old subjects; synochal fever with some thirst and moderate night-sweats; urine very acid; occasionally rheumatic muscular pains.—The following special forms were observed:

1. Hyperæmia and violent inflammation of the nasal mucous membrane, extending to the frontal sinus, and accompanied by redness of the conjunctiva, copious and acrid lacrymation. The nose was either dry and obstructed, or it secreted profuse purulent mucus.—*Treatment:* Hahnemann recommended smelling of *Causticum*. *Arsenic* was the most useful remedy. *Nux-vom.* had no effect. For extreme hoarseness without cough, *Caust.* or *Calc. Caust.* were most useful, and *Acid.-nitr.*, *Puls.* and *Phosph.* had some influence.

2. Hyperæmia and croupy inflammation of the mucous membrane

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of the larynx and trachea, increasing in young patients to violent attacks of laryngeal croup. Principal symptoms: Continual tickling irritation; cough dry, sometimes croupy, sometimes occurring in paroxysms and causing vomiting; sensation as of a lump or of a hair in the throat; fauces feel raw, sore and irritated; partial or complete hoarseness and aphonia; cough worse at night; soreness of the abdominal muscles and in the hypochondriac region; also signs gastric catarrh, rarely of intestinal catarrh.—*Treatment:* In this form the best remedy was *Brom.*, which often cut short all attacks. *Merc.*, *Spong.* and *Iod.* acted too slowly.

3. Bronchial and pulmonary catarrh, mostly in old patients, with synochal fever. At first there was dry cough with sonorous rales, later moist cough with moist rales;—in aged subjects hypostatic inflammation of the lower portions of the lungs.—*Treatment:* At first *Acon.*, followed by *Merc.* Later *Senega* was very effective, also *Phosphor.* in congestive states of the lungs.

VIII. On Leucæmia. *By Dr. Schlosser.*—To modern pathologists belongs the credit of having determined the nature and conditions of *leucæmia*, (Virchow,) or *leucocythæmia*, (Bennet,) a disease which was formerly ill understood, and which even at the present day is not always diagnosticated when it exists. Already in 1839, *Nasse* demonstrated that the number of white corpuscles of the blood was increased in certain pathological and physiological states, (during pregnancy, in phthisis, pneumonia, typhus, puerperal fever, after loss of blood.) *Craigie* and *Bennet* first published full reports of this special disease in the Edinburgh Journal, Oct., 1845, although they did not appreciate the true character of the pathological lesions. *Rokitansky* relates a similar case under the head of pyæmia. But *Virchow* claims priority in recognizing and demonstrating the condition of the colorless blood-corpuscles. (Virchow's Archiv, Vol. V. 1.)

The nature and metamorphoses of the white corpuscles are still, to some extent, matters of dispute among physiologists. But the fact that the number of these corpuscles differs in various physiological and pathological conditions, has been clearly demonstrated by the observations of *Moleschott*, *Donders*, *Hirt*, *De Pury*, and others. During the experiments of *Hirt*, conducted mostly on himself, it appears that the number of white corpuscles is greatest during digestion. Before breakfast the number of white corpuscles was in the proportion of 1 to 1761 red corpuscles. From half an hour to an hour *after* breakfast, they were in the proportion of 1 to 695; from half an hour to an hour after dinner, in the proportion of 1 to 429. (Hirt, de copia relativa corpusculorum sanguinis alborum. Diss. inaug. Lipsiæ, 1855.)

The characteristic peculiarity of *leucocythæmia*, is the immense increase in the number of colorless corpuscles, and the accompanying decrease in the number of red discs, diminishing to two-fifths of the normal amount. (Virchow.)

Chemical analysis of the blood in this disease shows: Diminution

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of the specific gravity; increase of fibrine; increase of water; diminution of the red corpuscles, and consequent diminution of the amount of iron; the albumen and salts of the serum remain unchanged. *Scherer* also found the following abnormal constituents in the blood: Uric-acid, hypoxanthin, gluten, formic and acetic-acid. It should be observed that the chemical analysis is still very imperfect.

The following are the principal *post-mortem* appearances: The body is generally much emaciated, occasionally there is œdema of the feet, and abdominal fullness. The skin is generally of a waxy, pale color, and occasionally there are spots of purpura hæmorrhagica. There is generally congestion of the meninges, and sometimes a soft consistence of the brain.

The pathological appearances in the thorax are more important. In several cases *Virchow* found serous exudation in the pleuræ and pericardium. *Robertson* and *Friedrich* saw ecchymoses on the pericardium and external surface of the heart.

The right heart, (auricle and ventricle,) always contains coagula of two colors, (*Craigie, Virchow, Bennet,*) the upper portion being yellow, the lower, red. *Jul. Vogel* found that blood taken from a vein, underwent the same changes in a glass tube. The same conditions are observed in the pulmonary artery. (*Bennet.*) Moreover, *Virchow* found in the right heart, cloudy coagula, varying from whitish to red and chocolate colors. Jul. Vogel found blood of a thick consistence, and like raspberry-juice.

The branches of the pulmonary artery enclose a yellow coagulum, which is sometimes consistent, extending through the vessels in branches, and sometimes exudes like pus. These coagulations sometimes extend to the vena-cava and iliac veins. (Craigie.) *Virchow* found large, apparently purulent collections in the heart and vessels, consisting mostly of colorless corpuscles.

The lungs contained, as complications, tubercular granulations and infiltrations, (Virchow,) also emphysema (Bennet,) and œdema; also hepatization of the lower lobes, (Friedrich,) and bronchial catarrh. (Virchow.)

The liver is often but not constantly diseased. It is generally exsanguine, flabby, of a yellowish or dark-grey color, (Virchow,) like the lees of wine, (Leudet,) sometimes hypertrophied to the weight of 12¼ pounds, (Robertson, Bennet,) reaching in one case to the crest of the ilium. (Friedrich.) There is fatty infiltration of the cells, and they contain yellowish-brown granular matter, (bile,): *Bennet* also observed icterus. Moreover, *Virchow* and *Bennet* noticed a considerable number of whitish bodies, loosely imbedded in the parenchyma, and having, under the microscope, a complete resemblance to the malphigian corpuscles of the spleen.

*There is almost always simple hypertrophy of the spleen,* (in sixteen cases out of the nineteen observed by *Bennet.*) In one case observed by *Craigie*, this organ weighed seven and a half pounds; in another case it filled the whole left side of the abdominal cavity, measuring

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fourteen inches in length, seven inches in width, and four and a half inches in thickness. The cut surface presented various appearances. Sometimes the spleen is of a dirty, brown color, dry, with a cartilagineous resistance, and with an irregularly thickened capsule. (Virchow.) The parenchyma is filled with numerous white granules, (Virchow,) and contains remains of plastic exudations. (Bennet.) The splenic veins are often dilated to the size of a finger, contain disorganized, grumous blood, (*Bennet*,) or blood of a greyish-red, almost violet color. In one of *Bennet's* cases, the splenic artery was also dilated. Sometimes the spleen appears to be atrophied, or in a state of sarcomatous degeneration, (Virchow,) or adherent to neighboring organs. (Leudet.)

The *mesenteric glands* are enlarged (*Bennet*) and œdematous, (*Virchow* and *Bennet*,) pale, flabby, and even filled with watery, purulent fluid. (Virchow.)

The *kidneys* contained miliary tubercles, were of a dark, greyish-red color, and infiltrated with granules. (Virchow.) The calyces contained uric-acid concretions, and in one case the lymphatic vessels of the hilus renales were filled with purulent fluid. (Virchow.)

The *supra-renal capsules* sometimes contained a greyish-yellow caseous mass.

The two *hæmorrhoidal veins* were once found dilated, and filled with red, grumous coagula.

In one case the *stomach* contained blood, owing to cirrhosis of the liver, and obliteration of the portal vein. (Heusch.)

*Bennet* observed ascites; in another case the peritoneum was covered with hæmorrhagic spots.

*Diagnosis.*—As most patients consult a physician only when the disease is considerably advanced, the microscopic examination of the blood, in connection with the other symptoms, will lead us to recognize the disease with facility. In the early stages the diagnosis is much more difficult. *Virchow* divides the disease into two forms: *lymphatic* and *splenic leucæmia*. But both forms consist in a peculiar condition of the blood, *dependent upon a disturbance in the development of the specific cells.*

Aside from the microscopic appearance of the blood, the following points are of importance: If a little blood is taken from the patient by cupping, it will settle into a blood-red sediment, and an upper yellowish-white layer, consisting entirely of white corpuscles. If a clot is formed on the leucæmic blood, then then the white corpuscles collect in a layer between the clot and the red blood. Another important point is the diminished specific gravity of the blood, owing to the diminution of solid material and increase of the water.

The pulse is generally weak and languid, 96 to 104 per minute. The skin has a pale, waxy color.

The enlargement of the spleen is not always present. When it exists, it is in the form of simple hypertrophy. It is to be distinguished from the enlargement of the spleen after intermittent fever,

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by the fact that in the latter case the number of white corpuscles is not increased, while there is always an increase of the fluid intercellular substance, or hydræmia. (Virchow.)

Moreover, *leucæmia* is characterized by the enlargement of the liver and lymphatic glands, by general weakness, and by frequent hæmorrhages from the nose and the scorbutic gums.

The formation of the diagnosis is facilitated by the following complex of symptoms: General debility; in the latter stages, fever of a cachectic character; hæmorrhage from nose and mouth; impeded respiration; dyspnœa, caused by the pushing upwards of the diaphragm, and compression of the thoracic organs, without any signs of hydrothorax. When hypertrophy of the spleen is present, the protrusion of the left hypochondrium offers a symptom that is easily detected.

Analysis of the urine reveals constant and copious sediments of uric-acid salts; sometimes albumen is present.

The *origin* of *leucæmia* is unknown. In many cases it is connected with enlarged spleen and glands. In other cases it follows great losses of blood or acute disease of some duration, without any affection of the spleen.

The *course* of the disease is chronic; more rapid if the strength is exhausted by obstinate diarrhœas or hæmorrhages. The *prognosis* is unfavorable. But one case has been reported as cured by an American physician, Dr. Addinel Hewson. (Amer. Jour., Oct., 1852.)

The most common complications are miliary tubercles and other tubercular affections of the lungs.

*Therapeutics.*—The physiological experiments of *Hirt* led to some results that may prove useful in pointing the way to a successful treatment of this disease. This observer found that on taking thirty drops of certain tinctures, the number of white corpuscles was wonderfully increased in about half an hour. In the normal state his blood contained 1 white to 1500 red corpuscles. But on taking thirty drops Spiritus vini, they were in the proportion of 1 to 1362; on taking thirty drops of Tinct. Ferri-pomati, they were in the proportion of 1 to 668; on taking thirty drops of Tinct. Amara, they were in the proportion of 1 to 576; on taking thirty drops of Tinct. Chinæ, they were in the proportion of 1 to 479; on taking thirty drops of Tinct. Myrrhæ, they were in the proportion of 1 to 397.

Extending this calculation to the whole volume of the blood, it appears that if the white are to the red corpuscles in the proportion of 1 to 1500, (normal,) the circulation contains 2,797,000,000 white corpuscles. If they are in the proportion of 1 to 400, (as after taking the Tinct. Myrrhæ,) then the whole amount of white corpuscles in the blood reaches the sum of 112,500,000,000!

Therefore, in half an hour, thirty drops of Tincture of Myrrh have caused the development of 84,703,000,000 white corpuscles, or one drop of the tincture has produced 2,823,433,333 white corpuscles. A small cause and great effect!

The following propositions of Moleschott are also worthy of notice



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in this relation: 1. Nutriment, particularly if it is albuminous, increases the number of white corpuscles. 2. Rigid diet diminishes the number. 3. Mercury, if used in the treatment of syphilis, increases the number. 4. The use of *tonics* increases it.

Relying upon these physiological facts, Dr. Schlosser, the writer of this article, points to *Myrrha*, *Mercurius* and *China* as remedies, which, from their peculiar action on the white corpuscles of the healthy blood, give promise to exert a curative action in leucocythæmia. The treatment is of course to be supported by proper dietetic regimen, the use of proper nourishing food, by avoidance of albumen-holding articles, attention to influences of climate, plenty of exercise, and perhaps change of habitation.

This concludes the synopsis of the most important articles contained in Hirschel's valuable semi-monthly. Several papers of a theoretical nature, or merely local importance, need not be specially referred to. Below are a few short notices on subjects worthy of brief mention.

*Secale-cornutum* is highly spoken of by Dr. Hirsch in the treatment of *hæmoptysis* and *pneumorrhagia*, given in doses of half a grain of the first decimal trituration, every hour. Dr. H. prefers it to diluted Sulphuric-acid and cold external applications. The same writer reports that strong Alcohol is a reliable remedy for the extirpation of pediculi pubis. It is certainly a more safe and agreeable application than the mercurial ointment which is usually applied.

Dr. Oehme reports a case of *carcinoma mammæ*, cured with *Lachesis*[7]; a case of neuralgia of the womb, cured with *Platina*[4]; *diarrhœa* brought on by excitement, cured with *Coffea*[2].

At a meeting of the Homœopathic physicians of Dresden, *Anacardium* was reported as specific in weakness of memory, gastric catarrh (with contraction and darting pain,) pain in the back, and a bruised feeling extending up to the shoulders. Trinks reported a case of *monomania*, the patient imagining that he had a devil in one ear and an angel in the other, causing him to experience alternately a feeling of benevolence and a desire to commit murder. This case was cured with *Anacardium* in six weeks. Trinks also reported his success with *Agnus-castus* in a case of *pollutions*, having a character of irritable weakness, with discharge of prostatic secretion. He also used *Agnus* in the 1st dilution for gleet. Many complaints were made of the inefficiency of *Apis* in cases where it appeared clearly indicated. The question arose whether the customary mode of preparing the remedy could not be improved.

*Baunscheidtism! Its mystery discovered by Dr. Constantine Hering.* The reader probably does not know the meaning of "Baunscheidtism." It is in fact an "ism," as its name indicates. It is a medical "ism;" the latest that has been discovered. Its discoverer is Baunscheidt, "a mechanic on the Rhine." His process consists in puncturing the skin with a bundle of fine needles, to make "artificial pores" for the exit of the peccant matter. Wonderful to relate, he has occasionally *heard* the disease rush out of the system through these vent-holes!

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He also uses an oil of secret composition to be rubbed into the skin. Hering seems to think that this oil must have "something in it," and by a process of reasoning, comes to the conclusion that it contains *Formic-acid*. So much for the secret. Although this system is a novelty, still it appears that many of our citizens must already have been "stuck" by the wonderful needles, for we recently saw in an Americo-German paper that indefinite thousands had already been cured by "Baunschiedtism." HOFFENDAHL.

We regret that a number of "Cases from Practice" should have been crowded out of the original department for several numbers past; but there has been such a press of bulky original matter on hand, that the present "ases" have many of them been in the printer's hands once or twice, and have been returned to us for want of space; as we are limited to a certain number of pages, we have been obliged at last to put them in the "General Chronicle." This, we trust, will be a full explanation to those whose articles have lain over.

PETERS.

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## *Cases*, by E. R. PAINE, M.D., of Burlington, Iowa.

Dr. J. C. PETERS,

Enclosed find a Case from Practice, &c., which, if you think worth the space in the N. A. Journal, is at your service.

I read the Journal with increased interest, and no part of it with more care than the Cases from Practice. They show the practical workings of our improved and improving mode of relieving the sufferings of humanity.

About eighteen months ago I was called to see Mrs. G., a lady thirty-five years of age, of bilious-sanguine temperament. Was nursing her fourth child, then about two months old.

She was suffering from excessive *heart-burn*, which had continued for the last six months, notwithstanding the constant use of such alkalies as Chalk, Magnesia, Soda, &c., with occasional doses of Calomel. She complained also of constant pain in the spleen, which was greatly enlarged, and attended with ascites to such an extent as to cause material enlargement of the abdomen. Still she was able to sit up half the day. The dropsical effusion had diminished nearly half since her confinement with her last child, but for two weeks had slowly increased.

She had been subject to ague and fever for the last five years, and supposed since her confinement she still had "dumb ague," because of her having fever every afternoon with occasionally chilly feelings, attended with pain in the back and limbs, and increased pain in the side. Had taken Quina, Calomel, and the various quack remedies for intermittent fever with which this region is flooded. Left Arsenicum[3] and Merc.-sol.[3], in half-grain doses, to be taken alternately every two hours.

Second day.—No material change. Directed the continuance of

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Merc. and Ars., and left one-fifth of a grain of Gallic-acid in two ounces of water, to be taken with reference to the pyrosis, in tea-spoonful doses, and directed that she should wear a wet bandage of sufficient width to cover the enlarged spleen.

Fourth day.—Found the pain in the left side very much less. The pyrosis had ceased after taking the second dose of Gallic-acid, and afterwards was always controlled by a single tea-spoonful of this remedy. It, however, returned but a very few times afterwards. The "dumb ague" was much better. Directed that the wet bandage should be continued, the Merc. and Arsen. be taken alternately twice a day. This treatment was continued for three weeks, when the pyrosis was entirely cured, the "dumb ague" had fled, the spleen had diminished very greatly in size, and the pain had entirely ceased.

The dropsical effusion still remained, but after using Apocynum-Cannabinum in five-drop doses, once in two hours for a week, this began to diminish, and the flow of urine to increase. The intervals between taking Apocynum were then increased to four, and finally to six hours. When the Apocy. had been used four weeks, the effusion had entirely disappeared. Her health has been good ever since.

*Santonine as an Anthelmintic.*

For a year past I have been in the habit of using Santonine for the destruction and expulsion of the common round worm.

I usually give it in doses of from one, to one and a half grains, three times in twenty-four hours, and it very rarely fails to correct all the "worm symptoms," and usually the parasites are expelled.

*Yellow Sulphuret of Mercury in Croup.*

I have never yet found an article which will so invariably and promptly relieve the various forms of croup as this.

I have usually given it in doses of one grain of the first trituration, commencing as soon as the metallic cough is observed, and repeating it, from every half an hour to two hours, according to the violence of the symptoms. After the urgency of the first attack is sufficiently mitigated, I resort to Spongia, Hepar, and other remedies of our school as they may be indicated.

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Dr. J. C. Peters,

Dear Sir.—If this is worth notice, I should be pleased to see it in the next No. of the N. A. Journal. Respectfully yours, &c.,

Jos. M. Diller, Ashland, Ohio.

*A Case of Gastritis,*

treated by the old school for some time was given up to die, and after waiting the time the Doctor had set for her to die, there still appeared to be life, and so they concluded to try Homœopathy, and I was sent for. Case as I found it:—The patient, a young lady some twenty years of age, lying as if she was dead. I took her by the hand and found her hand as cold as a corpse, with a cold, clammy sweat; no pulse in the wrist; voice not above a whisper; tongue as

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red as a piece of raw beef; examined her feet, and they were set; burning pain in the stomach. The family told me that everything she had taken was vomited up again, even the smallest quantity of water would be vomited up as soon as she would drink any. I dissolved some twenty globules of Nux-vom., 6th pot., in half a tumbler of water, and gave a tea-spoonful, (not with the expectation of curing her,) and went down-stairs and talked with the family about half an hour, told them that there was no chance for her to get well, but went up to see her again before I went home. Found that she felt easier, and the medicine remained on her stomach, so I ordered her to be rubbed till she got warm again, and the medicine to be given every two hours, also small quantities of water, but expected to find her dead in the morning. But in the morning I found my patient living yet, all the medicine and water she had taken through the night remained on the stomach; not so much of the cold, clammy sweat; I could feel the pulse in the wrist, and she could speak loud again. So I ordered the solution to be given every four hours, and my patient continued to improve day after day, under the same treatment, and in seven days I had her sitting up in a chair. I still continued the *Nux-vom.* till I had her cured of the gastritis, and then I commenced treating her for a yellow leucorrhœa, corroding the parts, for which I gave her *Sepia*, and ordered injections of water morning and evening till she was well. She was under my treatment, in all, from the 5th of September to the 20th of December.

*Mercurius-Iodatus in Goître.*

Among the few remedies recommended for goître in our homœopathic books, nothing has been said of Mercurius-Iodatus, which in my hands has proved far more efficacious in eradicating the disease than any of the other remedies recommended by our authors. I have used in the last four cases, the 1st trit. of Mercurius-Iod. in half-grain doses, with an external application of an alcoholic solution of Iodine, ten drops to the ounce, with the happiest result.

I recommended the medicine to be taken morning and evening, and an application of the solution the same, till an improvement, then only once a day, or at still greater intervals as the case improved.

JOS. M. DILLER, M.D.

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## *A Case in Midwifery Practice.* By L. BARNES, M.D., of Delaware, Ohio.

Mrs. Blank had suffered severely from disease of the spine, probably *myelitis*, since her last confinement, a period of some three years. She had also suffered much from a regular physician; and had latterly received some benefit, perhaps, from a water-cure. She had been so much recruited as to be able to walk a distance of two or three hundred yards, a couple of times, but felt great prostration after each effort. But now, some months afterwards, she was confined to her chamber; very feeble, great tenderness of the spine, dor-

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mant liver, sore stomach, tender bowels, small and variable pulse, but beating usually at the rate of 120 to 130 in a minute. She was also about two or three months advanced in gestation. It was in this condition that she came into the hands of homœopathy. Her condition was so far bettered in the course of two or three weeks, that she was able to go up and down stairs from her chamber to her meals, and to remain up from the bed during most of the day. This was her condition for about five months, although she was yet feeble, in a low *anæmic* state, nervous and very restless.

Then an alarm came, that she was "flooding." Hastened to her, and found the hæmorrhage abundant, but no pain. It had appeared suddenly before her rising in the morning. Had cold wet cloths applied to the lower abdomen, gave her *Sabina*, and it mostly ceased; apparent labor-pains came on in the course of a few hours, when they ceased entirely. Her pains were regular, frequent, and tolerably severe, but there was no dilation of the *os-uteri*. Gave her *Pulsatilla* a few times, and they disappeared. She was comfortable until the next morning, when the same alarm was given, and nearly the same things followed, as during the day before, except that the labor-pains were not so well defined, and the hæmorrhage was not so completely arrested. It became more severe during the first part of the following night. Stopped it with the *tampon*. She remained comfortable until the next morning, when the plug was removed for the purpose of urination, and the patient objected to having it replaced, on the ground that it was no longer necessary. But the hæmorrhage reappeared before noon, and the tampon was reinserted.

She sent word, at about two o'clock, P.M., that it appeared as if the flooding would come on again, notwithstanding the mechanical obstruction. Found her, on arriving, with severe labor-pains. Removed the tampon, which was much loosened by the softening and dilatation of the vagina. The os-uteri was quite dilatable, but not open; and there appeared a slow hæmorrhage. The pains became very severe; she sickened at the stomach; vomiting followed, which appeared to produce such vehement uterine contractions, as to open the orifice suddenly, and force the contents of the uterus down so rapidly, that the blood which had coagulated in the vagina, was thrown out with considerable violence. The vomiting ceased immediately, and the "bag of waters" had advanced more than halfway through the cavity of the pelvis. But nothing hard, like an advancing fœtus, could be distinguished. The pains increased in severity and power; and the sack of waters, elastic from the tightness of its pressure, came on little by little, like the ordinary advance of difficult and severe labor. It began to jut from under the pubic arch, then "broke," and the water flowed away in great abundance. But no child appeared in the vagina. This was empty, save the presence of the umbilical cord which had prolapsed. The patient was faint and exhausted. The pains were suspended. The pulsations of the cord were very feeble. Made an effort to replace it. Found the uterine orifice closed around

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it, but very yielding. Opened the passage a little, and found, not the head, but what resembled a shoulder-blade. Commenced to introduce the hand, for the purpose of changing so bad a presentation, but the irritation caused a renewal of such powerful contractions upon the body of the child, that it seemed impossible, especially as the waters were all discharged. But the orifice opened, and the fœtus began to descend. It came slowly amidst the most agonizing pains for an hour or so, and then slower and slower, until it was nearly stationary above the pubic arch, and the contractions became less energetic. The patient was faint, oppressed for breath, hands and feet cold, agonized and restless. Put two or three drops of the tincture of Ergot in a half a tumbler of water, and began to give her a teaspoonful of the solution at intervals of five or ten minutes. The pains were renewed after a little; her agony became fearfully intense. The cold extremities grew colder, and were covered with a perspiration that appeared icy. Her white lips were drawn closely over the teeth, and her eyes glared out from the midst of her bloodless face, in such a manner, that the soul of her attendant has been haunted by the vision ever since. But a finger could now be hooked under the arm of the fœtus near the axilla. The arm lay above the junction of the pubes, the back to the outlet rather inclining towards the sacrum, and the head to the right side of the mother. A pulling by the finger upon the arm, when a pain was over, caused the child to advance, and brought the arm down. The body was doubled together, and a finger could now be inserted for some distance round in the fold produced, which was under the pubic arch. A vigorous pull by this, at the onset of the next pain, brought down the breech and the child came away. It was, of course, still-born, and appeared to have nearly reached maturity. Its time was probably about eight months. The nails were well formed, the hair abundant, and it would weigh perhaps six to seven pounds. The pelvic cavity, through which it had passed, was nothing beyond the average in its dimensions.

The patient was left exhausted, restless, and sleepless; with a sense of general pressure and suffocation. Her sleep did not average more than two hours in the twenty-four for the following week. The after-pains were about as usual, and were easily controlled by Nux-vom. She rallied very slowly, and the nervousness subsided gradually. Bell., Opium, Nux, and Sulphur appeared to afford some relief.

Yours truly,

L. Barnes, M.D., Delaware, O.

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*A complicated case of Urinary Calculus.* By H. Bradley, M.D., of Quincy, Ill.

Dr. Peters,—

Dear Sir!—The following case came into my hands while practicing in Peru and La Salle, in this State, in July last. I send it with the history and treatment much abbreviated; but hope that interest

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enough may attach to what there is of it, to induce you to insert it in the journal.

Mrs. H., aged about thirty, was treated allopathically during pregnancy three years since, for ailments incident to that condition, the treatment running into the exclusive use of Morphine, which became a fixed habit. She had taken it at the rate of five grains a day for two years. Abstinence from it entailed nervous headache, cold sweat, and utter inability to keep about. She was also an inveterate smoker, —with pipe in mouth nearly all of the time, except while eating or sleeping, and from the time the doctor came in sight until he left. She had not menstruated since weaning her child; which was over a year before. I found her suffering with cutting pains in the course of the ureters and in the kidneys; fullness and tenderness of the abdomen; retention of urine, with frequent ineffectual urging, and attended with severe, cutting and burning pain. She had been troubled with strangury occasionally for a few years, attended, sometimes, with slight convulsions. Habit of alternate constipation and diarrhœa. I prescribed *Canth.* 3d, to be taken as often as every hour. There was no abatement of the symptoms next morning. Convulsions had come on about 9 o'clock in the evening, and lasted remittingly until about 12 M. I used the catheter, and drew about a pint of urine of a very dark color, and strong urinous odor; this must be regarded as a small quantity, as it had been over forty-eight hours accumulating. Found the urethra hot to the touch, and swollen so as to make it difficult to introduce a small gum-catheter, to which stringy mucus adhered. Matters kept on in this way for a week, the convulsions coming on and going off every evening, at about the time before stated, but growing slighter. Drop doses of tinct. Bell. and Nux were given for the first two or three days, and Nux and Cocculus after that; alternating them from every ten to twenty minutes during the paroxysms; the catheter was used every twenty-four or forty-eight hours. In about a week the menses appeared slightly, Aloes 2d trituration, in grain doses, having been given every four hours during the day, for a couple of days previously; but they ceased entirely for three or four days, during all which time the Aloes was kept up; they then came on very profusely, amounting really to flooding, and continued thus for a week. Ipecac., China and Secale exerted no controlling effect, and she became very much reduced. The urinary difficulty was not at all modified by the establishment of the menstrual flux, as I had rationally hoped it would be; which fact confirmed me in a suspicion I had entertained before, viz., that it proceeded from the presence of calculi in the kidneys; and also that they were present in the gall-bladder, as the convulsions were preceded by extreme distress in that region. Having read in your journal of the applicability of Apocynum-cannabinum in urinary difficulties, and having myself tested it in uterine hæmorrhages, I put her upon drop-doses of the tincture, repeated every two or three hours. The flooding ceased gradually; the urinary symptoms were alleviated, and in the course of a week

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after commencing its use, the catheter was laid aside, and as the flow of urine became free, calculi amounting in the aggregate to near a teaspoonful, were discharged, varying in size from that of a peppercorn to a pin's head. While flowing, she sweat profusely, and caught cold from exposure to a chilly air, which developed a difficulty of the right lung, about the time that she was gaining finely as regards the other difficulties. She had been troubled at intervals, for a few years, with the lung, and I found it quite extensively diseased upon examination. A quotidian intermittent set in; the chills coming on about 11 A. M., lasting an hour or two, followed by fever for three or four hours, and severe night-sweats. I controlled the intermittent with two grains of 2d trit. of Arsen. and ½ gr. pure Tart.-emet., each dissolved in four ounces of water, a desert-spoonful per dose in alternation, every two hours during the apyrexia, and every half hour to an hour during the paroxysms; the night-sweats were removed by Sulph.-Ac. 3d, a dose every twenty or thirty minutes, while sweating. (The Ars. and Tart.-emet. given as above, have in my hands cured the majority of cases of ague, that would yield to infinitesimals at all.) These intermittent-difficulties would return after a few days' respite, but finally disappeared in three or four weeks, and the lung-trouble was also relieved by this treatment; with Bry., Calc.-carb. and Hepar-sulph. as adjuncts; so much so, that no apprehensions were entertained of an immediate fatal termination. Before this difficulty was fairly got along with, diabetes came on. Urination was very frequent, but there was perfect ability to retain it until a fair quantity was collected. Natr.-mur. 3d, a few doses would control the diabetes, but it would return every few days, when the same remedy would check it again. My stock of this remedy being all gone I substituted Rhus-tox. and Ver.-alb. for it; alternating them; and they controlled it so well that there was but little of the trouble afterward. She was often annoyed with sick-headache, which Bry. and Canchalagua 1st, in alternation every fifteen or twenty minutes, would soon relieve. There was but a slight show of the menses at the end of the first month, and none at all after that, while I was in that place; but her health was as good as previous to my acquaintance with her. It will be recollected that the use of the Morphine and pipe was kept up all of the time, except during the first few days, when she was too sick to help herself to them; and after getting about, the Morphine was increased to ten or twelve grains a day; taken in three or four doses; a bottle would last only from five to seven days. The remarkable feature of the case was the promptness of action of infinitesimals, while the patient was so much under the influence of powerful narcotics. It goes far in my mind, to do away with the notion pretty generally entertained, that it is necessary to prohibit the indulgence of such habits, in order that remedies may have an effect: for in such cases habit is really second nature; and abstinence is productive of as great disturbances in an economy that has become habituated to any drug, as the exhibition of the article prohibited, would do in

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one not used to it; that is as far as disturbing the action of remedies is concerned. I will mention another case in corroboration of the foregoing. An old gentlemen who had been a habitual Opium-eater for at least twenty-five years, taking it as regularly as he did his breakfast, which it always preceded, had a bad diarrhœa for a week. I prescribed Podophylline 1st trituration, in grain doses, one dose after each evacuation; and about six powders cured him. If he did not have his bolus of Opium soon after rising in the morning, he would become drowsy and finally sink into a comatose state, from which nothing but Opium would arouse him.

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## *Polemics among German Homœopathists.*

It is both interesting and instructive, while watching the movements of our trans-atlantic colleagues, to observe the diverging tendencies of their theoretical opinions, and to notice the nature and direction of their polemical literature. Of late there appears to have been a decided movement in Germany, in opposition to the so-called "*high Homœopathy.*" To show how this subject has been handled abroad, we shall quote some extracts from a letter addressed to the President of the Central Society by Dr. Trinks, that veteran of Homœopathy who is always ready to buckle on his armor when he sees the integrity of his faith endangered by foes, intra- or extra-muras.

"I am forced to designate this so-called high homœopathy, the principles of which are only divulged in fragments from time to time, as *an erroneous doctrine, dangerous as well to science as to suffering humanity;* a doctrine which, if generally propagated, would certainly for a time inflict great injury upon rational homœopathic science."

"We must characterize as highly pernicious the dogma which has been propounded by this sect, that *all diseases can and must be cured only with the highest medical dilutions,* (these preparations being designated by the so-called high homœopathists as 100, 300, 400, 1000 potencies,) because this method may easily endanger human life, and because daily experience has proved its falsity."

"Quite recently one of the high-priests of this false doctrine has favored us with manifold and tedious discourses in a thick volume, the style of which is so diffuse and incomprehensible, which is so full of contradictions and inconsistencies, as to make its perusal not only fatiguing but highly repulsive. (The present volume of the Hom. Klinik contains *Gruber's* excellent analytical review of this work, exposing with great acuteness this tissue of false conclusions and inconsistencies.) A really painful impression is made by the apothesis of this so-called 'pure homœopathy,' the destruction of which is foreseen and bitterly deplored by the author. At the same time these lamentations about the approaching fall of the holy Ilium are mingled with perfidious and venomous allusions to the homœopathic rationalists. Cowardice prevents these men of darkness from mentioning names, but we know well for whom these attacks are intended, and shall be careful to parry them with no other weapons than utter contempt."

Trinks proceeds to state that not being endowed with the least credulity, he is quite incapable of believing in cures effected with a few globules of the 60th, 100th, or 1000th dilutions, the action of which preparations must be expected for twenty or thirty days, or even for months.

"Incredulity and scepticism led me from Allopathy to Homœopathy; the

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study of Hahnemann's writings convinced me that his system would put an end to the dominion of fancy and metaphysical speculation in medicine, and that actual experiment would be adopted as the supreme regulator and guide. This, and the fact that Homœopathic Journals did not hesitate to publish the most incredible miracle-cures, produced a great development and increase of my scepticism. I confess openly that the action of many homœopathic physicians filled me with disgust, and would long ago have estranged me from homœopathic practice, had not an experience of nearly thirty-five years convinced me of the undeniable superiority of this system. It is necessary, therefore, to make a careful distinction between the system and individuals. Endeavoring to do this, I am still faithfully and zealously attached to the good cause, while I leave its bad representatives to the fate which they have justly earned."

The author further mentions his regrets that these high homœopathists have never published a full programme of their secret art, but only regale an astonished and credulous public with disjointed fragments, such as the occasional publication in their organ, (the Allgem. Hom. Zeitung,) of the marvellous cure of grave chronic diseases with infinitely small doses of medicine which are said to act for weeks or months, a result which is of course never attained by the common herd of rational physicians.

The following are the results of Trinks's experiments with the high dilutions:

"I do not oppose this system of mysticism and miraculous results from a mere love of opposition, but because I have formed my conclusions after experimenting with these high potencies for years in acute and chronic diseases. I found that acute diseases, treated with these high dilutions, took just as slow a course as if no remedy had been used, that aggravations or fatal terminations were not prevented; therefore it soon became a matter of conscience with me to refrain altogether from experiments of this sort in acute diseases. Among chronic cases I experimented not only upon those which were incurable, but also where a cure could be anticipated with great certainty. In these diseases the following results were obtained: In some cases the disease was not influenced at all by the remedy; in other cases there could be detected an effect of short duration, which soon disappeared and left the disease in its original state, so that it had to be removed by larger, stronger, and more frequently repeated doses. Tubercles, old epilepsies, paralysis, chronic diseases of the skin, such as lupus, psoriasis, &c., were not affected at all by these much-vaunted preparations, while they were at least improved by larger doses. In the three stages of syphilis I could not detect the least effect from the high dilutions."

"Moreover, I have had occasion to treat patients who had been under the care of so-called 'high homœopathists' for months and even for years. In these cases also I observed neither brilliant nor even considerable results of the 'pure' treatment. Many of these patients came to me with the request to give them only very high dilutions and at long intervals, because a dose of any size always caused the most painful aggravations and a host of new troubles. For such patients my first prescription was a powder of unmedicated sugar of milk, or an ounce of pure distilled water. At my next visit I was frequently overwhelmed with complaints about the too powerful action of the remedy, while I put an end to the deception by exhibiting the nature of the prescription. Thus I attained my end, and succeeded in curing many of these patients with more massive and powerful doses. Of course really incurable diseases were not cured by me any more than by the previous 'high' medical attendant."

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"Finally, I must confess that on a closer acquaintance with a number of "high homœopathists," I was not particularly struck with their intellectual powers. I often found that they had no great knowledge of pathogenesis and special pathology, still more frequently that they were not gifted with any great power of making distinctions, and were, therefore, almost incapable of distinguishing cause from effect."

"One of these high homœopathists, of the purest water, was entrusted with the care of a boy nine years of age, the first child of a mother who died of pulmonary tuberculosis. This patient was affected with deafness of the left ear, owing to a blenorrhœa of the mucous membrane of the external passage; he also had an anal fistula of three years' duration, and had already been treated by two other homœopathic physicians. Besides early caries of the teeth and inconsiderable engorgement of the sub-maxillary glands, there was no other appearance of developed scrofulosis, which the pure homœopathist considered identical with psora. The high homœopathist made a personal examination of the patient and declared that the deafness as well as the fistula were curable by appropriate internal medicines, of which he possessed about forty. The treatment began May 9th, 1857, and was continued until April 13th, 1858. The patient received:

1857, May 9th, 1 powder *Puls.* 200., and 2 powders *Puls.* 2000.
" Sept. 10th, 1 " *Sulph* 200., " 3 " *Sulph.* 2000.
" Nov. 22d, 1 " *Silic.* 200., " 3 " *Silic.* 2000.
also " " 2 " *Calc.-carb.* 200., 4 " *Calc.-carb.* 2000.

These powders acted for four and a half months.

1858, April 13th, 1 powder *Petrol.* 200., and 3 powders *Petrol.* 2000.
also " " 1 " *Nitr.-ac.* 200., " 3 " *Nitr.-ac.* 2000.

These powders were dissolved in six table-spoonfuls of water and taken in three days, then no medicine was taken for fourteen days.

I saw the patient June 18th, 1858, and found after a careful examination that brain, heart, lungs, liver, spleen, and intestinal canal were healthy and normal in function. According to the report of the person who had charge of the child, the deafness and fistula had not undergone the *least improvement*, notwithstanding the careful administration of the remedies and the rigid observation of the prescribed diet. More recently exuberant granulations had formed about the external opening of the fistula, causing much discomfort from friction; the pus discharged from the fistula had a very offensive odor. Every rational physician can imagine what was the character of my advice as regards the cure of the fistula. *Dr. Franz*, who in his day did so much for Homœopathy, was also afflicted with fistula, which had formed about the scrotum and perineum, consequent upon calculous disease, and he died with hectic fever. During his sickness, he smelled only of globules of *Antim.*, *Sil.*, and *Conium!* Discite moniti!"

"All these observations have induced me to discontinue such experiments for the future, because nothing can thereby be gained for science, for art, or for suffering humanity. But these experiments have convinced me that this so-called high Homœopathy is erroneous in theory and practice, that it is injurious to the sick, and to medicine as a science and as an art. It opens the doors for charlatanry, delusion and deception, and every one who has the true advancement of our science at heart should oppose it with all his energy and zeal. For my part, I consider this system particularly injurious for the sick, because not only do diseases remain uncured, but they are unnecessarily prolonged, and may even become incurable through this do-nothing practice."

In another part of his letter, Trinks refers to the notorious Lutze in the following terms:—

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"I also consider it my duty to direct the attention of the Central Society to the course of the great charlatan, *Arthur Lutze*, in Kœthen. I publicly declare that this Arthur Lutze, judging from his literary and practical performances, and particularly on account of his peculiar mode of practice, stands outside of the scientific and practical domain of homœopathic medicine. He confesses that he constantly mixes two remedies together in the same dose, which is diametrically opposed to the principles of homœopathy. He proclaims that this method is his own wonderful discovery. This is false, for the imperial Russian physician in ordinary, Dr. Mandt, had already employed this method much earlier, made it known under the title of the *Atomistic* mode of cure in various articles in the Berliner Centralzeitung, and published it in his own name in his work on the treatment of Asiatic cholera."

"Our honor and necessity demand this step. Its omission might be followed by the most serious consequences for our science and for every rational homœopathic physician. This will be evident to every one who has watched this man's mode of action for some time."

"The Central Society would commit a great crime if it still allowed the memory of Hahnemann to be disgraced by a man entirely devoid of scientific and medical education, who employs homœopathy as a cloak for his crude ignorance and charlatanry, who deludes and swindles suffering humanity in the most barefaced manner."

"A declaration should appear in the homœopathic journals. (one of which, I regret to say, even published a report of the clinique of this former post-office clerk) and also in political journals of large circulation. The general public would thus be informed of this abuse of homœopathic medicine, and would be prevented from confounding homœopathy with this most crude empiricism."

"I have spoken of these matters as is my wont, openly and without restraint. At my age it is a matter of indifference if such a course procures for me a few more enemies or friends. I look back with satisfaction upon my long practical career and my literary activity; for I am conscious of having always attempted the best, although I have not always attained it. Et in magnis voluisse sat est! I shall continue on my course as long as a beneficent Creator gives me strength. I live in the firm conviction that the time will and must come when homœopathy will meet with an always increasing and more general appreciation. That time will arrive when it is cleared of all the dross which still encumbers it, and impedes its activity. This happy time will begin when the kernel will no longer be confounded with the shell, when the principle shall stand higher than technical and pedantic refinements, which only injure and destroy the power of remedies. Let all be warned against an irrational and dangerous game, which leads us to transgress against our science and against suffering humanity!"

## *On the Law of Similarity.*

During the past year an animated controversy has been maintained in the German journals on the subject of the *law of similarity*, its real value, its scope and universal applicability. This discussion arose from some critical remarks contained in articles by *Dr. Caspar*, of the Leopoldstadt Hospital, and *Dr. Kurtz*, well known as a diligent laborer and collater in the field of Materia Medica and Therapeutics. In an article in the Vienna Hom. Journal, Caspar uses the following language: "I believe that the maxim of *similia similibus* is nothing but a fortunate hypothesis, which en-

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ables us to act practically in a large number, perhaps the great majority of cases, but which nevertheless does not always suffice, because, although it comes very near to the truth, it still does not reach it entirely. We need not be ashamed of this confession. Every science needs such hypotheses; it is only possible through their support to attain higher knowledge. In the history of every science we shall find not a few hypotheses, the persistent pursuit of which has led to the most important discoveries, or has been the source of other hypotheses still nearer the actual truth. Therefore, we may look with confidence and with pride upon our simile, although we consider it not a perfect axiom, but merely a hypothesis; for it is the best that medical science has yet put forth."

*Dr. Kurtz* expresses his sentiments in a still more decided tone. In articles contained in the Allg. Hom. Zeitung and in the Hom. Klinik, he manifests considerable dissatisfaction with the present state of homœopathy, and particularly doubts the sufficiency of the law of similarity. He complains that "the simile as at *present conceived and understood* is not the only principle of homœopathy, nor can it be truly considered as a therapeutic "*principle!*"—"It is a thing of wax, and homœopathy is still in want of a firm, immutable basis." These complaints are founded upon the experience of himself and other physicians of his acquaintance. They have found it impossible to master the "chaos" of symptoms contained in our Materia Medica; they are unable always to find the characteristic symptoms of a given remedy, and, in practice, they are obliged to regard other indications, such as the external cause of disease, the part originally affected, the individual peculiarity and the reigning epidemic constitution.

As may be imagined, these sceptical expressions caused considerable agitation in homœopathic circles. A number of replies soon appeared, characterized, of course by the particular mental constitution of their writers. Thus *Mayer* of the Allg. Zeitung, indulged in a diatribe couched in the "poetical and pathetic phraseology" peculiar to the editorials of this journal. Under the title of "*Desecration of the Simile*," Meyer begins his denunciation as follows: "The spirit of scepticism is at present the order of the day in medicine. The ghost of negation crawls about in bright daylight, seizing with its bony hand all that it meets. Never before was this spirit so arrogant and presumptuous. It calls pulling down, investigation, —destruction, progress. With bold and daring hand it denies all that its weak senses cannot perceive, all that its limited comprehension cannot fathom. Because it cannot comprehend the cause, it calls the effect a lie. It considers itself a God, before whose eyes nothing incomprehensible can exist. Its pride and vanity tolerate nothing above or beside itself. Yea, it is a God, but a God of hell, not of heaven, a God of distinction, not of creation." And so on, and so on, through seven columns of edifying and affecting discourse, containing but little common-sense and practical matter.

Other writers, particularly *Hirschel* and *Trinks*, take up this subject in a different manner, and enter into a calm investigation of the truths contained in these sceptical articles. They allow that the simile is not as yet all-sufficient, but think this lies in the nature of things, and is not owing to any imperfection of the law. *Trinks* thinks that the simile appears inefficient for two reasons. The first is an imperfect acquaintance on the part of the physician with the Materia Medica. It is true that this is an extremely difficult study, but it is not insurmountable. The second reason is the imperfect state of the Materia Medica itself. It is allowed by all parties that the number of perfectly proved remedies is very small. The majority require re-provings, and a host of remedies should be thoroughly proved, that

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have never been experimented with. Of course progress in this direction can and must be only slow. "Steam power cannot be employed on this field, or we shall again obtain *multa* but not *multum*. Some provings may serve us as a warning." It is true, as Kurtz says, that it is difficult or impossible to find the *characteristic* symptoms of a large number of remedies. But this precisely is "a pathognomonic sign of a bad, imperfect, faulty proving, which makes the remedy perfectly useless to the practising physician." At the same time "it is an undeniable fact that every drug has its positive, specific and peculiar effect upon the healthy and diseased organism, and it manifests these effects under all circumstances in an unmistakeable manner." The more perfect therefore are our provings, the less shall we have to complain of the unreliability of the Materia Medica.

The following are Trinks's ideas of the mode of applying the principle of similarity to practice. "The homœopathic principle does not explain the mode in which remedies affect the disease to be cured, in a manner satisfactory to science. In fact no school of medicine ever has or ever can demonstrate this process completely, because this process in all its details is not demonstrable to our senses. Science must, therefore, renounce the hope of fully explaining this act, and be content with the assumption of an indubitable fact. Least of all can the manner in which high homœopathists imagined and explained this process be adopted as the basis of practical medicine. In fact the purely subjective exposition of the manner in which drugs cure diseases is not the principle of any art of healing, and therefore not of homœopathy. It is beyond all doubt that the law of similarity constitutes a *useful director and the only sure guide* for the choice of the appropriate remedy for every curable disease. *In the finding of this sure guide consists the greatness and the immense value of Hahnemann's discovery*, the credit of which will belong to him forever."

But in order to obtain a full knowledge of any given remedy, still another step is necessary. We must have recourse to *clinical experiment*. This controls and confirms the results of the physiological experiment. This alone affords the precise indication for the practical application of the remedy. We have then: 1st, the physiological experiment; 2d, the law of similarity, which compares the physiological with the morbid symptoms, and 3d, the clinical experiment. These three processes afford so firm a basis for the homœopathic art of healing, that it is futile to designate our principle as a "thing of wax."

"We are surprised that Dr. Kurtz, while illustrating the weak parts of homœopathy, should have entirely overlooked its immutable foundation; that, in his just indignation at the vague and phantastic course of many of its adherents, he should express such sad forebodings as to its future. We believe, on the contrary, that the real indestructible value of homœopathy will be demolished neither by the attacks of its numerous opponents, nor by the folly of some of its adherents. We believe that it will meet with more and more general acknowledgment, and that sooner or later it will lead to a complete transformation of practical medicine." * * * "It is a matter of very little importance whether this future system of medicine be called Homœopathy or Allopathy, or whether it will bear a name as yet unknown. Names are changeable and the result of chance; but the irrefutable facts, which are the result of observation, will remain untouched for all eternity."

"The homœopathic science of the future will occupy an integral, indispensable position in physiological investigation. *As the science of the positive effects of remedies upon the diseased and healthy organism*, it will occupy its proper place among the doctrines of practical medicine. This new science will take its origin from the same foundation which was laid by

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Hahnemann; it will be developed and perfected in the manner prescribed by Hahnemann, and time will add what is demanded by the progress of science. This new science will fill the great gulf which has hitherto existed between theory and practice, and will gradually bring them into a harmonious connection."

Thus finishes our report of this controversy. Opinions will probably be divided as to the value of such discussions. Our conviction is that they can only be productive of good. We believe that such dispassionate and candid expressions of opinion always exert a salutary influence upon the professional mind. They check an excess of scepticism on the one hand, and immoderate enthusiasm on the other; they expose what is false and unreliable, and always lead us a step nearer to positive truth. This our belief in the benefits derived from free discussion, has induced us to present the above report to the readers of this Journal.

*Boston*, August, 1858. H. L. H. HOFFENDAHL.

## *Books Received.*

1. Homœopathy and its Principles explained, by John Epps, M.D. People's edition. London. [From the author.
2. The Woman that lives without eating, being an authentic narrative of Mrs. Simeon Hays, of Chester, Warren Co., N·-Y., by the Rev. A. D. Milne.

This woman is said to have lived without partaking of any solid nourishment since June, 1856, or any nourishment whatever since the 20th of February, 1857; also without passing urine or fæces, and still retains her usual amount of flesh, and a healthy appearance of the skin. She is still alive. [From Dr. Stoddard, of Glenn's Falls.

3. The Homœopathic Record; Medical, Social, and Scientific. London and Northampton. [From Dr. Pearce, of Northampton, England.
4. THE NEW AMERICAN HOMŒOPATHIC JOURNALS.

The unexampled success of our Journal has led to the establishment of several others of late; we welcome them all cordially and heartily.

*a.*) The HOMŒOPATH, published by Chas. T. Hurlburt, and edited by Chas. E. Blumenthal, of New-York.

Several numbers of this bi-weekly paper have appeared promptly; we find the names of several of our friends among the contributors.

*b.*) THE NORTH-WESTERN JOURNAL OF HOMŒOPATHY. New Series. (From Professor E. A. Guilbert, of Dubuque.) But one number of this periodical has as yet appeared. It will be reviewed at a future period. We have finally succeeded in convincing our publisher and colleagues of the importance of having a Western editor attached to our corps, and one will doubtless soon be appointed.

*c.*) THE AMERICAN HOMŒOPATHIC REVIEW, edited by Roger G. Perkins, M.D., and Henry M. Smith. Monthly.

5. Report of Masonic Celebration and Excursion, St. John's Day. Our good friend, Professor Guilbert, bore a most honorable and prominent part on this great occasion. More anon PETERS.

## *Original Articles on hand.*

1 On Adjuvants to Medical Treatment, by Dr. Alley, of New-York.
2. On Headaches, by Dr. Peters.
3. On Aneurism of the Aorta, by Dr. Gottschalk, of Providence, R. I.
4 Notes on Biliary Calculi, by Dr. Peters.
5. On the Empirical Treatment of Asthma, by Dr. Peters.
6. Case from Practice, by Dr. Pratt, of Illinois.
7. On Localized Electricity, by Dr. Lilienthal, of N.-Y.
8. On Pathology, by Dr. Ludlam, of Chicago.
9. On Scarlet Fever, by Dr. Peters.
10. Case from Practice, by Dr. Verdi, of Washington.

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NORTH AMERICAN

# HOMŒOPATHIC JOURNAL.

FEBRUARY, 1859.

## Original and Translated Papers.

ARTICLE XXIII.—*On the Relations of General Pathology to Homœopathic Therapeutics.* Read before the Chicago Homœopathic Medical Society, by R. LUDLAM, M.D.

### 2. SYMPTOMATOLOGY.

Symptomatology is a most interesting branch of Pathology. A correct and intimate knowledge of Anatomy and Physiology are essential requisites to its proper study. If we know what is normal, we are the better fitted to recognise the abnormal; just as the fact of being familiar in our every-day intercourse with the points of perfection in physical development, unwittingly educates the eye to the detection of deformity.

Symptoms are the appreciable signs of disease or disorder. They are sometimes mistaken for the disease itself, of which they are in reality but the outward tokens. BAYLE first classified symptoms into *physical* and *vital*. Our limits forbid us taking up these classes singly, and we accordingly treat of them in a general sense.

To the mere pathologist—he who dwells upon the morbid processes going on within his fellow, delighting in the detailed tes-



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timony of symptoms, superficial and recondite, toward establishing his favorite science—independent of its relations to "the Divine Art of Healing," as Homer hath it, they furnish an ample theme for his noblest and most manly powers. To the physician, who digests all the knowledge of the former, that he may assimilate with it a special, careful and comprehensive detail of drug-symptoms, to the end of healing and mitigating human infirmities, they afford a sublime and delightful study.

We have seen that the phenomena of disease and of drugs, or natural and artificial disorders, are very similar.

It is the province of Symptomatology to complete this parallel. Setting out with the simplest and most elementary ailments, transient and trifling departures from the normal physiological *status*, the resemblances are of easy recognition. But complicated with the reactions of the organism, and modified by numerous contingencies, it becomes more difficult to discern and to keep in view their similarity, and at the same time their individuality. We arrange our remarks under a few general heads.

*a.* To whatever source attributable, symptoms have a chronological order in their development and manifestations. The cause or agent thereof may propagate its impressions through the nervous or the circulatory systems, or it may operate exclusively in the neighborhood of its application; but, nevertheless, the *order* of its manifestations constitutes a marked feature in their history. This is a very important item in the study of the pathogenesy of drugs, as of pathology proper, since it must have an important bearing upon our Therapeutics. "Rhythm in disease is nothing else than the rhythm of the normal vital process itself;"* so disease, of whatever variety, must be due to the primary or subsequent operation of certain agencies acting intelligibly or otherwise.

*b.* Ordinary ailments have what are styled their pathognomonic, as well as their idiopathic symptoms. The same is true of those extraordinary disorders due to the operation of drugs. Hence the loose and empirical classification of remedies into Emetics, Cathartics, Diuretics, Diaphoretics, Expectorants, Emmenagogues, Sedatives, Stimulants, &c., &c. Hence, too, such

* Henle's General Pathology, (Preston,) p. 319.

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confessions as the following from an eminent Allopathic authority:* "There is scarcely a single remedy in common use which does not possess properties, in addition to the leading one upon which its classification has been based, even more important than this, that will render their employment proper and peculiarly advantageous in forms of disease in which, judging alone from their place in the lists of the Materia Medica, they would seem to be absolutely contra-indicated." MARSHALL HALL,† in touching upon this subject, likewise declares: "We still want an essay on *the morbid effects of remedies.*" And, what is worthy of note, a more recent author‡ has promulgated the idea that "remedies operate like morbific causes," and that to cure disease, they must institute "a succession of *pathological* changes" which shall displace the morbid conditions present. A like acknowledgment of the power of drugs to produce their characteristic idiopathic as well as their pathognomonic symptoms, should speedily obtain with the whole profession. VOGEL§ recommends *experimentation* upon animals, and man also, with a view to produce an artificial morbid condition, which, he alleges, can be carefully studied, and will afford the most valuable aid, since the quality and quantity of the causes in action are much more controllable than in ordinary cases of disease.

*c.* Granted that, whether the result of a pathogenetic or of a morbid cause, the disease itself is "a forced state," we must conclude its symptoms are given to signify the *proving* of this individual influence upon the economy. If we classify in detail the course and characteristics of the one variety, the revelations of the other can scarce be less significant. We must note them both, and not alone in their bolder and more prominent outlines, but likewise in those more delicate shades of expression which frequently determine the selection of a proper remedy and its consequent cure. Each works its own characteristic changes, whether in the periphery or the penetralia of the system, and we are to index those changes with a most scrupulous regard to correctness. Over against the catalogue of symptoms grown

* *Vide* Am. Journal of the Med. Sciences, for *July*, 1858, p. 137.

† The Principles of Diagnosis, p. 30.

‡ PROF. PAINE, in his *Institutes of Medicine.*

§ The Pathological Anatomy of the Human Body.

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familiar through the study of Pathology proper, we are to place such as indicate the particular effects of a few chosen agencies operating upon the same medium.

*d.* Chronic ailments may be, and frequently are, *secondary*, in which case their manifestations hold a less important relationship to a primary cause; while, nevertheless, in instituting a careful and appropriate treatment, their every possible shade of expression must be taken into the account.

*e.* Whether we adopt the creed of the *vitalist*, and make ourselves content to follow its principles in explanation of all the phenomena yielded by a morbid physiology; or if we turn *humoralist*, and accept its old-style dogmas on the one hand, or its more modern and attractive chemico-physical doctrines on the other, we shall find this truth substantially the same, viz.: All diseases, *not strictly chemical or mechanical in their origin, and which do not tend to suffering and dissolution through the operation of chemical or chemico-mechanical laws, have their counterpart in the language of symptoms educed by artificial means, and are most amenable to a Therapeia based upon this peculiar signification.*

If we look to the perversions of health indicated by *physical signs*—such as signify some disturbance in the functions of the circulation, nutrition, secretion, or absorption, &c.,—we find, with the exception of such as have originated and are curable as aforesaid, the whole catalogue of our known ailments is included under the head of diseases amenable to that other Law represented by the motto, "*Similia Similibus Curantur.*" And so likewise is it true regarding the *vital* phenomena.

From this stand-point, how beautiful a thing is the practical science of Homœopathy! She proves her remedies beforehand, tries them on the physiological subject that she may ascertain their pathological bearings. She prosecutes, and for herself, an elementary analysis of organic physiology and chemistry, applies the true touch-stone of therapeutics to diseased parts and tissues, even down to their proximate principles, and translates the language of symptoms into a common and a comprehensive dialect. Her interest and influences alike obtain from direct experiment with medicinal agents upon the human body—not with a view to their *toxical* or even the *chemical* effects, such as

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other systems have inflicted upon the inferior animals, but with an eye to their true therapeutical relations *where we most need them.*

That such results are, or may be, available in the practice of medicine, is very evident. Indeed, we may style the symptomatology of Homœopathy—educed through the action and peculiar properties of voluntary agents, and which runs the most singularly parallel with disease in most of its phases—a *sine qua non* in the scientific practice of our profession. We cannot prosper without it.

### 3. DIAGNOSIS.

This is the most important division of our subject. Diagnosis constitutes the chief basis of pathology, as does symptomatology of diagnosis; while nosology depends upon them both.

From what has already been said, it will be inferred that the practical advantages of a correct system of diagnosis, render it a two-fold more valuable acquirement of the homœopathic, than of any other physician. If a nice discrimination of disease be a necessary qualification of the "dominant" practitioner, much more is it requisite for the intelligent and successful homœopath to possess it, since he is not only to weigh the significancy of certain morbid revelations, and which he is expected to relieve or supersede, but likewise, and in order to this, to balance these symptoms with such other characteristics, as, if properly poised and carefully chosen, are as certainly antidotal to the former as are the alkalies to acids, or albumen to an over-dose of the Salts of Bismuth, Copper, Mercury, or Tin.

The distinctive symptoms of different diseases require especial and careful study. To learn to diagnose the various legitimate disorders properly, is a pursuit in which but few excel. And so is it true of the artificial ailments comprising an off-set to the former. *Their* characteristic symptoms require especial and careful study. One may not believe this until he sets himself to master the fund of interesting and valuable information locked up in the pathogenesy of drugs. Here a new field opens before him. He learns what the fraternity, as a body, has never discovered or acknowledged—that drugs may *cause* as well as *cure* disease, and that the classification of drug-symptoms is as

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readily accomplished as of symptoms due to the more ordinary and orthodox agencies.

But the utility of diagnosis is not wholly embraced in a mere nosological classification of symptoms, to be marched out under command of some such classic head or centurion as—"Disorders of the circulatory or nervous, the secretory or absorbent systems!" The simplest and least noticeable epi-phenomena, so-styled, will sometimes point with unerring significancy to the pathological lesion; aye, and to the pathogenetic remedy also. "The more simple the symptoms presented to our notice, the more certain is our diagnosis;" as the narrower the range of our *specifics*, the more certain the cure.

Homœopathy differs from empiricism in this essential particular—she recognizes the worth of individual symptoms, any one of which may indicate a characteristic and corresponding remedy. Her only specifics are, or may most properly be, directed against separate symptoms, rather than against a whole group of those morbid phenomena which our table-makers have graced with a birth-right into the family of special pathology.

The classification of diseases may be quite necessary, but the best nosologists from Cullen to Chapman, have by no means considered it as constituting the most important link between pathology and therapeutics. Indeed, as we approach the domain of quackery, we find this characteristic feature more and more prominent; her whole itinerant brood are ready to match their specifics against any given compound of symptoms, whether they conclude them as aggregating consumption, apoplexy, epilepsy, or what not. But "Nature is always like herself." She delights in detail, and abhors the *lumping* process. The fall of an apple is more full of significancy to the eye of a Newton than is the toppling of the tower of Siloam. If HAHNEMANN was swallowed up in the study of these details, as showing the relations and reactions between animal and vegetable, as well as inorganic nature; if *he* ran his hopes into hypotheses, why, "the world has a sure chemistry, by which it extracts what is excellent in its children, and lets fall the infirmities and limitations of the grandest minds."

It is not within the province of diagnosis to inquire very fully into the *modus operandi* of the changes, under process of in-

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vestigation; but, instead thereof, "to learn to group symptoms together, and to analyze them separately, in such a manner that we may be able to apply to them a scheme, already supplied to our hand, which shall, in some way, account for their existence,* and likewise indicate the means to their removal. The pathologist, of our day, avails himself of various appliances, in aid of his calling. Physical, chemical and microscopical diagnosis shed their light upon his researches. They exalt his theme to the level, and grace it with the title of a liberal science. So with the physician. Not one of these aids is useless in his hands; he has learned that physical diagnosis may reduce an incoherent symptomatology to a physical certainty; he knows its language is not a dead, but a living one—its literature more valuable than voluminous. Under his direction chemical physiology and toxicology, microscopical and morbid anatomy are yielding the "peaceable fruits" peculiar to a well-developed and elaborate science.

We might speak at much greater length, but our limits forbid, The theme is a noble one, and the only marvel is that it has been so much neglected. If half the time and talent wasted upon the popular discussion of our tenets, had been spent in developing the rich stores of treasure hidden here, we should not now have been left to look, almost in vain, over the records of our special treatment, for those nicer shades of artistic and scientific discrimination which characterize the detailed observations of some of our neighbors.

We should strive to do away with the significantly *domestic* character hitherto maintained. Literally to interpret the crudest phenomena, in the crudest possible manner, is not to develop the science, or to deserve the name of physician. Emphatically we must identify ourselves with the dearest interests of our calling. We must learn to diagnose the different phases of disease, resulting from the modifying conditions of climate, constitution temperament, predisposition; idiosyncrasy, characteristic epidemic tendency, &c., &c. Such details, drawn from nature by a species of cross-examination, are to afford us the very information we require; while, to the scientific and veritable homœopathist, it must ever be true that *diagnostic indications are likewise therapeutical indications.*

* BARCLAY on Medical Diagnosis.

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### 4. Prognosis.

To know the result from the beginning, or in any wise to anticipate the course, duration, and event of a disease, is one of the sublimest and most satisfactory departments of medical study and experience. To balance the significancy of symptoms prognostic of good or evil, with the powers held in reserve for their removal, is both a delicate and a responsible undertaking.

The relations of prognosis to homœopathic therapeutics must be apparent to all. After what has been said of the teachings of semeiology and diagnosis, we need not specify them. They are of a peculiar and a responsible kind—peculiar, because, in each individual case, their worth must balance alone with the judgment of the medical adviser; responsible, since upon them will frequently hinge not only the life of a fellow-mortal, but likewise a coveted reputation for probity and professional acumen which no man among us may reasonably forfeit.

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Of the two faces of nature, represented in the anatomy of the human organism, with its relations and susceptibilities, physiology is the obverse and pathology the reverse.

The theoretical chemistry of disease has contributed but little in aid of practical medicine. "Vital processes depend on chemical processes, but are not chemical, and cannot, therefore, be explained by chemistry. There is something *special* in vital phenomena, which necessarily transcends chemical investigation. * * * * No analysis of a nerve will ever throw light on sensibility."* These remarks apply to pathology, as well as to physiology.

The aids to a correct diagnosis are not disregarded by sensible and educated homœopathists.

If, as Dr. Tully declares,† "chemistry and natural history are the two *eyes* of the materia medica," it must be that pathogenesy is left to represent the *brain* thereof.

Finally, "we declare boldly that, in our opinion, homœopathy is—more than any other curative method—founded upon a rational pathology, and that the only reason that it has not been shattered and overthrown by any new theory, is, that it possesses

* Blackwood's Magazine, March, 1858; p. 329. Article—Food and Drink.
† Tully's New Materia Medica.

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that which most other therapeutical systems have not possessed —an intrinsic power of vitality, which permits it to follow the developments of pathology. Nay, more, we hesitate not to assert that Hahnemann has not only created a new science of healing, but that he has driven the stakes, and clearly marked out the line which must be followed, to carry pathology itself to the greatest degree of perfection which it is capable of attaining."*

CHICAGO, 43 Adams-street.

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ARTICLE XXIV.—*On Sick Headache.* By Dr. JOHN C. PETERS. Read before the New-York County Homœopathic Society. July, 1858.

This, according to Jackson, is a very peculiar, very frequent, and most annoying disorder; to some persons it is a very sore evil, not only from the sufferings which attend it, but because it occupies so large a portion of their time. Jackson has known some persons who have suffered from it, from one-fourth to one-third of the time, for several years in succession. Business men are much less subject to it than females, and most fortunately so, as it may occur at any moment, and from a great variety of slight causes, whence the subjects of it are often scarcely able to make any positive engagements, without bargaining that they shall be excused if they have the headache. Literary and professional men are more subject to it, and we meet with many serious and reflective persons who would willingly exchange this transient evil, which is so frequent and obstinate in its returns, for some dangerous and painful disorder, from which they would be freed once and for all. But it is among females that we meet with the most trying cases of this disease, and, generally, it occurs in the persons of somewhat delicate frame of body, but intelligent and almost brilliant attributes of mind.

It may safely be assumed that dull and stupid persons are not particularly subject to sick headache. It is rare that it occurs before the period of puberty, although Sandras has seen cases occurring between the ages of three and seven years. I

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* Homœopathy the Basis of Rational Medicine. By Dr. V. Meyer, Leipzic. *N. W. Journal of Homœopathia*, Vol. 3, p. 200.

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have seen a little boy, not yet four years of age, subject to repeated attacks of this kind of headache. The pain would be about one eye; he would vomit, and have his head bound up regularly, like an older person; also, another little boy, between six and seven years of age, who had been subject to paroxysms for several years; and a little girl, about the same age. I know of other cases, but cannot, at present, recall them to memory. All the above were hereditary, their parents having been subjects of the disease for many years. In quite young children, the first attack of the disorder may easily be mistaken for meningitis.

When the attacks have once commenced they return at irregular intervals, and, without successful treatment, the patient is rarely freed of them before the fortieth or fiftieth year; but the age of decline is not more fixed than that of commencement, and it not very uncommon to witness paroxysms of it in quite aged persons.

A very short and somewhat common-place description of sick headache is given by Wright, who assumes that it has received its compound name in order to express thereby the *constant nausea and pain in the head*, which are the chief sources of suffering during an attack. Persons who tax both their brain and stomach are said to be most subject to it, as well as those who lead sedentary lives, are incautious respecting their diet, and naturally of a costive habit. There are particular articles of diet which seldom fail to produce attacks in certain constitutions, such as fat meats, melted butter, spices, rich pastry and gravies—especially meat-pies and hashes, which combine almost all these. I know of persons who can go to parties with impunity, if they do not take supper; of one instance in which ice-cream, taken in the evening, will always bring on an attack the next day. Jackson mentions the case of a gentleman, of a philosophical turn of mind, and who was moderate in all things, yet suffered much from sick headache, being subject to attacks about once a fortnight. One time, being called away from home, he made his dinner, at a country tavern, on bread and cheese; this was followed by a severe headache. He now suspected the cheese, though previously he had felt confident that this article had always agreed with him, and he used it often. He abstained

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from cheese and had no recurrence of the headache for eighteen months, when it took place after eating of mince-pie. It is often thought sufficient to abstain from the use of coffee and *green* tea; yet Wood met with a striking instance, in which a patient, after suffering long and severely with nervous headache, obtained an entire exemption from it by abstaining from *black* tea, which was his only indulgence. Still I am much more inclined to lean to the nervous and cephalic origin of the disease, rather than to the exclusively or principally gastric, and quite agree with Jackson, that though errors of diet are a very common cause of the paroxysms, they are not the essential cause, for, in some persons willing to make the trial, he has varied the diet in every way, as to quantity and quality, and yet the disease continued. In one case, with Stramonium and Opium, I have succeeded in warding off attacks for more than a year, although the patient—also rather a so-called philosophical gentleman—tried various experiments with several kinds of wine, at one time, and a most varied mixture of food at one meal, in order to bring on an attack, happily without success.

Sick headache, according to Wright, is said, generally, to commence in the morning, on waking from a deep sleep, especially in hot weather, or from sleeping in a close room, or when excessive fatigue or excitement has been endured, or some irregularity of diet has been committed on the previous day. There is, at first, some disturbance of vision, a dull and distressingly oppressive sensation in the head, merging into a severe and heavy, but not throbbing pain in one temple, usually most frequently and severely on the *left* side, and accompanied by a tenderness and a sense of fulness in the corresponding eye, or extending across the forehead; sometimes it fixes itself over the inner corner of the eyebrow, and, in these cases, light is said to be especially disagreeable and annoying. There is a clammy and unpleasant taste in the mouth, and the sufferer usually desires to be alone and in the dark; the body is chill, the hands and feet cold and moist, and the pulse feeble, and face pale."

"Accompanying these symptoms, or rather following them, some time after the pain in the head and about the eye have become severe, there is a depressing sense of sickness at the stomach—the nausea being increased by the erect posture, and

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by the least movement. There is often much flatulence, and, after several ineffectual attacks of retching, which only terminate with shuddering at the nauseous taste in the mouth, vomiting at length supervenes, and the stomach is relieved of whatever food it contains, but, more frequently, only a thin, glairy fluid, of an acrid, *sour* taste, is ejected. The pain in the head, though increased during the act of vomiting, subsequently becomes somewhat relieved, and the patient is apt to think that all his or her trouble comes from a sour stomach; and, in a very few instances, Carbonate of Soda, dissolved in water, will have an almost immediate good effect—carbonic acid will be eructated and the pain at once abate. Much more frequently, the nausea and vomiting continue, and add greatly to the distress; the acid fluid, at first ejected, gives place to *bile*, yellow, nauseous and bitter, attended with the intense depression that always accompanies its presence in the stomach. This urgent sickness may go on for hours, and the patient naturally supposes that he or she is very bilious, and often becomes quite anxious to take a good dose of bilious medicine, or regrets very much that it had not been taken the night before. The slightest attacks last from six to twelve hours; many last the whole day, and not a few continue the greater part of two, much more rarely, of three days; and, only too often, when the sufferer is restored from the immediate urgency of an attack, it is only to endure its recurrence in a few days or a few weeks.

In the ordinary practice, *strong tea*—several cups taken in rather quick succession, with but little sugar and no milk—will sometimes break up an attack. Sandras recommends from one-thirtieth to one-fifteenth of a grain of Morphine, to be taken every quarter of an hour, at the very commencement of an attack. He expects relief to follow the third or fourth dose, and never pushes it beyond the fifth or sixth. Our Dr. Schmid, of Vienna, also recommends Opium. To prevent the return of the paroxysms, in ordinary practice, tonics and purgatives are most relied upon in the dominant school; in homœopathic practice, the remedies are almost too numerous to mention. I have found most benefit from Stramonium, Nux and Opium. Dr. Gray, as is well known, has great faith in the long-continued use of Nitric-acid—six drops, of a dilute preparation, to be taken every

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morning before breakfast, for weeks and months together. Dr. Kitchen has most confidence in Iris Versicolor.

Sick headache has some points of resemblance to *intermittent hemicrania, neuralgia of the eye, neuralgia of the great sympathetic,* and *bilious and gastric headaches;* yet it differs from all of them.

INTERMITTENT HEMICRANIA affects one side of the head only, but occurs in paroxysms of a few hours, daily. The attack usually begins before noon, often early in the morning, but rarely or ever before sunrise. Its duration varies from three to ten or even twelve hours, and, in some instances, the paroxysms are more severe on the alternate days. The severity of the pain, in most instances, is very intense, so that the stoutest and boldest men give up to it, and it very often drives the patient to his bed, in a dark room; the pain is about the eye or temple, on one side, but, in a few instances, the pain is on both sides of the head, although the great and severe distress is limited to one side, and, when the more general headache subsides, the hemicrania is left for some time afterwards. In a few rare cases, the pain may be seated in the back part of the head, but still is limited to one side. Unless helped by appropriate treatment, the whole duration of the disease, according to Jackson, is as much as three weeks, in all cases, and often much more; Jackson has seen cases which lasted uninterruptedly for three months. This is one of the very few forms of headache which, it is said, may be certainly removed by allopathic medicines, for the treatment is the same as for fever and ague, although the disease is frequently connected with catarrh in the head, and is more common when influenza prevails than at any other time. Quinine and Arsenic are said to remove the disease without fail.

NEURALGIA OF THE EYE is a much more deeply-seated affection than *infra,* or *supra-orbital neuralgia;* according to Sandras, it is attended with a sensation of tension, turgescence, and profound compression of the eye; by a sense of swelling of all parts contained in the orbit; by abundant and involuntary lachrymation; by excessive sensitiveness to light, contraction of the pupils, as in the most violent iritis; the pain radiates from the depths of the orbit to its exterior, as if the eye would be forced out of the head. This neuralgia may proceed from the

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opthalmic ganglion of the great sympathetic nerve, or occupy the terminal filaments of the different branches of the trifacial, which are distributed to the lachrymal gland, eye-lids, and iris.

Sandras says that the occurrence of neuralgia of the eye demands imperiously the internal and external use of *Belladonna;* he has so often met with cases of this nature, and has so frequently seen success follow the careful, but bold use of this drug, that he regards the acquisition of this remedy, and the establishment of its efficacy in this disease, as one of the most happy experiences which he has met with in the treatment of any kind of neuralgia. Stramonium will probably prove equally useful.

As regards NEURALGIAS OF THE GREAT SYMPATHETIC, Sandras has met with cases in which the pains followed exactly the course of the abdominal and thoracic aorta, divided at the arch of the aorta, continued along the track of both carotids and their terminal branches in and about the head; or proceeded along the axillary and brachial arteries; he has also observed several times another form of ganglionic neuralgia, in which the pain would commence suddenly in the epigastrium, ascend behind the sternum and up the neck, attended with noises in the ears, and disorders of vision. The NEURALGIA CÆLIACA of Autenreith and Schoenlein commences with a sudden and severe pain in the pit of the stomach under the ensiform cartilage, which is variously described as burning, rending, piercing, or aching, or as if hot coal lay there, or as if the parts would be torn asunder; this pain may be so intense, that robust persons are almost rendered frantic, while weaker ones may faint away; after this pain has lasted from four or five minutes to a quarter or half an hour, it leaves the epigastrium, passes upwards like a flame under the sternum, or divides into two streams, which ascend on both sides of the spinal column, along the course of the sympathetic nerve, up to the neck and head. The so-called HYSTERICAL HEADACHE is closely allied to *ganglionic neuralgia;* it comes on suddenly, its commencement being accompanied by spasmodic pain in the abdomen, mounting thence to the throat, and finally reaches the head; with the abdominal pain there is usually excessive flatulence, amounting to a sense of distention; if the flatulence be followed by eructation, immediate,

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though only temporary relief is experienced. The pain in the head usually presents certain distinct characters, thus it is often confined to one small space, or to a single spot, frequently over one eye-brow; it is often likened to the sensation of a wedge, or nail driven into the skull, or pressing on the brain, accompanied at times by darting pains. The variety of nervous headache called by the English name of "*Megrims*," according to Wright, usually commences at the *inner* angle of the eye, extending towards the nose, the parts affected frequently feeling sore and appearing red, the eye-ball itself being very tender; it is supposed frequently to occur as the result of anything that tends to debilitate the frame or exhaust the nervous energy, such as protracted watching, over-nursing a child, anxiety and distress of mind, disordered digestion, &c., and frequently terminates with a profuse flow of urine.

In neuralgia of the sympathetic, *Plumbum-aceticum* deserves the name of a specific, and it should be borne in mind in many obstinate and chronic nervous headaches more frequently than it is.

An attack of sick headache presents so great a similarity to some of the effects of *dyspeptic and bilious headache*, that it will be well worth our while to devote a few lines to the consideration of these disorders.

"In *dyspeptic headache*, according to Wright, the sensation experienced is rather a feeling of dull weight, than of actual pain; there is great languor and disinclination to exertion; the tongue is whitish, broad and flabby; the fingers and toes are cold and numb; there is slight nausea; the pulse is languid and feeble, the sight dim and indistinct, the eyes ache if employed to read, whilst the attention is fixed with difficulty on any book or subject. These headaches frequently pass away after a brisk walk, or a few hours undisturbed repose; they may immediately succeed each principal meal, but sometimes the pain is not felt until several hours after taking food; in the latter case, there is apt to be an irksome sense of distention over the brows, with luminous and colored specks floating before the eyes, and a sense of uneasiness below the ribs. *Dyspeptic headaches* are most frequent in persons with delicate digestion, after any irregularity of diet, or when the usual meals have been preceded by too close attention to business, over-anxiety, excessive fatigue, excitement, or worry."

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*Bilious headaches* are said to be of two kinds, according to Wright; the first form is said to be due to an accumulation and retention of bile in the system, and is most common in those who lead irregular lives, and eat or drink to excess; the skin is dingy and sallow, the spirits miserably depressed, bowels costive, with much flatulence, and there is usually a dull aching pain on the right shoulder. The headache is chiefly confined to the forehead, eye-brows and eye-lids, with sometimes an accompanying sense of smarting in the eyelids and eyes; the eyes appear prominent and of a yellowish tint in their whites, this yellowness being also often well-marked on the sides of the nose; the tongue is coated with a brown fur; there is a peculiarly nauseous and bitter taste in the mouth on waking in the morning; there is little or no inclination for food; the patient complains of restless nights and of frightful dreams, is melancholic and despondent, and frequently haunted with an oppressive undefinable dread. It is to this peculiar condition of the mind that the common name of "*The Vapors*" is applied.

The best treatment is to give a full dose of Manganese, Mercurius or Colchicum; then to regulate the diet and habits of the patient if possible, and rely somewhat upon Nux or Digitalis.

The *second variety of bilious headache* is said to be due to an excessive action of the liver and overflow of bile. In addition to other symptoms, there is apt to be a throbbing and rending pain in the head, the skin may be hot and the face suffused; there is often a sense of soreness in the limbs, similar to rheumatic pains, and a nauseous, bitter taste in the mouth. Objects seem dim and surrounded with luminous halos, somewhat resembling the plan of a fortification; on attempting to read, the letters may appear double or confused; there is a feeling of giddiness, and the patient has the conviction that he will fall if he moves about; if the headache is of such intensity as to cause vomiting, bile is at once ejected from the stomach, followed by an immediate mitigation of the pain.

According to Prout, bilious derangement is sometimes attended with symptoms more nearly like those of sick headache than any of those above detailed. From personal and other experience, he inferred that excessive acidity of the cœcum is often accompanied by a deficient secretion of bile, and sometimes by a complete temporary suspension of the biliary discharge, apparently

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from spasmodic constriction of the common gall-duct, or the biliary ducts themselves. In this state of things, all persons feel more or less of uneasiness, but the point he wishes to mention is, that certain individuals under these circumstances experience what is called *nervous* headache. This species of headache is frequently accompanied with nausea, is confined to the forehead, and when severe, produces complete intolerance of light and sounds, and a state of mind bordering on delirium. After a greater or less period of time the pain ceases, sometimes quite suddenly, and the remarkable circumstances he wishes to mention are, that this sudden termination is preceded by a peculiar sensation, sometimes accompanied by an audible clinking noise in the region of the gall-ducts, which immediately after is followed by a gurgling sensation in the upper bowels, as if a fluid were passing through them; in a few seconds after this fluid, which Prout supposes to be bile, has reached the cœcum, the headache at once vanishes like a charm. One of the greatest martyrs to this species of headache Prout has ever seen, invariably experienced the train of symptoms above described; and Prout has witnessed it in a greater or less degree in many instances, and even has experienced it in his own person.

The allopathists have hit upon what they assume to be a very successful method of treating this form of headache, viz., to give Conium, which acts specifically upon the liver and also exerts an antispasmodic action, in sufficient doses to relieve the conjectured spasm of the gall-ducts, with or without the aid of Colchicum, Aloes, or Mercury to promote the secretion of bile. Quite a famous pill for this purpose consists of equal parts of Extract of Conium, Aloes, and Mercurius. As all these remedies act specifically upon the liver, they deserve attention individually, if the combination of them does not.

It is evident from the above, that sick headache, although often a purely nervous affection, sometimes arises from disorder of distant parts, such as the stomach, liver, kidneys, and perhaps uterus or ovaries. The effect upon the head may perhaps be sympathetic, or more properly from direct communication along the nerves, most frequently the great sympathetic nerve, or possibly it may arise from impurities from the stomach, liver, or kidneys,



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carried along the blood-vessels directly to the sensitive part of the head, brain, or eye.

However this may be, the symptoms of sick headache are so constant and peculiar, that we ought to be in possession of remedies equally constant and peculiar as regards the relief of the paroxysms and prevention of their recurrence. If such are known to the members of this Society, I would most earnestly and respectfully ask for their disclosure. PETERS.

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WEDNESDAY, July 14th, 1858.

The New-York County Homœopathic Society met, Dr. Barlow in the Chair.

Present—Drs. Barlow, Joslin, Joslin, jr., Evans, Hunt, Peters, Ball, Leach, Belcher, Guernsey, B. F. Bowers, Freligh, Bartlett and Kellogg.

The Minutes were read and adopted.

Dr. Peters then read a paper upon Sick Headaches.

Dr. Sherrill mentioned among other remedies Iris-Versicolor, and related a case—given during paroxysm, Nux and Ferrum in intervals, where it had proved curative.

Dr. Leach spoke favorably of Sanguinaria, in a case which he related.

Dr. Alley spoke of Bell. and Opium as most efficacious in his hands.

Dr. B. F. Bowers stated that he had cured himself with wine, and made it a rule to give it in connection with remedies homœopathically indicated. The patient commences sipping wine when headache first supervenes, and continues sipping till the head is affected thereby.

Dr. Evans related a case of twenty years' standing, wherein now a remission of ten weeks' duration had occurred, being the longest she ever experienced. Has been taking Acon. 1st and Bell. 1st, gutts. x., and warm hip-baths.

Dr. Belcher spoke favorably of Iris-Versic., gutts. v.; also of Tabacum, dose, x. gutts. of 1st dilution in half a glassful of water, two table-spoonsful every half hour or so.

Dr. Hallock corroborated the good effects of Brandy; also had found Nitric-acid very useful.

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Dr. Hunt had found Ac. and Bell. more useful in his practice than any other remedies.

Dr. Guernsey spoke very favorably of the use of stimulants; also found decided relief in certain cases from Tabac., Cocculus and Rhus. Related a case of most obstinate sick headache, that was relieved by nothing in the Allopathic or Homœopathic Mat. Med., until Lemon-juice was tried.

Dr. Freligh stated that Tabacum and Cocc. in sick, stupefying headache, rarely fail. Iris has given decided relief in several cases, and in nervous headache, Ars., Nux, and Hydrocy.-acid.

Dr. Bartlett has found it necessary in most cases to antidote the acidity of the stomach. Cured an old case by Graph.$^{3}$ and Carbo-veg.$^{3}$, a daily dose in alternation.

Dr. Peters stated that he had seen some cases cured, one by the internal use of Bell. and Stramonium, another in which the attacks were much mitigated by the external use of Ext. Bell. Has now four most severe cases, which baffle all his art to effect a radical cure, although he can always relieve the paroxysms.

Dr. Ball recommended that greater attention be given to regimen, and frequently marked relief is obtained by cutting off tea, particularly "weak, black tea."

On motion of Dr. Ball, August-or Hay-Asthma, was appointed as the subject for discussion at the next meeting.

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ARTICLE XXV.—*On Venesection in Puerperal Convulsions.* By LEWIS DODGE, M.D. *N. A. Hom. Journal*, Vol. VI., No. XXIII. By. J. P. DAKE, M.D.

There is no branch of science or art which more needs an interchange of views and of experience, on the part of those who practice it, than medicine; and yet there is not one in which such interchange is less often made, especially in a proper manner.

The range of one man's observation and experience, be it through a career of half a century or more, and under circumstances ever so favorable, is not sufficient to settle his views upon every point, and to qualify him for every emergency that may call for the exercise of his skill in the art of healing. He is dependent, not only upon the observations and experience of those who have preceded him, but also upon the knowledge

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gained and imparted by those who are his cotemporaries in life's labor. If we look back toward the beginning of our century, to the "London Medical and Physical Journal," the "Medical Repository," of New-York, or, later, to the "Edinburgh Medical and Surgical Journal," and the "London Lancet," and compare their reports and discussions with those now being issued from the same or similar sources, we shall be struck with the difference in tone, as well as aim, which is painfully apparent. I am not of the class generally termed "old fogy," and yet I do contend that our age, in medicine, can be greatly improved in patient research, readiness to communicate knowledge, and, especially, in the bearing of one toward another, as members of a useful and noble profession. Though our fathers were occasionally severe, though they could scarcely abide Harvey, and Jenner, and Hahnemann, with the mighty strides in the highway of improvement, which they proposed, yet, for members of a calling proverbially intolerant, they treated each other's views with consideration, and stated their dissent with some degree of modesty. They did not write as though their pens had been dipped in *gall*, wherewith to blacken and embitter a brother, and as though their highest ambition was but to crush the fame of others, till theirs should rise transcendent.

While we, of the homœopathic school, have a therapeutic law, which stands in the place of experience, and which is infinitely more certain as a guide than *it*, together with all the *theories* of the world, we are yet dependent upon our own experience and that of others for confirmatory proofs and convincing arguments. Held together by this dependence, as well as by our position upon the *one universal law of cure*, it becomes us—who are but in the infancy of *scientific medicine*, and to whom is committed the building of its temple, in this busy age—to assist each other with all forbearance, and, especially, to look more to the well-finishing of our great work than to the up-building of individual fame.

In the twenty-third number of this Journal, our attention was called to the treatment of "Puerperal Convulsions," by Dr. Dodge, of Cleveland. From the Doctor's record, we learn that he was called, in two instances, to prescribe for congestion of

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the brain, occurring in parturition; that, after the employment of our usual remedies, as far as his judgment dictated, without affording relief, he resorted, in the first case, to *venesection, warm bath, and Chloroform*, and, in the second, to *venesection, cold douche to the head, and Chloroform.* The first patient died, the second recovered.

In the analysis of my friend's report, several questions have suggested themselves to my mind, two of which it may not be improper here to state:

1.—In those cases, did the Doctor exhaust the resources which our pathogenesis and experience point out, as the truly *homœopathic remedies?*

2.—Was he justifiable in resorting to *venesection, general warm bath, cold douche to the head, and Chloroform?*

In the consideration of these questions, I do not propose, at all, to try the orthodoxy or skill of my friend; but simply to offer my views, and to solicit those of others upon subjects that concern us, as practitioners, and the world of invalids, as those who are practiced upon.

1.—Taking the Doctor's description of the first patient, and considering the pathological condition in which he asserts her to have been, I must answer the first question in the *negative.* I will barely mention three remedies which, as far as his report shows, he did not employ, and which would have been my chief reliance in such cases: *Opium, Glonoine,* and *Nux-vomica.*

It is true I have not before me a full catalogue of the symptoms manifested in the cases; but I allow the Doctor's diagnosis to be correct and his generalization sound. If the first patient had the form and temperament as set forth, and was laboring under *congestion of the brain,* I should not feel that I had discharged fully my duty to her till I had faithfully tried one or all of the remedies mentioned above, particularly if, after all his other measures, she remained unrelieved.

In regard to the second case, I am unable to make answer to the question, since no catalogue of the remedies employed is given. The patient is said to have been in a condition similar to that of the first.

2.—My answer to the second question depends materially upon that which should rightfully be given to the first. If the

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Doctor had *not* exhausted the resources pointed out by our pathogenesis and experience, as the truly homœopathic remedies, he was not, in our opinion, *at all justified* in resorting to *venesection, warm general bath, cold douche to the head,* or *Chloroform.*

But suppose he had exhausted such homœopathic resources, was he *then* justifiable in resorting to such measures? I answer *no,* so far as venesection and cold douche to the head are concerned. I am fully persuaded that those cases of congestion of the brain which are incurable under the remedies pointed out by the homœopathic principle, are incurable under *any measures or means.* And, I confess, I am totally unable to see, as my friend Doctor Dodge seems to, that *venesection is homœopathic* to apoplexy of any kind, or in any stage. As for the cold head-douche, I do not hesitate to pronounce it strictly an *allopathic* agent in apoplexy.

What do the records of the past tell us, of the success attending such measures, in congestion of the brain and the spasms resulting therefrom during parturition? Jacob tells us that, in his time, "scarcely any survived." Dr. Parr says, "six or seven out of every ten, died," in his day; and Hunter, that "the greater proportion were lost."

Taking the two patients, brought to notice by Dr. Dodge, with the sister of the first mentioned, and we find three, having puerperal convulsions, subjected to venesection, and two of them *dead!*

Among the latest prescriptions for such convulsions, to which experience has led the practitioners of the common practice, is the following, from a standard author: "Venesection may be practiced, or a few leeches applied to the forehead; *but this is rarely necessary.* In most cases, antispasmodics, combined with diffusible stimuli, (Valerian or Assafœtida, with Ammonia,) will relieve the patient." "When the paroxysm is over, a moderate dose of *Opium* may be given; and, after a sound sleep, the patient will find herself nearly restored."

As for the *general warm bath,* I look upon it, in congestion of the brain, as rather an allopathic measure, which, if it exerts any good influence at all, does it simply as a palliative. I believe, from observation—for experience with it I have none—

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that such measures, in cases of spasms from cerebral disease, are only injurious, where they are so employed as to exert any great influence at all.

From what knowledge I have been able to obtain, of the physiological effects of water, I feel warranted only in applying that article *cold* to parts *cooler* than natural, and *warm* to parts *warmer* than natural. To me, the application of water, in disease, upon any other principle, is but *hazardous empiricism*.

As for *Chloroform*, I am of the opinion that, had we its full pathogenesis, we would find it bearing a homœopathic relation to some forms or cases of congestion of the brain. It does certainly produce a tendency of blood to the brain, and many of the symptoms which characterize apoplexy.

From our present knowledge of its powers, however, we must look upon it, as we would upon any stranger, with some degree of *suspicion*.

From my own experience in the treatment of cerebral congestions, as well as from that which I have observed in the practice of others, I feel a great degree of confidence in the remedies afforded in our materia medica, imperfect as it is. I now believe, that there is no necessity for a resort to venesection, or to any of the other allopathic measures, in the management of such affections. I have no disposition to go back into the Egyptian darkness that has so long shrouded the practice of medicine, when the light of God's great therapeutic law is beaming along my pathway, to reveal the means of cure; and, especially, when following that light, I have been able to overcome diseases which, I believe, must have proved fatal under the influence of the measures generally resorted to, in the common practice.

I will close with a brief account of some of my experience, in the treatment of apoplexy:

A lady, upwards of fifty years old, with large head, active brain, short, thick neck, and corpulent form, had, for several years, been subject to apoplectic spasms. She was always bled freely, indeed she never came out of the spasms till bled, and subjected to the usual treatment of the old school. After becoming a patron of homœopathy, she was, for several years, free from apoplexy, but subject often to a very severe headache.

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I was, one day, called, in great haste, to her residence, and found her in the following condition: Head hot, face red and swollen, hands and feet cold as marble, pulse depressed, breathing stertorous, senses obscured, talk incoherent and muttering at intervals, &c. Occasionally, she would rouse up for a moment, look wildly about, clap her hands to the sides of her head, and go into a spasm, in which with difficulty she could be kept on the bed, so great were the contortions of her body. After the paroxysm, she would fall into a profound sleep, from which she could not be wakened. I dissolved about twenty pellets of Opium, 3d, (decimal,) in four tablespoonsful of water, and succeeded in pouring a teaspoonful into her mouth. In less than ten minutes she awoke, put her hands to her head, complained of great fulness, pressure, and pain in the sides and top of her head, and went into another violent spasm. I at once prepared, in the same manner as the Opium, Glonoine, 3d, (decimal,) and poured a teaspoonful into her mouth. She had one more paroxysm, from which she came out, free of pain and perfectly conscious, within ten minutes from the administration of the Glonoine. After some quiet, natural sleep, she arose and went about her house, with no inconvenience, except some feelings of soreness in her head and muscles.

I was delighted with the working of the two remedies, for I could account for her sudden and complete recovery in no other way than through their influence. However, being always opposed to hasty conclusions, and fearing the recovery might have been rather a "*post*" than a "*propter hoc*," I said nothing of my prescription.

But, not many months afterward, I was called hastily to see her again, and found her in exactly the same condition as before. Now, thought I, we shall see if the two remedies can maintain their good character. I prescribed *exactly as before*, and with the *same results*. From that day, some two years ago, she has never, to my knowledge, had a return of apoplexy.

I have had other cases, in which I have anticipated the paroxysms with Belladonna [3]. But, when the *heavy sleep*, &c., comes, I would not give Opium for all the other means now known to me.

One remark I must make, in reference to the fatal case, (Dr.

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Dodge's case, number one,) in justice to my friend and his associates. I believe that no remedies could have prevented her death, since, in addition to her great prediaposition to apoplexy, she had a settled conviction that, like her sister, she *must die in childbed.* Such a conviction will sometimes put out the "spark of life," when all other circumstances seem favorable to a good recovery.

I have offered my views freely, with the hope of eliciting from my colleagues more clinical information, in regard to the disease under consideration, than I now possess, and with the hope of adding a stone to the rising walls of our therapeutic temple.

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Article XXVI.—*Observations upon the Use of "High Potencies,"* with cases illustrating their efficacy. By Henry C. Preston, A.M., M.D., of St. Johns, N. B.

Among the homœopathic practitioners of the present day, we regret to notice a prevailing tendency to eclecticism, and a want of confidence in our therapeutic resources, which, if not checked or overcome, will, we fear, prove the utter downfall of our system. The leaders in our profession, and those that have had the largest share of practical experience, should consequently deem it a duty, incumbent on them at this time, to publish the results of their experience, and thus, if possible, give confidence to their younger brethren who are wavering in the faith, and are fast tending to unscientific empiricism. This dangerous tendency seems, in part, to have its origin in the want of care with which most medical practitioners select the remedies they use, and the loose notions they entertain respecting the size of the dose, and the frequency of its repetition. We know, from experience, that a remedy carelessly chosen often proves useless, and when it does so, if we were not thoroughly convinced of the universal applicability of the homœopathic law, we should be inclined to keep on trying some other, until, when all failed, we might easily be induced to try even an allopathic or antipathic prescription, rather than let the patient go uncured. We presume this is the case with many of our professional brethren, whose experience has led them to the conclusion that there is much good in all systems, and that no one can be depended upon

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exclusively in all cases. Our conviction of the universal efficacy of the law of similars, has thus far, however, prevented our pursuing such a course, and has rather increased our diligence and care in searching for the proper specific, which, when found, has always proved efficacious. We have scarcely ever seen a case of disease, of a curable nature, that would not readily yield to the proper infinitesimal when chosen homœopathically; but our experience has repeatedly taught us that, although we might have selected the specific drug, we had not found the exact potency which was requisite to reach the case, and only when we had experimentally found it was the cure accomplished. Without pretending to set up our opinions in opposition to others, we have abundantly satisfied ourselves that very much depends upon the potency of the remedy used, and that, in most chronic affections, and particularly in nervous diseases, the success of the treatment depends quite as much upon selecting the proper attenuation, as upon finding out the specific medicine which is adapted to the case. We propose, in this article, to quote a few cases from our medical record, showing something of our experience in the use of high potencies, and we will then leave our professional brethren to judge whether or no we have argued rightly as to cause and effect.

Case 1.—Mrs. S. C., aged thirty-eight, married, and having children, had been subject to attacks of rheumatism from childhood, and, on two or three occasions, had suffered from acute inflammatory rheumatism, although of late years it had assumed more of a chronic neuralgic character. Except these attacks, she had always been a healthy woman, very active in her habits, but imprudent in exercise and exposure to bad weather. March 4th, 1850, Mrs. C. was attacked with symptoms of neuralgic rheumatism, violent pains of a lancinating character, shifting from head to side, back and limbs; some fever; pulse 100; good appetite; bowels free; urine a little darker than the natural color, but not exhibiting any excess of albumen, urea, or lithic-acid deposit. She took Puls.$^{3}$ and Bryonia$^{3}$, and, in two days, recovered her usual health. March 25th, after exposure during a rain-storm, wetting her feet, &c., she was seized with violent pain in the left eye, and around the orbit, with high fever, thirst, &c., &c. As she had been using the eye considerably since the

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former attack, embroidering by gas-light, we did not think strange that the neuralgic symptoms should centre there, and gave Aconite[8] and Spigelia[8], which relieved the fever and many of the other symptoms, but there remained an intense pain in the eye. One dose of Spigelia[1000] was at once followed with entire relief, and during the remainder of her sickness, although she had paroxysms of pain in the eye, it never again assumed that intense neuralgic character. At this time, March 27th, we diagnosed the case as one of arthritic iritis, complicated with sclerotitis and conjunctivitis, and we did not expect to cure the patient under several weeks, but distinctly told her that, if she recovered without permanent loss of sight, she would do well. We noticed redness and ecchymosis of the conjunctiva, photophobia, and a dull pain on moving the eye, but generally very little pain except about midnight, and this was speedily relieved by a dose of Belladonna, taken as soon as the pain came on. The vessels of the sclerotica were distended, resembling a zone of fine, straight, converging lines, the red, or rather pink hue terminating just before it reached the edge of the cornea, dropping through the sclerotica and going to the iris. The color of the iris had also begun to change, and the pupil, which was still moveable, began to look irregular in shape, as if the iris was fastened at one point, in short, iritis was fully established, and we could not expect a cessation of its progress until, as in all inflammations of serous membranes, effusion of coagulable lymph had taken place. The disease went rapidly on, the pupil becoming more and more immoveable, and filled up with a thin stratum of lymph, with here and there specks like rust near the annulus minor, while the ciliary portion was dull and clouded, until at the end of a week the pupil became contracted, fixed and motionless—the cornea grew hazy, from effusion into the anterior chamber, and so opaque finally, as to prevent further inspection of the iris, when the whole globe of the eye resembled a mass of ecchymosed blood and pus. From March 27th, the photophobia increased, until the 30th, when the vision became indistinct, and as soon as coagulable lymph became effused into the anterior chamber, the sight was wholly lost, so that the eye was insensible to the strongest light.

Now the progress of such inflammation, if unchecked by pro-

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per remedial measures, is not towards resolution and recovery, but, as all authors acknowledge, it creeps along from the pupillary margin to the ciliary, thence to the ciliary body, the choroid coat, and finally to the retina, the delicate texture of which is spoiled forever, and permanent blindness results. We have had such cases, when in allopathic practice, and felt obliged to adopt from the first, a very active and severe antiphlogistic treatment—bleeding, blisters, and Mercury pushed to salivation—and yet our patients did not recover under two or three months, and we considered it an exceedingly lucky thing if they recovered with perfect sight. In this case we administered infinitesimals with just as much confidence, and, we think, with far better results, and we gave but two medicines during the whole sickness, or, at least, until after absorption had taken place and the vision restored, which was in fifteen days from the commencement of pain and inflammation in the eye. After due investigation of the totality of the symptoms, we deemed Arsenic to be the specific, and accordingly gave the 3d trit., three doses a day, with one drop of Belladonna[3] for the nightly exacerbation of pain, which Arsenic would not control, although we tried it several times, but which Bell. did relieve very soon. Arsenic[3] produced considerable nausea, of which the patient complained so much, that next day we gave the 30th dilution, with the corresponding potency of Bell. at night. Still she complained of nausea, and thinking it might be imagination, we told her to try the same remedy another day, at the same time giving her nothing but Saccharum-Lactis. There was no nausea that day, and the next we gave Ars.[200], which was followed with the same sensation of sickness, and the patient declared she had been taking some of the old medicine. Finding her so susceptible to the effects of Arsenic, we then used the highest dilution we had, which was the 8000th; this she took three times a day, with an intercurrent dose of Bell.[800] (the highest we had) for the nightly exacerbation of pain. After absorption had taken place, on the 10th of April, and the sight was nearly restored, although the eye remained weak, we gave Calcarea[2000], one dose, followed in three days by Sulphur[2000], and on the 4th of May discharged the patient entirely cured, with eye-sight as perfect and as strong as ever, and so she remained, without any trouble with the eyes, for six con-

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secutive years after, or as long as we had opportunity of knowing anything about her.

This is only one of six similar cases, which we have treated in like manner with high potencies, and with the same successful result. If imagination cured the patient, or if the disease got well of itself, it was, to say the least, a singular coincidence that the same thing should occur in six different individuals.

Case 2.—C. B., a lively, interesting lad, aged seven years, had been afflicted from birth with an eruption, considered erysipelatous and hereditary. It was also deemed incurable, as his father and grandfather were always troubled with "humors," and as all the remedies he had taken proved of no avail. This boy had suffered most during the cold weather, and, in fact, only during the three summer months had he enjoyed anything like health since his birth, being confined to the house or bed most of the remainder of the year. We first saw him Feb. 3d, 1850; he was lying on a linen sheet upon a hair mattrass, and so distressing was the intense itching and soreness of the skin, that his mother was obliged to sprinkle him with buckwheat flour, and rub him gently many times through the day and night. The eruption was of a scaly nature, and covered every part of his body; on the trunk it consisted of large patches, some round, others irregular, yellowish or pale red spots, covered with scales. In the centre of some of the patches was a white spot, while others were moist and discharged a clear serum. Wherever two surfaces came in contact, the discharge was abundant, and thin, yellowish, or thick and purulent in appearance. Behind the ears, in the axilla and groins, were large superficial ulcerations, destroying the whole integument. The digestive functions were much impaired, and the appetite poor; bowels tumefied, but tolerably free, and the most of his suffering was attributed to the intense itching which came on in paroxysms, and was almost insupportable.

We diagnosed the case as a species of lepra, described by Hartmann and others as "*psoriasis syphilitica diffusa*," and knowing the history of his father, saw nothing to hinder an hereditary mercurial and syphilitic taint. Five days we prescribed Lycopodium, two days the 3d trit., and the latter three days the 30th, two doses per day, with an intercurrent dose of Ignatia,

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to be given only when the severe paroxysms of itching came on. During these five days the eruption became more dry and scaly, and the itching in a great measure disappeared. From Feb. 8th to 15th, he took one dose of Psorinum$^{3}$ every morning, and nothing else. From Feb. 15th to 22d he took one dose of Psorinum$^{30}$, when the eruption had almost entirely disappeared, and the child was well enough to go to school, no traces of his disease being seen except the sores behind the ears, and in the groins and axilla, and these were probably kept discharging by his constant picking at them. Feb. 22d, we ordered one drop of Sulphur$^{30}$, every other day for a week, when he took one drop of Calcarea-carb.$^{30}$, and followed it in a week with one drop of Sulphur$^{2000}$. By the middle of March the child was entirely well, and so remained for several years, without a particle of any kind of eruption ever again making its appearance, and so thoroughly did the disease seem to be eradicated from his system, that, when afterwards he was bruised or burnt, his flesh healed as readily as that of any person in perfect health, whereas before this sickness he had never had a scratch or a cut that did not terminate in a long and tedious ulcer.

We have had but two cases since like this, and in them we used the same treatment with like results. If the treatment had no agency in the cure of these cases, what had? Seven years, nature and the doctor had been trying to cure the case above reported, and, if infinitesimals at last succeeded, where is there a parallel case in the archives of drug-medication? Spontaneous cures are said to have taken place not unfrequently, but we have never been fortunate enough to see a case where the cure could not be traced to the action of the natural law of cause and effect.

Case 3.—Miss L. C. C., a native of Maine, aged twenty-nine, of scrofulous-diathesis and an exceedingly nervous temperament, had been an invalid from the age of four, at which time she had scrofulous opthalmia and was almost blind for a long time, and after her recovery has ever since been afflicted with various manifestations of the scrofulous diathesis. For the last five or six years she has suffered principally from a spasmodic cough, occurring at longer or shorter intervals, and continuing from three weeks to three months, and, until about a year ago, was

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hopelessly sick for two years. She was under various kinds of treatment, without obtaining relief, and became so weak that she was unable to sit up or to go about, unless carried, and, in fact, her case was considered hopeless. Little more than a year ago, as a last resort, her friends placed her under the care of a woman, living in the vicinity of Boston, who calls herself a spiritualist, and, in a state of trance, pretends to cure diseases by the agency of Galen, or some other celebrated physician long since gone to the spirit world. This woman, without any medicine, and only by passes of the hands across the chest, &c., did unquestionably relieve the patient, or, to say the least, while under this treatment the patient, within six months, recovered a comfortable degree of health. From being very much emaciated, and so weak that she could not walk, nor sit up for any length of time, with dyspnœa and constant attacks of spasmodic cough, lasting until she was completely exhausted, with other symptoms denoting deep-seated disease, she so far recovered as to gain flesh and strength enough to walk and ride about, to sew and read, to travel long journeys, and, in short, to enjoy life. In the early part of July last she came by steamer from Boston to St. Johns, on a visit to her brother in this city, and was able to walk and ride about as well, if not better, than she had been for six years. August 24th, from imprudent exposure, she took cold, and the cough with which she had formerly been afflicted came on suddenly as before, and continued uninterruptedly, except for about three hours at night, when she became so exhausted that she fell asleep; as soon as she awoke the cough again returned, in the same incessant manner. We first saw her August 26th, and found the following symptoms present: considerable vascular excitement; pulse 100; extremities cool; suffering from a dry, spasmodic, hacking cough, so incessant as hardly to allow of eating or conversing, accompanied with loss of appetite, sensation of constriction in the chest, and slight soreness, and when attempting a full inspiration, which was with great difficulty, a distinct, asthmatic wheezing throughout the chest. She was in good spirits, her nervous system being rather excited than depressed; she ridiculed the idea of taking any medicine, as she had never experienced any relief from what she had taken, but said the cough would continue two or three weeks, and then cease

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of itself. She had been under the care of able and experienced men in all systems, and said she had never got any decided relief, except from the spiritualists. She consented, however, to gratify her friends by taking what medicines I prescribed, and in the course of two days took Phos.$^{3}$, Bryonia$^{3}$, Lachesis$^{10}$, Ammonia-mur.$^{3}$ and Moschus$^{3}$, without the least change in her symptoms. August 28th, we left Phos.$^{12}$, the highest dilution we had, one drop in half a tumblerful of pure water, and ordered a teaspoonful every hour until relieved; the first spoonful checked the cough, and materially altered its character; the intervals between the paroxysms were lengthened, and when she coughed it was more deep and hollow, and seemed to relieve the chest of its constrictive feeling, and the relief and rest she experienced were very great. She passed two days very comfortably, taking the same medicine at longer intervals, and recovering from her exhaustion, when, on the third day, she again awoke with the cough. Prescribed Sulphur$^{2000}$, one drop in half a tumblerful of water; one teaspoonful of this stopped the cough for the remainder of the day, but after she had retired for the night, the cough returned and prevented her sleep. The next day Sulphur seemed to have no effect, and Phos.$^{12}$ was again taken, with great relief, but not entire cessation of the cough, although its character was altered as before, and the constriction of the chest much relieved. Fearing a return of the cough at night, we left Hyosciamus$^{200}$ to be taken in that event; the cough came on as violently as before about 9 P.M., when one dose of the Hyosc. stopped it entirely, and she had a good night's rest. The next day she had no cough, but complained of great exhaustion, with cold hands and feet, and a burning sensation in the chest, for which we prescribed Arsenic$^{8000}$, with considerable relief for two days, and after this China$^{30}$, when she seemed to gain rapidly, was able to sit up, walk about the house, and even ride out. Sept. 3d, complains of much soreness of the chest, but is much stronger; prescribed Bryonia$^{200}$, every four hours; she grew much better until night, when the cough returned as bad as before, and she got no sleep. Sept. 4th prescribed Phos.$^{12}$, every two hours through the day, and Hyosc.$^{200}$ at night, if the cough continued. These remedies again completely controlled the spasmodic cough, and she was again enabled to

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ride out and make arrangements for returning home. Sept. 5th, no cough, but great exhaustion; took Arsenic$^{8000}$, and improved until Sept. 7th, when we were again obliged to attack the cough with Phos.$^{12}$ by day, and Hyosc.$^{200}$ at night, the latter of which, she declares, has had the most positive and immediate effect upon her of any medicine she ever took in her life. Sept. 8th, very comfortable, no cough, but quite weak, and easily exhausted by the least exertion. We furnished her with bottles of the medicines such as she had used with advantage, and she left in the steamer for Boston the next day. She had a return of the cough on the passage, which, she writes, was at once checked by the Hyosc.$^{200}$, and since her arrival at her spiritual friend's, (the embodiment of Galen, or somebody else,) she has had no cough, and is now recovering her usual degree of health.

We mention this case, not as one cured by high potencies, although we firmly believe it would have been, had it remained longer under their influence, nor yet to exhibit the results of spiritualistic treatment, which we know nothing about, but because it helps to prove one fact which it is the object of this article to illustrate, viz.: that high potencies are often successful in the cure of diseases, when the low attenuations have no effect but to aggravate. In this case, as in the others reported, certain amelioration of distressing symptoms did follow the use of certain high dilutions of medicine homœopathically chosen, and no amelioration ever followed any other medicines, either in homœopathic, hydropathic, allopathic, or botanic practice. If we are asked how to account for it, we reply, it is unaccountable by the ordinary methods of reasoning; but there *is* the fact. If we are asked how to account for the previous restoration to apparent health, while under the care of the spiritualist? we simply answer, the fact is well authenticated, but we cannot and do not pretend to account for it, any more than we can rationally account for the effects of high potencies, or of crude medication, or a thousand other things which we believe, because we see and know them to be facts, and what we see and know, we cannot help believing. With us, one fact is worth a myriad of mere abstract opinions, and one experiment invariably repeated with the same results, amounts to an absolute fact that will outweigh all the hypotheses that ever emanated from the brain of man.



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The three cases above related are but types and instances of similar ones, which we have successfully treated with high potencies, a detail of which we cannot give within the limits assigned for this article. It has been our intention briefly to declare our conviction not only of the efficacy, but of the vast superiority, not to say absolute necessity of the high potencies in many cases, and our firm belief that if our professional brethren, who have so little confidence in our homœopathic therapeia, would oftener try these high dilutions, they would not so frequently be disappointed in the effects they wish to obtain from homœopathic medicines, and consequently would not so often be led into crude and unscientific experiments with drug prescriptions. We know of no process of reasoning that will conclusively and satisfactorily explain the modus operandi of drugs, and if not, then why should we be asked to explain the action of infinitesimals? The fact that certain drugs act in certain ways when administered to the sick, is all the ground upon which the therapeia of any school but ours is founded, and if we meet them on the same ground, if we present an equal array of facts showing that certain infinitesimals, selected by a definite and universal law, are invariably attended with certain results, we see no occasion for doubt or incredulity as to their effects. When we have a great many times administered the thousandth dilution of Spigelia in certain cases of facial neuralgia, and have always seen it followed by a prompt and decided cure, why should we not attribute the cure to the specific effect of that remedy, as positively and with as much reason as if we had seen the same result follow the use of a lower potency, or even of a crude drug? Can we satifactorily explain the action of the latter any better than that of the former? Is the former any less a fact than the latter? These are questions which seem to us unanswerable, and we present them to the serious consideration of all our brethren who stagger at a globule, but readily swallow a bolus.

But, the sceptic may say, where is the limit to your high dilutions? We answer, experiment has not shown us as yet, for our science is only in its infancy, and it must be allowed time to develop ere it reaches the exactness of maturity. The self-styled critic and reviewer, puffed up with a little book-learning, and too lazy to undergo the toilsome drudgery of patient investigation,

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may laugh at the startling fact stated by industrious, sound and practical men, that they have seen diseases cured by only smelling of high potencies, and tauntingly he may ask, "if so little caused such surprising effects, why wont none at all do more?" We can only reply, with all modesty, we do not know but it will, but we have never seen it, and no one else has ever seen it, whereas the former has been seen, and is properly authenticated, and we may with equal propriety turn upon him and ask, where is the man so stupid as not to believe the evidence of his own senses? And why is not the evidence of one man's senses as good as another's, provided both are of equal intelligence and capacity, and have equal opportunities for observation and experiment? Surely the evidence of one who has made experiments with a remedy, and proved it, is better than the mere opinion of one who has not, and consequently knows nothing about it.

It is folly to talk of incredibility in an age when miracles are an every day occurrence! Not a moment passes without bringing with it events seen and believed by every observer, notwithstanding they are totally inexplicable. Life is a mystery—health a marvel—disease an unaccountable phenomenon—recovery, in any way effected, a miracle—(if so be a miracle mean something supernatural, or inexplicable by ordinary ratiocination.) And did we not see all these facts constantly before us—these unaccountable realities—who would not deem them incredible? Who, fifty years ago, could have been made to believe in the extent and capacity, for practical use, of the magnetic current, and a thousand other things now known as actual realities? The bounds of human credibility are exceedingly narrow at best, and if they are to be contracted down to what can be explained by the present limited faculties of human reason, what an infinitely small compass would most men give them? Surely, it is more philosophical and becoming for scientific men to welcome all the facts that can be brought to light, from whatever source they come, and patiently wait until their number and importance ranks them in their proper sphere, and their own practical development sufficiently explains them. At all events, in an age of progress, and with a progressive race, new facts must be constantly coming to light, and explicable, or not, they will come, teeming with vast importance for the future!

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Since the creation of man, this has ever been the case, and so will continue, in all probability, until the end of time. The whole history of the human race, shows one progressive advance in intellectual culture and development; and so of all the arts and sciences. The history and progress of medical science, resembles a vast ocean of hypothesis, at flood tide, whose breaking waves dash constantly on the rocky shores of truth, each succeeding wave reaching a higher point, and leaving a fresher and more perceptible imprint upon the before untrodden adamant of fact. Who shall dare to prescribe bounds to this mighty ocean? How shall a world of little men, with all their opposing barriers of argument, wit, satire, prejudice, or power, be borne down and overwhelmed beneath its ever-rising and all-engulfing waters! As well might they attempt to roll back Niagara's torrent of waters, and pen them up within the lake from whence they come,—make yonder comet move in a less eccentric track,—blow out the subterranean fires of Vesuvius, aye, prescribe a path for the mysterious steps of Omnipotence, as to attempt to stop the progress of truth, or stay the onward march of discovery!

It becomes us, then, as members of a scientific and ever-advancing profession, to keep pace with this onward progress—to welcome with delight each new fact, and investigate with zeal and patience each new discovery—to be nothing daunted at inexplicable difficulties, but rather be grateful that science rejoices in an endless, limitless labor, and always presents a new summit to the one already surmounted.

Homœopathy, as a system of therapeia, tacitly, or confessedly, has been acknowledged by all mankind to have already proved a blessing to the world. Those, even, who revile, and pretend to disbelieve it, are gradually yielding in their colossal doses, and their nauseous mixtures, and in many other ways, are exhibiting the practical effect which the doctrines of Hahnemann have had on all medical systems. Wo be to those, who, through negligence, arrogance, or ignorance, turn this blessing to a curse! Who, instead of encouraging and advancing the onward progress of pure and scientific homœopathia, help to drag her backward and downward to that unfathomable abyss of empiricism and uncertainty, which they dignify with the name of modern eclecticism.

St. Johns, *Oct.* 16, 1858.

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ARTICLE XXVII.—*On Calendula Officinalis,—its importance in Practice.* By JOHN T. TEMPLE, M.D., of St. Louis, Mo.

The peculiar tendency of the age is to riot and recklessness. Vain, ambitious man, is ever striving to improve the laws of God, by altering or amending those glorious revelations which have been made to us by the beneficent, omniscient Ruler of the Universe. In religion and medicine we especially deplore this wild and wicked dissipation of cultivated minds. In our beautiful science, which has its foundation laid with facts, cemented by the eternal laws of truth—it is indeed lamentable to find those who are professed believers in its truth and admirers of its beauty, led away by some vain desire into the domain of fancy, gathering here and there from the medical wreck of centuries a floating fragment, with which to build a temple for the worship of rational homœopathy—efforts, which like those on the "plain, in the land of Shinar" must end in utter confusion.

If homœopaths would confine their observations and efforts to the practical operations of our remedial agents in clinical practice, and publish the results, the truth of our system would be subserved, and its benefits extended.

For eight years I have used the Calendula, and with such marked and gratifying results, that I have thought proper to give you a few cases from my practice, that those who have not used this tincture, may be induced to avail themselves of its important aid in injuries, which in many cases will surely prove fatal without it.

In February, 1850, I attended a gentleman who in forcing a ball down the barrel of a six shooter, with an iron ramrod having a large wooden head, which fitted the palm of the hand, the pistol exploded, split the wooden head of the ramrod, and drove the square rough end of the rod through the palm of the hand obliquely upward between the metacarpal bones of the index and middle fingers, and out on the back of the hand, about midway between the lower extremities of the radius and ulna. The pain was intense for half an hour. I gave Arnica until the pain was greatly diminished, which was in two hours. I then applied Calendula to the wound, keeping it wet day and night. For four days not a finger could be moved in the slightest degree, without intense pain. The wound healed rapidly without the ap-

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pearance of suppuration. On the sixth day he could move the finger a little without much pain, and from this time the improvement was rapid until the tenth day, when he held his knife in his hand, (it was the right hand) and cut up his food at dinner, to the great surprise of a large number of boarders, who witnessed, what one of them, an old man, called a miracle. At this date, the *tenth day*, the wound was *entirely healed*, leaving a scar, not one-sixth the size of the opening made by the rod, and without any suppuration. In three months he recovered the *full use* of his hand, and to this day has never experienced any weakness or inconvenience in that hand. I should have stated that after suspending the use of the Arnica I gave the Calendula (3d potence) internally four times a day until the sixth day, and after that, twice a day.

*Case of old ulcers on the leg and foot.*

Mr. C., aged 42, had been suffering for over five years with ulcers on his right leg and foot, ragged, deep, painful, excessively offensive, with profuse suppuration. Some of them were black in spots, and gangrenous.

Had been treated for five years by various physicians, of both allopathic and homœopathic schools, without any benefit—had despaired of any cure, but wanted, if it were possible, to be relieved of the "horrid stench of the discharge" and the "dreadful pain" which frequently occurred. After using Arsenicum, Aurum and other remedies without any satisfactory result, (I applied cold cloths to the ulcers during that time) I determined on the application of Calendula to the ulcers, which produced a prompt change, both in the quantity and character of the discharge—healthy granulations were the consequence, and the deep ulcers rapidly filled up. As soon as this improvement began, I followed it up by the administration of Nit.-acid 3d internally, with an occasional dose of Sulphur. I believed this disease had its origin in mercurio-syphilitic poison, and therefore gave the remedies mentioned, which had the desired effect.

Case 3d, a burn, from "camphine gas," involving the principal part of the left arm, a small part of the neck, face and ear, part of the shoulder, and about ten inches of the side, all on the left side. This case had been under allopathic treatment

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from the time of its occurrence, six weeks previous to my call. The girl was about twenty-two years old, very robust, and remarkably healthy. She was the servant of an old citizen here, from whom I received the following statement: "The physician was in attendance in five minutes after the burning; continued daily to attend two or three times a day, the girl continuing to grow worse every day; the wounds growing larger and larger, and the discharge constantly increasing, until she was pronounced past recovery."

Condition in which I found her—pulse 160; eyelids stretched to the full extent of the orbits; delirious and wild; her appearance frightful; her tongue dry, red, and cracked; the suppuration so great, that the bedding was saturated, and quite a puddle had dripped through it on to the floor under it; the room so offensive, that very few persons could remain one minute in it. It was evident that the last sand in the hour-glass of vitality had almost run out. Her wounds were covered with an escharotic plaster, and her system under the influence of Morphine, Quinine, and Ext. of Hyosciamus. I thought it doubtful whether she would live twelve hours, but determined to do what I could for her.

Treatment.—Took away the savage plasters and loathsome clothing which enveloped her, covered the entire surface of the burns with soft old muslin cloths, and wet these cloths with Calendula Tincture. Gave her Rhus-tox. and Arsenicum, internally, every two hours. The effect was truly marvelous. In twelve hours, the suppuration had been reduced four-fifths, and in twenty-four hours had ceased, except on the deep-seated burns, which were limited to the arm for about eight inches by one and a half, and a small space on the shoulder, two and a half inches by one inch. On these deep-seated wounds, the discharge was slight and inodorous. The pulse fell in twelve hours, to 120; in twenty-four hours, to 110. The countenance not so terrible and distressed. At the end of the twenty-four hours, I told her master that she could be saved by a rigid observance of directions. The burns were kept wet with the Tinct. of Calendula, day and night. At the end of twenty-four hours, there was a return of consciousness, but great drowsiness, requiring some effort to rouse her. I found her left arm

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stiff at the elbow, her physician not having allowed her to move her arm for the last six weeks which he treated her. She took no nourishment for four days, drank water freely during the time when it was put into her mouth. On the fifth day she began to take a little food, fluid, and took but very little for two weeks. Her tongue improved from the first day, but was not in a normal state for two weeks. During the treatment, I gave as the symptoms indicated, Bryonia, Phosphorus, China, and Pulsatilla, which, with the two first-named remedies, completed the cure. After the first two days, the diluted Calendula was applied, in the proportion of half water.

In this case, the physician who had attended was so provoked when a Homœopath was called in, that he immediately made out his bill and demanded payment The owner of the girl informed him that he should not pay. Immediate suit was instituted—a plea of mal-practice was interposed, and for the first time in Saint Louis, the two systems were brought into collision in open court. And alas! the jury, instead of granting a verdict for the allopath of over $100, gave a verdict against him, in favor of the master of the girl. This trial, with the testimony of Dr. Pope and other allopaths, may at some future day become an interesting narrative.

I have now given you three cases in which I have used Calendula, selected from the three different classes of injuries which have been treated by Calendula as a local application. I have given the simple statement of facts. To your readers, I submit these facts for their consideration.

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ARTICLE XXVIII.—*Minute Cryptogamic Plants and Animalculæ, in their Relations to Disease.* By Dr. HUNT, of New-York.

It is said that no effort was ever made to improve the public health that was not prompted or promoted by the disinterested exertions of physicians; that they are continually occupied in lessening the possibility of those very maladies whose existence is a source of emolument to them; and that, through their efforts, the management of health, in every stage of life, has been placed on a surer basis, "the occurrence of disease rendered

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less frequent, less excusable, and its removal made more easy and certain." With the design of contributing to this general object, I propose to descend to one of the humblest provinces of the domain of science, and bring forward a few of a class of well-established facts, which may be shown to have an important bearing on the causes and cure of certain forms of disease.

I.—I propose to review, in the briefest manner, the subject of *microscopic cryptogamic fungi* and animalculæ, in their relations to health and disease; their mode of growth, immense numbers, extreme minuteness, and wide diffusion.

II.—To show that they exist, in situations where their presence is not always suspected, and that, wherever they exist, they are always deleterious to health.

I.—*General character of cryptogamic plants.*—Nearly all the diseases to which plants are subject, are the result of encroachments by parasitic mushrooms, fungi, or lichens, and every species of plant, in a diseased state, presents us with some minute specimens of this order. Wheat is infested and greatly injured by the *rust*—a highly organized fungus, called by the botanist *uredo linearis*—and by that called *smut*, or *uredo segetum*. Blight, dry rot, and all the fungi that retard the growth of trees and plants are of this character.

The rapidity with which the fungi reproduce themselves, and spread over objects which furnish the proper food for their development, constitutes one of their most remarkable features. Some species "pass through their whole existence in a few minutes, from the invisible *spore* to the perfect plant." In warm climates, *mould* spreads over the leather of shoes in a single night, and renders it quite rotten in forty-eight hours; thus drawing their nutrition from the "heart of the leather, in that time." These mould-plants extend themselves, "by many successive generations, over its total surface." (Lind.) Webster says he saw sound potatoes destroyed by mould in thirty-six hours. The number of known species of fungi is so great that their number has never been estimated. Fries, the Swedish naturalist, counted two thousand species within a space equal to one-eighth of a mile square.

When we descend to examine the vegetable productions of the smallest size, the microscope shows them in visible growth.

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A drop of yeast, placed in the bottom of a watch-glass, may be seen swelling up, as the *torula cerevisiæ* unfolds itself, and exhibiting a forest of fungi, where, but a few minutes before, only a spore or two were visible."

The exact process, by which the yeast-plant propagates itself, is important. The globules are rather egg-shaped, and, when examined by aid of the microscope, a small point may be seen on the surface of a globule fully formed, and, after some hours or more, it becomes associated with others. Sometimes several globules cluster around one of the ordinary size and whirl about with it, when the fluid in which the mass floats is shaken. In the smallest quantity of yeast a number of isolated cells is seen, and, from the surface of each cell others shoot forth. These become cells, like the parent, and, in their turn originate others.

Every globule of yeast, as well as each individual spore of all the microscopic fungi is perfect in itself. It absorbs its food from every part of its surface, assimilates it, and respires the air as perfectly as the highest flowering plant. When the fermentation is going on, "the small globules of yeast become agitated in all directions;" small protuberances shoot out on all sides, which grow to their full size, and separate from the parent plant. It is believed that there is, in this process, a truly *vital* reproduction, like that of buds in the vegetable kingdom.

The substance known as *leaven*, furnished the most ancient nations with the simplest mode of making light bread, and it is still in general use. When bread remains unbaked, in a warm place, for a very short time, it speedily acquires a sour taste, and the microscope reveals a forest of very small *fungi*, resembling those that constitute yeast, and equally capable of reproducing themselves. This is really the *first stage of putrefaction.*

The peculiar plant called *mould*, or *mucor stercorea*, consists of a true and highly organized microscopic plant. It may be seen with a magnifying glass, on the surface of all putrefying vegetable or animal matter, and the plants soon become visible to the naked eye. They possess the root, stalk, flower, and all the essential parts of the perfect plant.

*Mildew* and blight consist of minute parasitic plants, of which the seeds are so small that they can enter the pores on the straws

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of wheat, which are open in wet weather. In warm, showery weather each pore upon a straw may produce from twenty to forty of these poisonous parasites. They may rapidly be distributed over a whole field, from a few diseased plants, as the seeds are not much heavier than the air. In the growth of these small parasites, and in that most minute aërial fungus, called red snow, or gory dew of the Arctic regions, we see the development of vegetable life, in its simplest form, and discover the first steps of advance in organic structure.

*Process of Decomposition of Animal Substances.*

The putrefaction of animal substances does not consist in *chemical* decomposition alone, but in the formation of minute *animalculæ*, called *infusoria*. These exquisitely small, but living and organized beings, consist, at first, of only "one or more small globules, grouped together side by side, and endowed with a sort of creeping or rotatory motion." The animalculæ called vibrios, are found in various animal fluids, and may almost always be seen by examining, with a microscope, the matter that accumulates between the teeth. Leeuwenhock has shown that "scarcely any animal substance putrefies without becoming the food of myriads of animalculæ."

In every article of food, that is permitted to stand only a few hours in a warm place, putrefaction commences by the spontaneous formation of minute living animals. A boiled potato, in a small quantity of boiling water, left to stand in a glass vessel well covered, was found by Mr. Ellis, after twenty-four hours, to be alive with moving animalculæ; and another raw potato, similarly situated, and standing by its side for an equal length of time, had undergone the same change. The animalculæ were "of a linear shape, very distinguishable, moving to and fro with great celerity, so that there appeared to be more particles of animal than of vegetable matter in each drop." The same result followed in every experiment made, whatever kind of water was used. Minute living creatures were formed, which "moved rapidly in different directions, turning themselves quickly round, at the same time that they moved rapidly forwards." (Philos. Transactions, vol. 59, 1767.)

Experiments have been made by Buffon, Reaumur, Ingen-

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houz, under great diversities of situation, and, in all of them microscopic animalculæ were developed, in all infusions of animal or vegetable matters. They put boiling veal broth into a vial, previously heated in the fire, and, hermetically sealing it, they left it three or four days. When examined, they found in it the same development of living infusoria. And it will every where be found that, wherever vegetable or animal matters are permitted to stand a few hours, under favoring circumstances, vegetable fungi or animalcular infusoria will be developed, with a rapidity proportioned to the temperature. Even the mucus that adheres to the teeth almost always contains them; and it has been shown, by M. Manell, that the *tartar* on the teeth "consists almost entirely of the skeletons of dead vibrios, cemented together by dried mucus."

The difficulty of accounting for the origin of organized living products, in situations in which it would seem impossible that seeds or oviform matter could be deposited, does not destroy the force of well-attested facts. The *filaria*, or thread-worm, originates, in *some way*, in the eyes of horses, and grows to an inch in length, as large as a sewing-thread, and moves rapidly about in the aqueous humor. It causes inflammation, opacity of the cornea, and may be extracted. (Lawrence on Diseases of the Eye, p. 532.) These thread-worms have been found in the eyes of cattle, sheep, pigs, frogs, lizards, fishes, birds, and even in the human eye. Dr. Guetner extracted one, called a Guinea worm, from the eye of a Negro girl, in the West Indies. The process by which they originate, is not our present object. Many philosophers have supposed that living organized beings of the lowest orders may be produced by a *spontaneous vital* process, which, at first extends only to the formation of the simplest and lowest grade of animal life. Infusoria and vibrios are reproduced by solitary propagation, by one cell growing on and detaching itself from its parent. From this low beginning they rapidly improve, as the species advances to more perfect forms. "To suppose," says Darwin, "the eggs of former microscopic animals to float universally in the atmosphere, and pass through the sealed glass vial, is so contrary to apparent nature as to be totally incredible! and, as the latter are viviparous, it is equally absurd to suppose that their parents float

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everywhere in the air, seeking an opportunity to leave their young in paste or vinegar." Berutti endeavored to show that infusoria are developed by spontaneous generation. He considers the *acarus scabiei* the product, as well as the cause of itch; and says that zoosperms "are not genuine animalcules, but organic molecules, formed in the minute extremities of the spermatic tubes, by the effect of an exuberant nutrition." In the same way, we may account for the origin of intestinal worms, which no where exist in the outer world. The *sarcina ventriculi*, found in the stomach, have a similar origin. It is no longer believed that all animal existences, found in unusual places, must necessarily have been produced from eggs introduced from without. We see "worms found in seeds, and nuts, in woods, in stones, on leaves and plants, and in them. We see clouds of flies suddenly rising in new localities, and 'army worms' emerging from the ground and marching in solid phalanxes, over the neighboring fields, spreading destruction before them; and we see the most minute creatures developed in offensive waters, sour wines, pestilential air; and we see offensive effluvia and exhalations rising from plants, earths, and stagnant waters, in which noxious animalculæ are developed. Thus, wherever *dead* animal or vegetable substances exist, in combination with *heat* and *moisture*, we see these substances speedily invaded by the destroying legions of *cryptogamic plants*, or living *infusoria*. We see that the disorganization of these substances is effected, *not by chemical laws*, but by the rapid growth of these mysterious living creations, which constitute the lowest order of organic existence. I now proceed to show that the whole of these substances, which originate in spontaneous fermentation or putrefaction, are essentially poisonous in their nature, and that, in all their relations to human life, and health, and happiness, their effects are evil and only evil continually.

### *Medical Properties of the Microscopic Fungi.*

The whole tribe of the deliquescent fungi are poisonous. Darwin says some of them are so acrid that a drop of their juice blisters the tongue. Some of them are used for blistering the skin, and others, as the agaricus, produce profound intoxication. The acrid properties of common mushrooms are partially dissi-

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pated by boiling; but I have seen a disease, which resembled Asiatic cholera, produced by them.

Dr. Mitchell, of Philadelphia, says, the acrid and narcotic qualities of poisonous fungi are increased when their growth is facilitated by high temperature and moisture. He has shown that the diseases, commonly attributed to "malaria," are really the products of invisible cryptogamic fungi; that these diseases are always most prevalent and violent in autumn, after the hot weather is over, but at the time when the fungous plants are growing most rapidly, and feeding on the old, decaying vegetation, which furnishes their appropriate food. Among the considerations which confirm the truth of this theory, a few only can be enumerated here:

The fungi grow most rapidly in the localities which furnish malarious diseases; they are known to be universally poisonous, and to produce febrile diseases marked by periodicity; they grow most rapidly during the dampness and darkness of the night, and in damp places; they are known to produce some cutaneous and mucous diseases, contagious diseases of insects, diseases of cattle fed on mildewed food, communicated to persons who use their flesh, butter, or milk. These are only a few of the characteristics which point to their mysterious and invisible legions, as the most insidious and deadly of all the destroyers of human life.

As their numbers have defied the calculating powers of all observers, the numerous forms, in which they have interfered with human health, have never been fully exposed. They encroach upon the food that man eats, the water he drinks, and the air he breathes. In some debilitated or scrofulous constitutions, the cryptogamic fungi plant themselves on the skin, and establish the most inveterate diseases.

One of these diseases, most often seen, is tinea capitis, or scald-head. When the white crust, from the roots of the hairs affected by it, is seen under the microscope, it is found to consist of "millions of mycodermatous plants, the seats of which are in the cells of the epidermis." Cryptogamic plants, of extreme minuteness, have been found growing in the matter of tubercle, from the lungs of different persons; they have been seen on the skin of a mouse, on a living, but diseased gold-fish; also on the coating of the tongue, and on the gums. The ap-

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thous crusts in the mouth of a child, are composed of fungus called *Favus*. The same parasite has been found in the intestinal canal, in the crusts of porrigo, on blistered surfaces, on the inside of the œsophagus, in ulcers of the intestines in typhus, in various cutaneous eruptions, in a cerebral tumor, in a chronic ulcer, in a scrofulous affection of the ear, in carious teeth, in the expectorated matter of pneumonia. They have been observed in the stomach of an icteric subject, in yellow fever, and in a large number of other diseases.

One of the most remarkable diseases connected with vegetable growth upon or within the body, is *plica polonica*. Originating in a vegetable fungous poison, communicated by contagion, it communicates a morbid activity to the growth of the hairs, which become sensitive, and bleed when they are cut. They twist themselves together inextricably, and become plaited into a confused, clotted, disgusting mass; sometimes the hairs form into a series of cords, like ropes, and one case is recorded in which a lady's hair grew into a long agglutinated cable, fourteen feet in length. In well-marked cases of this disease, organic living fungi are found at the roots of the hairs, and in the viscid secretions which flow from them, which are capable of being transplanted to another person, and of communicating a new case of the disease. (Gunsbury, Mutter's Archives, 1845.) In this way the disease was introduced by the Tartars in the thirteenth century, and has since become naturalized in the North of Europe; and the uncleanly habits, and the impure food used by the people, have maintained it for six centuries in Poland, Livonia, and some parts of Russia.

That many substances now known to be cryptogamic plants, possess poisonous properties, need not now be proved. But it is still true that these same substances are perpetually developed in places where they are not suspected, and their effects are not noticed, or are misinterpreted. The peculiar substance known as mould, or Mucor, has already been shown to be a true fungous plant. That this plant, minute as it is, is a malignant poison, has been known for ages. It has, however, been observed, that when the quantity present was not large, and the digestive powers were strong, food containing mould might be so far digested, that the immediate effects of the poison might not be

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felt, or, at least, understood. When the quantity of mould taken in food is large, the effects are so strongly marked, that they cannot be overlooked. In some of these cases, the following symptoms have been observed:—Face red and swollen; countenance animated; mind bewildered; pain in the head, with dizziness; the tongue dry, the pulse feeble and rapid; in some cases, there is violent colic, unextinguishable thirst, desire to sleep, and repeated efforts to vomit. After the expulsion of the poisonous substance from the prima-via, recovery may gradually take place, though great prostration, and indifference to surrounding objects remains for some hours.

When mould exists in the incipient stages of its formation, in common articles of food, its presence usually evades the vigilance of cooks, as its effects often baffle the efforts of physicians. Unfortunately, there are patients whose sensibilities to morbific influences are often more keenly awake than those of either of their chief counsellors have generally been. The effects of mildew, together with mould, and various other fungi, have been portrayed by poets and historians of every past century. Virgil describes the blighting poison as "feeding on the corn;" and in another place he exerts his highest powers in describing the effects of the pestilence which followed from the use of vegetable food, rendered poisonous by the presence of the deadly parasites which depopulated villages and desolated provinces. Others have told of clouds of pestilential vapor

> "Borne on the murky wing of night,
> Like mildew strewing death and blight;"

and have painted fearful pictures of the ravages of *famine*, when

> "The meagre fiend
> Blows *mildew* from between his shrivelled lips,
> And desolates a nation at a blast."

The mystery that has ever enveloped the march of every pestilence that ever walked in darkness, is in part dispelled, when we observe that the morbid virus which originates the disease, always reproduces and multiplies itself, indefinitely, just in the same way that the particles of yeast do in the fermentation of beer. As sugar or gluten is excited to fermentation by the addition of a small quantity of fermenting matter, (or yeast,) so peculiar forms of disease are excited in constitu-

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tions predisposed to such process by the addition of matter in the smallest quantity in which a similar operation has already commenced. But the modus operandi of the vegetable and animal poisons cannot be pursued here. It is believed that the views already faintly presented in this paper indicate the only path by which the true theory of the causes of many much dreaded diseases, and their mode of diffusing themselves will be reached. The controversies on the origin and nature of cholera, yellow-fever, the "milk-sickness" of the West, and many other familiar diseases, can only be terminated by the adoption of a theory by which all known facts may be rationally explained.

*Medical Properties of Animal and Vegetable Substances in a State of Putrefaction.*

All the products of putrefaction, as well as of analagous changes in animal and vegetable substances, are deleterious to health. "When blood, cerebral substance, gall," and the products of suppuration in a putrid state, are laid on fresh wounds in animals, they produce vomiting, debility, and death. Anatomists often suffer the most painful, and sometimes fatal inflammations, from the touch of such putrefying matters to the slightest wound received in dissection. A slight scratch from a bone has often resulted in extensive suppuration and death.

It is said that, in some countries in Europe, "sausages are made from very miscellaneous substances, as blood, livers, brains, and offal of other kinds, with bread, meal, salt, and spices." A disease, well known as "the sausage-disease," is produced by eating these poisonous compounds. During its progress, "the saliva becomes viscid, and emits an offensive smell;" there is a gradual wasting of the muscular fibre, and of all the constituents of the human body; so that the patient becomes emaciated, dries into a complete mummy, and soon expires." The body after death is described as "stiff," and presenting the appearance of being "frozen," and it "is not subject to putrefaction." (Ure's Dict. Arts, Manufactures, &c.)

No peculiar poison has been detected in the sausages by chemical tests, but the poison has been supposed to be destroyed by alcohol, or the action of boiling water. This statement is



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only partially true; for, when the same food has passed through the stomach in an undigested state, and is absorbed by the lacteals and conveyed into the general circulation, "it imparts its peculiar action to the constituents of the blood, operating upon it as yeast does upon wort." (Ure.)

That the minute sporules of these animal and vegetable poisons pass through the lacteals into the blood, need not be proved at length. Dr. Mitchell says that fungous growths have been found, both in man and in the lower animals, in places to which they must have been carried by the general current of the blood, and that he has found them ten times as small as the chyle-globules. Dr. Johnson (Animal Chemistry, Vol. 1, p. 202,) says that solid substances, reduced to fine powder, enter the lacteals along with the chyle. Indigo, though not soluble in water, will pass into these vessels when reduced to fine powder. In this way, Dr. Fordyce saw the chyle of a sheep rendered quite blue after pulverized Indigo had been thrown into the intestines. When cattle feed on the Indigo-plant in the fields, the cream becomes of a beautiful blue color; and, when they eat madder, the milk is colored red. Thus all the animal products used as food, partake of the different materials from which they are derived. The honey on which Xenophon's "ten thousand Greeks" feasted, near the shore of the Black Sea, had been obtained by the bees from poisonous flowers, and some of the men became intoxicated, some were wildly delirious, and others died on the same day. But we need not present further evidence to prove that, so far as man is dependent on animal and vegetable food for the support of animal life, he is also dependent on the purity and quality of that food. The mode by which that which was pure and healthful may speedily become the food of cryptogamic plants or living animalculæ, has already been sufficiently displayed; and we have also seen that where ever these living products of putrefaction exist, or however minute their size may be, they are always poisonous. It now only remains to show that they constantly exist in situations where their presence has not generally been suspected; and that, as all persons are not equally impressible to their influence, their effects are often overlooked, or attributed to some other cause.

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*Influence of Fermented Bread and other Deteriorated Food in Gastric and some other Diseases.*

The ancients, at a very early period, learned to make bread *light*, by permitting it to *sour* before it was baked, but they also acknowledged its general deleterious qualities. Mr. Brande says, in the Encyclopedia, that the word *leaven*, "in its figurative sense, was applied in the early ages to anything that powerfully, but gradually, deteriorates the qualities of the mind or heart, in contradistinction to the expression *unleavened*, which implies the qualities of sincerity and truth." It was this well-known quality of leaven that led the Israelites to regard it as a type or emblem of impurity; and, by the law of Moses, the people were forbidden the use of leavened bread during the Passover, and were required to purify their houses from its contaminating influence. We are elsewhere told that by *leaven*, the men of the ancient world understood something that was corrupt or unclean, and that the offering of *unleavened bread* was significant to them of "pure love and charity from a sincere heart," or "that which is purified from all that is false."

The Jews have retained their belief in the binding authority of the law of Moses to the present day, and are still as faithful in the use of the pure unleavened bread during the feast of the Passover, as in the time of Moses. Whether the temporary avoidance of the impurities usually employed in making *light* bread can have any real beneficial effect on health or not, there are persons, who, without thinking of its moral significance, use this bread when they can get it; and they always find that, when using no other bread, they can, at least, be free from physical suffering, which all fermented bread uniformly inflicts on them.

In attempting to expose some of the deleterious effects of substances which must long continue in general use, I am aware that many questions will arise which only a large number of accurate observations, given in detail, could fully answer. Though for more than ten years my attention has been directed to this subject, I have nowhere seen that clear exposition of the *pathogenetic* effects of *yeast*, *leaven*, and their kindred fungi that science has a right to demand, though my own observations have been sufficiently numerous to satisfy myself, I am at least prepared to

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affirm that, in every instance of chronic disease in which the digestive organs have suffered, where I have had opportunity to enforce a diet from which was excluded all known impurities originating in deteriorating changes in the food used, a decided alleviation of suffering has been the marked result. Persons with whom my first acquaintance has been made in stages of disease which allowed no hope of recovery, I have found suffering greatly from inability to receive, without increased pain, any food of which stale bread, in some form, had been a principal part. On utterly excluding this, and substituting only such things as were essentially *pure*, and in other respects suited to weakened digestive powers, I have never failed to note such a degree of alleviation as could not have been attained by other means. To what extent the application of the same dietetic principle, at an earlier period, might have checked the progress of disease, is a question to which I invite consideration. My observations convince me that there are constitutions which, from earliest infancy, exhibit no other symptoms of diseased tendencies, than such as are developed by ignorance of the dietetic principle I suggest. Some of these persons are reared through a childhood of scarcely defineable complaints, receiving the severest results of "fair trials" of various modes of treatment, without being benefitted by any; they either die of more active forms of disease, or linger through life as hopeless invalids.

From the great extent to which *fermented* bread has superceded every other kind, we might suppose that universal experience had demonstrated its good qualities, and that it would be useless to look for anything better. General experience has, at least, proved that leavened bread may be eaten with safety by those whose digestive powers are strong enough to break up and entirely destroy whatever vegetable poison the bread may contain. But experience has also shown that a vast number of suffering, melancholy dyspeptics, whose protean maladies are generally admitted to be incurable, have been growing worse under every prescription, and under every system of diet into which yeast-bread or any of its kindred poisons has entered. The physician may easily overlook the effects of an *invisible* agent, to the poisonous powers of which he is himself insensible.

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And when the minute fungi have passed through the lacteals into the general circulation, and produced some of the worst symptoms dyspeptics ever endure, these symptoms have been generally attributed to some other cause. In illustration of this point, I present an extract from a communication in my possession, which embodies the results of a large experience, and coincides with the facts furnished by numerous observations.

A lady who has suffered for the greater part of her life from imperfect digestion, and the most distressing of all the effects that usually attend upon it, thus gives a portion of her own history: "From early life, though apparently possessed of a healthy organism, I was never free from continued sufferings from INDIGESTION, morbid appetite, ACIDITY, and eructations of food. From the age of ten to thirteen, these symptoms increased in severity, the stomach grew more morbidly sensitive, the pain more severe, until it became a most distressing *gastralgia*, or neuralgia of the stomach. A temporary abatement of these bad feelings generally followed the taking of food, but soon eructations of the contents of the stomach ensued, and continued till everything eaten was brought up, leaving nothing but acid water. During all this period of several years, I had the best parental care and the best medical attentions that could be obtained in the city in which I lived. No treatment and no dietetic rules prescribed, had any other effect than to debilitate and otherwise injure my constitution. The only bread prescribed for me was the ordinary fermented bread, and when *Saleratus* began to be used, the bread made with it was prohibited me. But, in defiance of rules, I sometimes ate it, and it was observed that I suffered less from it. In the course of several years I learned to avoid fermented bread; but it was only after every system of medicine had been tried, and when my whole nervous system had been weakened to an extent that rendered me constantly dependent on the care of others. I suffered a great variety of nervous tortures, among which were fearful palpitations of the heart, alternated with months of agonizing gastralgia. Some physicians attributed my sufferings to disease of the liver, and a course of Mercury increased all the worst symptoms, and exhausted more completely my powers to endure them. Others were now called in who referred every-

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thing to spinal disease, and a long course of counter-irritants made their torturing marks on the spine and extremities, preying upon the small amount of vitality that remained. At that time the acidity of the stomach was so great, that I could only make existence endurable by taking large quantities of calcined Magnesia, which so drained the body of its fluids, that it was said I resembled one in the collapsed stage of cholera.

Long and painful experience had now led me to suspect that the poison contained in fermented bread was the real cause of all my sufferings, and I determined to avoid it entirely. The trial of a few days showed some improvement, but it was only after a painfully elaborated experience that I obtained the true solution of the problem, in the discovery that the *fermenting principle*, alike in all bread made light by yeast, or by standing long enough to *ferment* spontaneously, was the *active* poison which had caused me so much distress in former years. I have also found that the same principle exists in every other vegetable or animal substance that undergoes any change by keeping, and that PURITY in food is the only essential basis of health to me. And in exact proportion as I have learned to detect and avoid the impurities which, in their multifarious forms escape the notice of ordinary observers, I have to the present time, avoided every symptom of former suffering and disordered health."

That this is not an anomalous case, dependent upon some peculiar idiosyncracy, can be easily demonstrated by a few careful observations among invalids, especially the sufferers from gastric diseases. My present limits preclude the introduction of other cases, though I have many of them at hand. The exceeding subtlety of the poisonous influences which may be spontaneously developed in all common articles of food, before change may be perceptible to any of the senses, is the *fact* which I regard as most important, because it is most difficult of appreciation by persons of ordinary intelligence. I am very far from referring *all* cases of dyspepsia, or other diseases in which the digestive functions may be more or less implicated, merely to the use of impure food, or that which is undergoing fermentation. But there is a class of invalids, some of whom are extreme sufferers, who are distinguished by no other constitutional peculiarity than a most delicate sensibility to commonly-allowed food

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in incipient conditions of impurity. And while this fact continues to be practically ignored, to such, I am persuaded, all modes of treatment must be unavailing for more, at best, than temporary benefit. In chronic cases, which are tedious in their duration, and obstinate in resisting ordinary systems of treatment, let this agent of evil receive a rigid investigation.

But is it possible that any impurity of food is ever tolerated, in civilized life, which is capable of originating and perpetuating disease? We have repeatedly seen that the substances in which the poisonous properties exist are so minute as to elude all the senses; and no person, whose attention has not been particularly directed to this subject, would suspect their presence where they exist in full power, and all their usual effects may often be accounted for on some other theory. In one instance of extreme sensibility to the effects of all minute fungi, the patient could use *unfermented* bread, made from a barrel of freshly ground flour, remaining perfectly free from any of the symptoms produced by mould or must; and, to preserve the flour from the moisture of the atmosphere, it was kept in a dry and airy apartment, and elevated from the floor. Still this same patient could not use of the last half or third of this barrel of flour, without experiencing every poisonous effect produced by mould, though no deterioration of the flour was perceptible to any of the senses. The use of the smallest quantity of flour, such as is often sold in the city markets, which is *packed* in appearance, would at once reduce this patient from comfortable health to extreme suffering and debility.

Of other articles in common use, butter is one not unwholesome in itself, when taken in moderation, but it is so seldom entirely *pure*, that there is good reason for its general disuse by invalids. Vegetables, as they are usually kept through the winter, become almost universally impregnated by mould, which, though not sensibly perceptible, is still poisonous to all susceptible constitutions. A still more pernicious article is cheese. This, however, mild or new, is essentially full of the mould-principle, as is demonstrable by the readiness with which it is developed to sight under slightly favoring circumstances. Nearly all cooked food, unless kept at a freezing temperature, becomes in some degree deteriorated in less than twenty-four hours.

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Good potatoes, which may be eaten without ill effects when freshly boiled, will, when kept till the next morning, be capable of causing sensible injury to some persons. The existence of mould in eggs was long ago remarked by Dr. Paris, who thought the seeds from which it grew were so exquisitely small, that they had passed through the pores of the shell. (Medical Chemistry.) A large proportion of the eggs sold in the city markets have the insidious poison in them, though too small to be detected by the senses. They have often been tested, and found to increase the sufferings of persons of delicate sensibilities, to whom perfectly fresh eggs had long been known as among the best articles of diet.

'In constitutions susceptible to the influence of poisonous food in its earliest stages of deterioration, the following symptoms may, in a large proportion of cases, be noticed: There is a putrid or copper taste in the mouth, on first waking in the morning; a puffy, œdematous condition of the face, and a feeling of depression in strength; a morbid craving for food, and a sense of gnawing and faintness at the stomach, alternating with great pain, amounting to the severest gastralgia. ACIDITY is one of the most characteristic symptoms, and it usually defies all ordinary remedies. There is a feeling of cold and chilliness, and great susceptibility to the effects of cold; a deficient vitality in the skin. All the secretions are suppressed or deranged; we have constipation, amenorrhœa, defective action of the kidneys, excessive nervous sensibility, exhibited in convulsive tendencies, suspension of respiration, and sometimes catalepsy. All of these symptoms, and too many more for place here, I have found directly caused by the same agency, and curable only, in *such* cases, by strict adherence to a *fresh and pure* diet.

In persons whose sensibilities are cognizant of the effects of impurities in their incipient stages, the most distressing of them are not always immediately felt, though some of them may be very soon. It is only after many hours that the more strongly-marked symptoms of the poison are perceived, and, like those produced by other energetic agents, the diseased action may continue for days, and even for weeks. It is not strange, then, that these symptoms, as they arise, are generally attributed to some other cause, and, if the real source should be suspected, and all

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fermented bread and other deteriorated food for a time prohibited, the effects of the poison previously taken, continue to harass and perplex both patient and physician. It might not be difficult to convince most persons that the sour bread, mouldy cheese, rancid butter, and strong bacon, used with seeming impunity by a large class of people, would be injurious to one of more delicate health; but it is not so easy to prove that poisonous properties, essentially the same as these articles possess, originate in all animal and vegetable substances, at an earlier stage of decomposition than has hitherto been generally suspected. I have now sufficiently shown that, by exercising more vigilance in securing a higher degree of *purity* in food, a higher degree of health may, by many sufferers, be attained.

It is not now proposed to enter into the treatment of the diseases produced or aggravated by microscopic fungi or animalculæ. If I have succeeded in explicitly, though imperfectly illustrating their origin, and showing that the avoidance of their cause is the first step towards successful treatment, my present purpose is accomplished. There is, however, an importance belonging to the article BREAD—the most essential of all that is used as food—that will justify a compressed review of the usual processes of making it.

1. In the ancient process of making *hard* bread, by the mixture of flour with water alone, no improvement is likely to be made. Sea-biscuit, crackers, (when made without alkalies,) are at least free from poisonous properties while well preserved.

2. *Light bread*, which has been raised by *souring* the dough in a warm place before baking, has been shown, in the preceding pages, to be unfit for the use of delicate persons; the use of leaven, yeast, &c., increases the virulence of the poison, by increasing the size of the fungi in which the poisonous property consists, and also by increasing the rapidity with which they grow. In the process of fermentation, the starch and gum of the flour undergo a partial conversion into sugar; part of this is decomposed into *Carbonic-acid gas*, which "*raises*" the dough, and Alcohol which escapes in baking.

3. The next process in general use, is the raising of the dough by the effervescence of Saleratus or Carbonate of Soda with sour milk. Bread thus made light is not objectionable, for the

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same reason that fermented bread is; but, the alkalies, when *un*-neutralized, are highly injurious. They actively corrode the delicate coats of the stomach, and predispose to indigestion, diabetes, and rheumatism. When they are taken in combination with the acid of sour milk, the animal acid is immediately separated from the alkali in the stomach. The acid is digested while the indigestible alkali is left to irritate the stomach, and to poison the fluids which pass through it.

4. Cream of Tartar and Soda are much used, and when ground together in the flour, they are sold as "self-raising," "prepared flour," &c. When they enter the stomach in combination, the Tartaric-acid is speedily separated and digested. The Potash with which it had been combined, and all the Soda used with it, are left to exhaust their corrosive powers on the stomach.

5. Tartaric-acid and Soda are objectionable on the same grounds. The salt formed by them is deleterious, if the Tartaric-acid were not destroyed in the stomach. Every powder or compound sold for the purpose of raising bread, consists of some one or two of the articles already named. The general effects of all these substances are destructive to health. It was amply demonstrated at the Annual Convention of American Dentists, held in New-York in 1857, that the principal cause of the rapid increase of decayed and defective teeth, with all their attendant injury to general health, is to be found in the free use of Soda, Saleratus, and Cream of Tartar. Dr. Baker stated that he had soaked sound teeth in a solution of Saleratus, and in fourteen days they were destroyed. The demand for some improvement in the art of bread-making, has been made and reiterated for two thousand years, and is still but imperfectly answered. An influential journal has recently reminded us that a "pure and healthy bread" is one of the wants of the age. "What we want," says this editor, "is pure, light bread, in batches such as will economize time, without the waste and uncertainty of fermentation; without any foreign admixture, or the dangers that may arise from the improper use of chemicals; without hand-kneading, and by some cleanly, cheap, and certain process." I am convinced by the observations of many years, that this *want of the age* will never be met by bread prepared through any process of *fermentation*, and have been compelled to seek it in

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the results of *chemical effervescence.* It is well known that there are but two chemicals which produce, in the act of combination, the necessary effervescence to render bread *light*, and form at the same time a product which the human body needs, and which possesses no injurious medicinal properties. These are the often tried substances, *Muriatic-acid* and *Bi-Carbonate of Soda.* The difficulty of adapting the corrosive acids to the uses of life in the kitchen and the bakery, may exclude all improved processes of bread-making from general use; but there are persons, who, compelled to meet these difficulties, have found them not insurmountable. To some of these, a pure and healthy *unfermented* bread is indispensible, and I have found that they can safely make it for themselves, by following a plain prescription in which scientific precision is not aimed at:—

Take of flour about two quarts; Bi-Carbonate of Soda, thoroughly pulverized, a wooden or glass measure solidly full, (that is, well shaken down,) and holding in bulk about six fluid drachms. Mix this with the flour, by putting both together through a common sieve into a bake-bowl or kneading-trough. Into a vessel containing less than one quart of pure cold water, pour the same measure as used for the Soda *quite* full of Muriatic-acid; then stir the acid water rapidly into the dry flour and Soda with a heavy spoon; thus form a moist dough, which bake *immediately* in the ordinary manner.

By observing similar relative proportions of flour, soda, and acid, all kinds of cake may be made light. For buckwheat, or other cakes to be baked of very moist consistence, let the *batter* first be formed, having in it the Soda requisite, and *lastly* add the acid, and mix thoroughly.

In this process, the Acid and Soda combine, and form the necessary quantity of common salt, hence *no addition of salt is needed;* and the liberated Carbonic-acid gas raises the bread into a light and spongy mass. The quantities of the ingredients are apportioned by measure, instead of by weight, as practical availability is sometimes more important than scientific precision. It is, of course, essential that none but the purest articles should be used; but hitherto the only chemicals employed have been those usually sold, and the results have been truly gratifying to some to whom life had before been a burden.

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The martyrs to physical evils, which originate in invisible poisons in the atmosphere, or flow from concealed fountains, have often complained that science is powerless when called on to combat unseen enemies. It may now be seen that the food on which the invalid relies for strength, is often appropriated by his enemy; and the "staff of life," on which he leans, is a broken one, which pierces without supporting. Let homœopathy, with clearer powers of diagnosis and more potent weapons, prove its superiority over the medicine of the past, by tracing every form of disease to its true source, and combating, in their own realm, the symptoms and the causes, which, to the perceptions of a grosser science, were intangible and inappreciable.

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ARTICLE XXIX.—*On Opthalmology.* By Dr. M. E. LAZARUS, of New-York.

This speciality is now identified, in scientific Paris, with Mr. Desmarres. As teacher and practician alike, he is here—like the one sun in heaven—the focal genius and supreme authority, beneath whose rays the lesser stars, his former master, Sichel, included, pale their ineffectual fires. One may, with advantage, in order to avoid the press of students, which in Paris is almost an insuperable barrier to satisfactory and thorough observation, improve the days and hours intervening between Mr. Desmarres' cliniques, at those of Sichel, Rue de Jardinet, 9; of Deval, Rue des Marais St. Germain, 17; of Coursserant, Rue St. Jacques; of Samson, Rue St. Martin, 133; but these must ever be accessory to the lessons of the master.

There is no opthalmic hospital in Paris, nor even a public opthalmic dispensary, and, though patients are received in many services for the diseases of the eye, as well as others, I had frequent occasion to observe the comparative inefficiency of their treatment, or the deplorable neglect to which they were exposed, even under very energetic chiefs, such as Bouvier and Robert.

Were it not for extreme poverty, and the complications of the scrofulous and syphilitic diatheses, requiring a prolonged general and hygienic treatment, there would be little need of public institutions while princes of science and philanthropy, such as Mr. Desmarres, exist. This gentleman is not merely

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opthalmic emperor among his compeers, but providence for the people. Every day from one hundred and fifty to three hundred individuals gratuitously receive his services. The combined rapidity and energy of his mental operations produces on the bystander an effect which I can only compare to the wind of a cannon-ball; yet he is never superficial, nothing escapes him—detail or generalization—he sees everything, provides for everything. Never have I met a man whose combined appreciation of principles and of details rendered him, to the same extent, an embodiment of positive science. Like the first Napoleon, he knows how to subordinate, in the execution of his wills, officers so competent that they seem made to understand and to obey him; unlike Napoleon, each of his wills intends purely the good of others. Besides his immense private clientèle, every clinique-day witnesses several capital operations. He never turns away a sufferer, nor leaves his recovery to chance after the faithful knife has done its work. He lodges, feeds, and has nursed, at his own cost, all for whom he has assumed the surgical responsibility, and who need this providence. Sichel and Samson make similar arrangements, but their good-will is not taxed to the same extent.

This extension of his personal faculties, through the servants and aids he has disciplined, explains the unexampled success which attends his surgical practice. I have not by me, at this moment, the statistics of his clinique, but I know that I am close to the mark when I say that, during the two years I followed it, the loss of eyes—out of from three to five hundred, annually operated for cataract, by extraction—was not above five or six per cent. To consummate skill, as an operator, he adds the respect of nature. For example, if a patient come to him blind, but in fair health, he does not bleed, or purge, or starve, or confine and sicken him, in order to prepare him for the operation. He operates on the spot. Every twenty-four hours he inspects the state of the cornea, and just as soon as union of the lips of the wound permits—usually within forty-eight or fifty hours—he removes the court-plaster, and allows the eye to enjoy, cautiously, its natural stimulus of light. He bandages as little as possible, avoids heating the parts inflamed; and thus guards against the consecutive catarrhal conjunctivites

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and prolonged disabilities of which the patients, operated on by Nelaton and other chiefs in the hospitals, were generally victims.

As an operator, Mr. D. almost infallibly leads us into a dangerous error, to wit, that of supposing that we could do as well ourselves. The perfection of skill, in surgery, always induces this sort of optical illusion, by its calm facility. Difficulties, foreseen and avoided with exquisite care by the operator, pass quite unseen and unsuspected by the unpracticed observer; hence the necessity of repeating all the operations, as far as possible, in the dissecting-room, or on animals, very often, and of dramatizing, as closely as we can, the positions and circumstances of a real operation on the living man.

I shall not attempt to describe M. Desmarres' operations, he has done this himself, with great fidelity of detail, in his treatise —"Maladies de l'Œil," in three volumes, octavo. The following remarks will not, however, be out of place.

The operation of artificial pupil, by tearing and excising a portion of the iris from its free margin, always respecting its ciliary attachments, is, with M. Desmarres, a very sure and by no means a formidable operation, and one which he often practices, not only in view of opening a transparency for vision, but for the arrest or cure of glaucoma, either acute or chronic. We may return to this in our remarks on the *choroidites.* After the operation of artificial pupil, the patient is not confined, but leaves the clinique merely with a shade over his eyes, and the use of hygienic precautions.

In this and the other applications of cold steel, Desmarres has done incalculable good, by destroying that superstitious timidity to which thousands of eyes have been sacrificed, and demonstrating that this organ was not, on account of the delicacy of its tissues, less amenable to the hand of the surgeon than others, and that it was, indeed, one of those which least resented rough but decisive measures. I have been particularly struck with this in seeing him scrape the cornea with the keratotome, after the removal and re-implantation of pterygion, which he never excises, but draws down and engrafts into the conjunctiva. The cornea, in healing, reproduces transparent strata, and the pterygion, thus treated, never returns.

Another bold stroke, eminently characteristic of the man's

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genius, is paracentesis, through either the cornea or the sclerotic, for the removal of compression. Desmarres had thus arrested and cured glaucomas for many years previous to Græfe's proposal to remove a portion of the iris, and even since adopting this method, identical in its principle, he has sometimes successfully returned to simple openings of the cornea—made large, as in the first stage of the operation of artificial pupil. It is not only for congestions of the choroid and the attendant neuralgias that he practices paracentesis, but also to save eyes endangered by perforating ulcerations, either in purulent opthalmia, or in secondary keratites, and with invariable advantage.

For cataract, he operates almost invariably by extraction, after the age of early childhood, regarding depression with just disapprobation, on account of the numerous accidents which are liable to follow operations apparently successful in the immediate restoration of sight, viz.: irido choroiditis, neuralgia, amaurosis by compression of the retina, &c. Depression he regards as the operative method of cowards—the surgeon saves his credit, but the patient runs double risks. He couches children for congenital cataract, previous to the formation of a nucleus, and while the lens has not yet density sufficient to resist rapid absorption. Even in such circumstances, instead of the usual method—combining couching with the subdivision of the lens—he sometimes employs simple *discission*, a mere puncture of the capsule, sufficient to expose the lens, point by point, to maceration by the aqueous humor; thus it is absorbed, in proportion as it makes hernia through the capsule, and the dangers dependent on swelling of the whole lens by maceration are avoided.

This puncture of the capsule is his favorite method in traumatic and other cataracts of older children and young adults, when the lens does not present that milky aspect which denotes the soft cataract, *ready to issue like jelly by linear extraction*, and which has given to M. Laugier the idea of his *suction-needle*. *Discission* is sometimes employed as a preparative for *linear extraction*.

Desmarres seldom fails to detect with his naked eye the incipient clouding of the lens. When in doubt, he employs the

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oblique reflection of a lamp by the bi-convex lens of the opthalmoscope. The mirror, without the lens, also discloses opacities of the refractile media. The two combined disclose the various lesions classed hitherto under the collective heads of amaurosis and amblyopia, by a positive evidence, in case of lesions of the choroid and retina, including the papilla of the optic nerve; by a negative evidence in case of those cerebral, spinal and visceral affections, in which the globe of the eye remains intact, though in the long run, atrophy of the papilla results from the annihilation of the functions of the optic nerve at its roots, whether caused by intercranial pressure, by local disease, or by remoter sympathies. The opthalmoscope is habitually employed to cut the knot of obscure diagnosis, and as an economy of time, even when other means exist of solving the problem. Thus, we rarely, if ever, employed Purkinje's celebrated test of "*the three images*," to distinguish the various opacities in the transparent media.

Mr. Serres d'Uzés, who, encouraged by Desmarres' scientific hospitality, often visited the clinique, and exposed to us his ingenious researches on the phosphenes, on "*binocular vision*," &c., held once a discussion with Mr. Desmarres on the comparative value of the phosphene-test with the opthalmoscope. After this, we had frequent occasion to verify the concurrent testimony of the two methods, but the more positive, satisfactory and more frequent applicability of the opthalmoscope.

The phosphene-test is not objective, depending, like the opthalmoscope, on the skill of the physician; it is a subjective test depending on the intelligence of the patient and his capacity for calmly appreciating delicate sensations. This suffices to indicate the subordinate rank of the phosphene-test at a means of diagnosis in general practice, without diminishing aught of its interest in appropriate cases.

The opthalmoscope reveals to the practised eye nearly every lesion or morbid change in the choroid, the retina, and the papilla, and though the press of students, the scarcity of lamps, and dark rooms at the clinique, and the expediency of showing some mercy to the patients when they ask it, render this study a sort of *pons asinorum* in opthalmology, yet, with patience and perseverance, we learn, in the course of a season, to discri-

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minate the most important characters. The opthalmic hospitals of London afford a better chance for the practice of opthalmoscopy—the number of patients being greater, and that of students fewer there.

One of the most interesting revelations of the opthalmoscope is of the existence of albuminuria, or of diabetes, evidenced by spots of extravasated blood at the bifurcations of the retinian vessels. This characteristic lesion is also to be suspected in coincidence with spermatorrhœa, hippuria, benzoiuria, and oxaluria, as they are all accompanied by amblyopia. In these latter, as in diabetes, the vision suffers proportionally to the ravages upon the general economy; but in albuminuria, the opthalmoscopic diagnosis is the more important, because here amblyopia is one of the early symptoms, and sometimes precedes any sensible diminution of strength. This amblyopia may assume the forms of diplopia, hemiopia, nyctalopia, hemeralopia, of painful sensibility or momentary exaltation of vision, and, instead of augmenting in a constant ratio with the quantity of albumen in the urine, as in diabetes, it augments with the quantity of sugar. Landouzy has found the vision sometimes improve, while the albuminous deposit increased; one-tenth of albuminous coagulum in the urine appeared to be compatible with the restoration of vision, and also of the general strength to their normal point.

The weakening of sight, sometimes observed during pregnancy, is naturally referable to this source. As the patients see indistinctly at short, as well as at long distances, it is easy to avoid confounding this amblyopia with presbyopia. Its rapid progress sometimes obliges the patient to increase every few days, or weeks, the magnifying power of his glasses. The anatomical characters specified, have not been invariably observed by Mr. Desmarres in albuminuria, but oftener in that disease than in diabetes, notwithstanding the more regular progress of amblyopia in the latter. There is, doubtless, an impaired nutrition of the retina, or other interior organs essential to vision, and of which the red extravasations may be but a casual coincident.

These red spots are disseminated in fan-shape, and not always at the bifurcation of vessels, but only near them. In proportion as the red spot diminishes, it is replaced by white, ascribed



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by M. Desmarres to the absorption of the pigment, and not to fibro-albuminous deposits.

In this connection is frequently observed the œdema of the retina, with infiltration of the papilla of the optic nerve, followed by fatty degeneration of the retina, and nearly total blindness. Œdema of the retina is recognized, opthalmoscopically, by yellowish pallor and puffiness around the optic nerve, contrasting with the clearer and brighter normal rosy tint which remains near the *ora serrata.* It may be observed, though rarely, in congestions of the retina and choroid, or even with intense catarrhal conjunctivitis, but has oftener been remarked in the amblyopias concomitant with syphilitic affections. Here it accounts for the impairment of vision, without seeking other causes, such as compression of the retina or optic nerve by tumors, gommes, exostoses, intra-orbitar or intra-cranial. Like the affections of the eye, in albuminuria, it is capricious in its course, and one eye may experience a permanent amelioration without any change in the other. Appearing between the sixth and fifteenth months after constitutional infection, in the cases observed by M. Desmarres, it had, even in the lightest cases, a duration of several months, and, long after apparent cure, the eyes remained weak and susceptible. Having alluded to the picturesque phenomena of diabetes and albuminuria, I ought not to omit mention of the mottled maceration and absorption of the pigment in irregular spots, sometimes very extensive and multiplied, which characterize choroidites, and especially that form called by Græfe *sclerochoroidite posterior;* by Jæger, *staphyloma posterior.* The absence of the red color, and then the size of the spots, their irregular shapes, and their location, without any relation to the vessels, suffice to make the diagnosis clear, even before the eye becomes habituated to discern the retinian vessels from those on the plane of the choroid. I could not observe that the antiphlogistic treatment—by cupping, purgatives, and alterative doses of Mercury—had any effect on this class of cases. Simple hyperæmia of the retina is frequent, and I was surprised to find it unassociated with increased susceptibility to the stimulus of light. On the contrary, these patients bore very well the focus of rays thrown into the pupil by the concave mirror of the opthalmoscope. This hyperæmia dif-

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fers, then, from inflammatory congestion, and should not be visited with the same cruelties. I think Mr. Desmarres relied chiefly on the *repose of the eyes* for its cure.

Those who desire to familiarize themselves with the use of the opthalmoscope, are advised to begin by fixing a point on the wall, reflecting on this the focus of rays from the concave mirror, and keeping the focus on the *wafer*, for instance, as the head and hand move backward and forward. The next point is to practice on the eyes of living rabbits, then to select cases of *atrophy of the optic nerve*, whose dead white plane, on which the vessels stand out in relief, is very easily appreciated, especially after dilatation of the pupil, while the focus of the mirror occasions no inconvenience to the patient. The lamp, arranged to slide higher or lower, is placed to the side of the patient, somewhat behind him, and on a level with the eye, while the observer faces him. There are many good opthalmoscopes. That employed by Mr. Desmarres, and made by Charrière, suited me very well; it is one of the simplest and least costly.

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## Article XXX.—*On Pneumonia.* By C. Pearson, M.D., of Mount Pleasant, Iowa.

It is not my intention, in the present article, to write a treatise on the diagnosis, or pathology, of pneumonia; these can be learned from all our standard works on practice, and are, no doubt, familiar to every practitioner. And it may be, too, that the treatment of this disease is as well understood by my professional brethren generally, as it is by me; but there is one fact to which I wish to call their attention, and this is, that the 30th attenuation of the properly-selected remedy, is more efficient in combating the disease, in whatever form it may appear, than any other dilution. I am not exclusively a high-attenuationist, for I prescribe medicines from the 1st to the 200th; and I cannot conceive how any one can well succeed, in the treatment of the various forms of disease, in any other way; for it is certainly true that some diseases and some constitutions require a higher and some a lower attenuation, or some more, and some less medicine; but, at the same time, it does appear to me that, if we had generally a more correct knowledge of the *pathogenetic*

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effects of drugs, there would not be that apparent necessity which produces such a strong tendency amongst some of the practitioners of our school, to search for new remedies, or to prescribe one, two, or three grain doses of *Aloes*, or *Carb. of Potassium.*

Why it is that, in intermittent fevers, and perhaps, in a very few other diseases, the low attenuations are more effectual, while in others of a more inflammatory character, such as pneumonia, the 30th is best, I cannot tell; it is, no doubt, owing to some peculiar condition or susceptibility of the system being present in the one, that is not in the other. Many theories and speculations might be advanced as to the cause of it, and all of them would, perhaps, contain some truth; but, that it is a *fact*, we have the most ample proof, and this is enough for our present purpose.

Hahnemann asserts that one dose of the 30th of Aconite will cure pleurisy in twenty-four hours. Some would, no doubt, smile at this, and not having confidence enough in it to give it a trial, might possibly let their patients die under the administration of repeated doses of the 1st, or, perhaps, the tincture. Without expressing an opinion as to whether this is true or false, we would advise all who are entirely sceptical, to *try it.* We know that certain effects follow certain causes, and we live and act upon this hypothesis; and, if in the treatment of pneumonia, or any other disease, the results show that recoveries are more prompt from the use of the high, than from the low attenuations, this circumstance should induce us to prescribe them without stopping to philosophize as to causes. We believe or disbelieve any given proposition in proportion to the amount of evidence adduced, either for, or against it; and I will now give a brief report of five out of the numerous cases of pneumonia which I have been called to treat within the last ten years; and they will serve as a part of the evidence which has made me what I now am, almost an uncompromising advocate of the 30th attenuation in pneumonia.

The first of these cases was treated exclusively with the low dilutions, i.e., from the 6th downwards; the second and third, first with the low, and then with the high; and the fourth and fifth, with the 30th alone.

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Case 1.—Mrs. B., a widow lady, aged thirty-one years, dark complexion, health and constitution usually good. Was attacked, April 7th, with chill, fever, pain in the chest, and all the premonitory symptoms of pneumonia. Was called to see her, April 8th, at 5 o'clock, P.M., and found her—after having spent a sleepless night, and suffered extreme pain for twenty-four hours—with high fever, headache, and all the concomitant symptoms of double pneumonia. Cough frequent and hacking; expectoration slight, rust-colored, and difficult; position on the back, and unable to change it without great difficulty. From the symptoms, I decided that Acon. and Bry. were called for, and I therefore prescribed them at the 6th attenuation, six drops of the alcoholic solution in two ounces of water, two teaspoonsful to be taken alternately every two hours.

For eighteen hours, under this treatment, she gradually grew worse; I then saw her again, and found all of her symptoms increased, and, in addition, she had become somewhat comatose; tongue dry, and heavily coated. Prescribed Bry., 3d and Phos., 6th, prepared as before, and given alternately, every one and a half hours. After this prescription had been continued for twenty-four hours, the patient was much worse; she appeared to be sinking. Tart.-emetic, 3d decimal trituration, was given in grain doses, in alternation with Bry., 3d, as before; but, for the next twenty-four hours, this appeared to produce no favorable change, and, after many a hard fight with her friends about the treatment, I succeeded in retaining and visiting my patient every day for twenty-five days.

During this period, she was sometimes slightly better, and, at other times, worse; she had taken Sulph., Ars., and almost every other remedy that I thought would be likely to afford her any relief, but all of these were prescribed below the 12th, and most of them below the 6th attenuation.

At the end of six weeks, she had so far recovered as to be able to walk about her room; but she was still troubled with a very distressing cough, which required treatment for six weeks more. By this time—it having been three months from the time she was first attacked—I was much relieved to be able to pronounce her entirely well, but what cured her, I never was able to determine.

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Case 2.—Wm. B., aged thirty-five, nervous temperament, tall and spare, after great muscular exertion, and getting thoroughly wet on the 12th of April, was taken with chill, fever, pain in chest, head, &c. I saw him on the 13th, and found all the symptoms of pneumonia fully developed. There was nothing remarkable in the case, except that there appeared to be a general inflammation of all the viscera of the thorax, though the right lung was the most involved. Prescribed Bry. and Phos., 6th decimal attenuation, six drops of the alcoholic solution in two ounces of water, two teaspoonsful, alternately, every two hours.

Saw the patient on the 14th, and found him no better; left the same remedies at the third attenuation, to be taken as before. On the 15th, patient worse; gave Tart.-emetic, 6th, and Bry., 3d, prepared and prescribed as on previous occasions; 16th, patient no better, and for four weeks there was very little improvement, except a diminution of the fever and pain; he complained of great uneasiness in the chest, was much prostrated, anxious, nervous, and sleepless. Hepatization of the right lung was very evident. Gave Phos., Tart.-emetic, Ars., Sulph., &c., according to the indications. In another week, there appeared to be strong indications of an abscess of the lung, as the expectoration was purulent.

These symptoms continued to become more alarming, and, on the 28th of May, nearly seven weeks from the time he was attacked, the patient's condition was as follows: Great emaciation of the whole body; œdematous condition of the feet; he is unable to lie down, on account of the violence of the cough, from fear of suffocation, and from the deep and numerous fever-sores which almost covered his back and hips. He has, therefore, to be supported in a half-erect posture, and the sores protected by pads or cushions. The expectoration is purulent and very profuse, there being more than a pint thrown up every twenty-four hours; cold, clammy perspiration, particularly at night, the most copious I ever saw, was fast exhausting what little strength the patient had left. All hopes of his recovery, on the part of his friends, was now lost; and, reader, what is your prognosis? do you think he will get well?

Up to the present time I had prescribed no remedy above the 12th, and the repetition of the dose had seldom exceeded two

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hours, either night or day. In this desperate state of affairs, after having a consultation with *myself*, as I had no other counsel, I concluded to give Sulph. and Iodium, 30th, in alternation, one powder every four hours; and, in less than twenty-four hours there was an evident change for the better. The same prescription was continued, and in a few days the sweating had ceased, the cough had become less troublesome, and the expectoration not only presented a more healthy appearance, but had diminished fully one-half. This treatment was continued, the doses being repeated at longer intervals, six, eight, or twelve hours, according to the improvement, and with an occasional dose of Silicea and Lyc., 30th. In the course of three or four weeks my patient had so far recovered as to be able to ride to my office, a distance of seven miles. But he presented the appearance of a dried preparation, or a walking skeleton. His cough was still troublesome, but the expectoration had almost entirely ceased; he continued, however, under treatment for some three or four weeks longer, and, by the 1st of August, nearly four months from the time he was first attacked, he was able to return again to his accustomed occupation.

Case 3.—Mr. C., aged thirty-three, health and constitution naturally good, was attacked Aug. 29th with pneumonia, the symptoms of which were very similar to those given in the preceding case. I saw him on the same day, and as he had high fever, and complained of a severe pleuritic pain, I prescribed Acon. and Bry., 3d decimal attenuation, six drops in two ounces of water, two teaspoonsful to be taken alternately, every two hours. On the 30th, the patient was no better in any respect, and the same prescription was continued. On the 31st, still no improvement; prescribed Phos. 3d, and Apis 6th, in solution, as before. Sept. 1st, gradually getting worse; gave Bry. 1st and Phos. 3d, in solution, as before. Sept. 2d, patient much worse; saw him three times during the day, and prescribed Phos. and Bry., 3d. Was called to see him at 12 o'clock at night; found him quite delirious, bathed in a profuse perspiration, and talking incoherently; pulse 120, and weak; substituted Tart.-emetic 6th, for Bry. Sept. 3d, found him no better; continued Tart.-emetic 6th, with Bry. 3d. Sept. 4th, he appeared to be sinking, had passed a very restless night; sweat copious, and

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breathing labored; does not appear disposed to converse, or answer any questions. Gave Bry., 30th, six drops of an alcoholic attenuation in two ounces of water, two teaspoonsful every four hours, and a powder of Sulph., 30th, between each dose. In six hours the patient said he was better. Sept. 5th, found him sitting up in bed, taking some nourishment, said he had slept nearly all night; gave Sulph. and Iodine, 30th, one powder every two hours. Sept. 6th, called and found him dressed, and sitting in a chair, getting shaved; left the same remedies, to be taken at intervals of three hours. This was the last visit or prescription he required, and thus, in forty-eight hours, he appeared to be cured as if by magic. I then resolved, that come what would, I would never again commence the treatment of pneumonia with the low attenuations, and I have never used any remedy below the 30th, in any stage of the disease, from that day to this.

I will now report the last two cases of this disease, which I have been called to treat, that we may see how they will compare, as to their duration, with the first two cases mentioned:

Case 4.—Edwin S., aged eighteen; quite large and strong; employed with his father, as a stone-mason. From over-exertion and exposure, was taken with pneumonia, March 7th. Was called to see him on the 8th. There appeared to be nothing unusual in the attack, except that the patient had frequent returns of *epistaxis*, and the expectoration was more than ordinarily sanguineous. Prescribed Bry., 30th, in water, and Phos., 30th, in powders—to be taken alternately, every two hours. March 9th, much better; the same prescription continued. March 10th, all the symptoms greatly improved, except the epistaxis; left Apis and Bry., 30th. March 11th, bleeding from the nose much better; fever abating rapidly; cough and expectoration diminishing. Bry. and Phos., every three hours. Under this treatment he continued to improve, and, by the 16th, or in eight days from the time he was taken, he was entirely well; or so that he required no further treatment.

Case 5.—Mr. E., aged fifty—dark complexion, subject to frequent attacks of pneumonia—was taken with what appeared to be a very severe form of the disease, May 26th. Saw him on the 27th, and found him unable to lie in any other position than on his back, with his head and shoulders elevated; pulse

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120; wild feeling in the head; severe pain in the chest; cough, harassing; sputa, tenacious and rust-colored; profuse perspiration; tongue heavily coated, &c. Prescribed Bry., 30th, in water, and Phos., 30th, in powders; to be taken alternately, every two hours. May 28th, found him greatly improved; pulse 90, and all his symptoms better. Same treatment continued. 29th, still further improved; pulse 70; fever, perspiration, and pain nearly all gone. Gave Bry. and Phos., 30th. Did not see him again, as he lived some seven miles away, until the 31st, and then found him dressed, and walking about his room. A slight cough still remained, for which I gave Sulph. and Phos., 30th; one powder every three or four hours. In four days, the disease was entirely removed, and, in two or three days more, the patient returned to his accustomed employment.

Now all I ask of my professional brethren is, to try the thirtieth attenuation in pneumonia. Do not suppose that, from the formidable appearance of the disease, it is necessary to give something more *powerful*. Here is the rock upon which so many of our school have been wrecked, and it does appear to me that the tendency to prescribe crude drugs is fearfully on the increase. For my own part, I am entirely satisfied that no physician, in any school of medical practice, can so certainly and promptly cure this disease, as can be done by the thirtieth attenuations of the appropriate remedies.

I will now give a list of the medicines which I have found to be the most frequently called for in its treatment, and their importance may be inferred from the position they occupy in the list: Bryonia, Phosph., Apis., Tart.-emet., Sulph, Iodium, Merc.

With these, at the thirtieth decimal alcoholic attenuation, as well as in globules, we need have little fears of treating pneumonia, with a success rarely equalled by any other mode, and certainly never surpassed by the administration of the lower attenuations. We say again, *try them!*

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ARTICLE XXXI. — *On the Administration of Medicines Singly.* By E. E. MARCY, M. D., of New-York.

Throughout the writings of Hahnemann, we find frequent allusions to the importance of prescribing medicines singly. Entertaining the opinion that diseases consist essentially of derangements of the vital properties of affected parts, and that medicines cure by acting upon the same vital or dynamic properties, and that an appropriate drug can always be found, capable of covering almost every conceivable group of morbid phenomena, the founder of our school deemed it positively injurious, as well as superfluous, to administer two or more medicines at the same time, either mixed or in alternation.

"By the operation of injurious influences," says Hahnemann, (Organon, p. 85), "from without, upon the healthy organism, influences which disturb the harmonious play of the functions—the vital principle, as a spiritual dynamis—cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or, in other words, such diseases, be removed by the physician, except, in like manner, by means of the spiritual, (dynamic virtual,) countervailing agency of the suitable medicines, acting upon the same vital principle, and this action is communicated by the sentient nerves, everywhere distributed in the organism; so that curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by a dynamic influence only, acting upon the vital energies, after the morbid alterations in the health of the patient, which are evident to the senses, (the totality of the symptoms,) have represented the disease, to the attentive and observant physician, as fully as may be requisite to effect a cure."

Every morbific influence, when acting upon the organism, makes a specific impression, and produces a peculiar group of morbid phenomena. In like manner, every drug operates upon the body, *sui generis*—making its own peculiar impression, and developing its own special group of pathogenetic symptoms. Almost every disease owes its origin to the action of some single morbific agent; and, although the manifestations arising from the impression of this agent vary somewhat in different consti-

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tutions, yet its sphere of action, and the general and prominent symptoms to which it gives rise, are uniform and specific.

According to the doctrines of homœopathia, a natural disease must be cured by an artificial drug disease; and as the cause of the former is, for the most part, a single substance, possessing peculiar properties, having specific relations with certain tissues of the organism, and capable of giving rise to certain abnormal phenomena, which are usually classified under some general name, it is not unreasonable to infer that a single drug, possessing similar specific properties, and operating on the same structures, is quite adequate to accomplish the cure.

"In no instance," observes Hahnemann, (Organon, page 201,) "is it requisite to employ more than *one simple* medicinal substance at a time."*

It appears to be a very prevalent practice in the school, to alternate medicines in rapid succession, to repeat the doses very frequently, and to change from drug to drug, from insufficient reasons. Many medical men, in consequence of numerous professional engagements, find it difficult to make an accurate selection of the remedy, and are, therefore, often induced to alternate remedies, and repeat them in too rapid succession. Too often have we found ourselves running into these faults, and have sometimes been disposed to distrust the universality of the homœopathic law, in certain cases, where the cause of the failure was dependent upon ourselves.

That remedies may occasionally be prescribed advantageously, in alternation, we are not prepared to deny; but, in *all cases*, we believe that more speedy and complete cures can be effected with a single medicine, provided it is homœopathic to the malady. But, in *all cases*, we cannot find a single drug which sufficiently corresponds with the morbid group to effect a complete cure. In such instances, shall we select a second medicine, which covers all the remaining symptoms, and alternate it with the

* "Experiments have been made, by some homœopathists, in cases where—imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part—they have given both remedies at the same time, or nearly so; but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though, in some instances, it may appear serviceable."

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first one, or shall we remove as many symptoms as possible with one remedy, and then select and administer another?

We propose to notice a few arguments, which have been urged on both sides of the question. For a better understanding of the merits of the subject, let us suppose a group of symptoms, referable to different parts of the organism, and apparently dependent upon derangements of tissues having no special relations with each other. The following "totality of symptoms" will serve our purpose:

Rapid and difficult respiration; frequent short cough, with viscid and rusty expectoration; pain and tightness in the chest; febrile heat; thirst; rapid and full pulse; headache; general restlessness and anxiety; frequent urging to urination, with great vesical tenesmus, and the discharge of only a few drops of high-colored urine at a time; pain over the bladder, on pressure; shooting pains through the ureters, and along the urethra; testicles painful and retracted.

In these symptoms, the diagnostician recognizes an inflammation of the lungs and of the bladder. The most urgent symptoms are the painful and difficult respiration; the short, frequent and irritating cough, with scanty, difficult and rusty expectoration, and the continual desire to urinate, with severe vesical tenesmus, ability to pass only a few drops of urine at a time, great vesical tenderness on pressure, and shooting pains along the urethra and the ureters.

It is not easy to find a single medicine which corresponds to this entire group. Perhaps Phosphorus would take the first rank as a remedy, as it produces all of the pulmonic phenomena enumerated, and frequent desire to urinate. But it is not homœopathic to the severe vesical symptoms. Among its pathogenetic effects we do not find strangury, or severe vesical tenesmus.

The question now is, whether it is judicious to alternate with the Phosphorus, a medicine, like Cantharides, which is perfectly homœopathic to these last symptoms? It is asserted that these two drugs have an action independent of each other; that they impress different organs, disturb the vitality and functions of parts having but slight connection with each other, and, therefore, that they may be alternated with advantage.

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It is supposed that each remedy will reach its destination, and there combat the inflammations of the two organs, undisturbed by each other. But these gentlemen forget that the human body is a unit, and that no disturbance, whether of a morbific or a remedial nature, can occur in any tissue, without affecting, to a greater or less extent, the vital relations of the whole organism. We are taught by Hahnemann, that a single remedy, even when it corresponds to only a part of a morbid group, often so modifies the remaining phenomena, that they will disappear spontaneously. If the drug covers a majority of the most prominent symptoms, the unaided recuperative forces will generally suffice to perfect the cure.

In the case given, Phosphorus is homœopathic to the pulmonary symptoms, the frequent desire to urinate, the pains in the testicles and urethra, but not to the severe vesical tenesmus, and pain in the bladder on pressure. But, when it has caused its own legitimate symptoms to disappear, the whole organism becomes so modified, its vital relations so changed, and its recuperative energies so untrammelled and concentrated, that the few remaining symptoms are, in most instances, speedily and spontaneously overcome. Should it so happen, however, that a few symptoms remain uncured, it has been deemed most judicious to make a new record, and select another medicine, rather than attempt to meet all of the original symptoms with a mixture, or rapid alternation of two drugs.

Upon this point, Hahnemann thus writes in the Organon, page 160: "It may easily occur, on examining a disease for the first time, and also on selecting, for the first time, the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbific symptoms of a single medicine, and that two remedies dispute the preference as to eligibility, in the present instance—the one being homœopathic to one part of the disease, and the other still more so to another. It is, then, by no means advisable, after using the preferable of the two remedies, to take the other without examination, because the medicine given, as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms, in which case, it follows that a

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suitable homœopathic remedy should be selected for the new set of symptoms in its stead."

Experience has demonstrated that, when the "striking and characteristic" symptoms of maladies are combated and removed by appropriate medicines, all remaining symptoms soon disappear. By removing from the system important morbid phenomena, we withdraw numerous causes of sympathetic irritation, and thus leave the vital powers free to contend against any other symptom which may remain. Up to a certain point, the natural recuperative forces are capable of overcoming diseases unaided by remedies; and the instances will be rare indeed, in which a single remedy will be incapable of accomplishing all that is requisite towards the cure. We cite a few examples in illustration:

Case 1.—A healthy lad of fourteen, while playing with an elder brother, was severely burned in the ball of the eye with the end of a lighted cigar. Inflammation extended from the injured part, near the outer angle of the eye, over the entire conjunctiva. The patient suffered from severe pain in the globe of the eye, of a burning, stinging, and sometimes lancinating character, constant lachrymation, nightly paroxysms of neuralgic pains in the forehead, cheeks, and at the root of the nose, considerable febrile excitement, sleeplessness, involuntary twitchings of the muscles of the arms and legs, loss of appetite, occasional nausea during the nightly paroxysms of neuralgia, spirits good, general strength but slightly impaired; all of his sufferings aggravated by walking about.

We found that Rhus-Radicans corresponded to all the symptoms, except the involuntary twitchings of the muscles of the limbs, the strength, the mental condition, and the increase of the pain by walking.

Rhus-Radicans, 3d dilution, was prescribed, at intervals of four hours, with occasional local applications of tepid water. Improvement commenced in a few hours after the first dose, and continued in a very satisfactory manner, until the cure was complete, which occurred at the expiration of two weeks from the receipt of the injury.

As the inflammation of the eye diminished, it was observed that not only the orbital pains, lachrymation, and other Rhus-

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symptoms improved correspondingly, but also that the remaining ailments subsided gradually, and finally disappeared, with the entire group, at the expiration of two weeks.

In this instance, the principal and characteristic symptoms of the malady were covered by the drug; and the result demonstrated that an alternate remedy was unnecessary for the removal of the other portion of the disease. The latter was sympathetic, reflex, and entirely dependent upon the local affection of the eye, and removal of the prime cause ensured a spontaneous disappearance of the reflected results.

Case 2.—A robust lady, aged about twenty years, of a mixed temperament, received a concussion of the brain, by being thrown from a carriage. A contusion upon the upper portion of the occiput, indicated the chief seat of the injury. At the instant of the injury, there was an entire loss of consciousness, which continued for about an hour, when the lady awoke, recognized her friends, complained of pains in the head and other parts of the body, but could give no account of the accident, or of the circumstances which preceded it, like the breaking of the carriage, running away of the horses, &c. Four hours after the accident, she complained of a dull pain throughout the entire brain, more acute in the occipital region, and much increased by attempting to rise or turn in bed, with nausea, and occasional retching; also a confused feeling in the head, rendering it difficult to concentrate or arrange the thoughts. Any attempt to move the body, caused pains in the shoulders, back, and sides. The extremities were somewhat cold, pulse 68 and weak, pupils natural, and there were occasional rigors for about six hours.

Arnica corresponded to this group of symptoms, and was prescribed at the third dilution, internally, with a weak lotion externally to the injured parts.

Forty-eight hours after the accident, reaction had fully taken place, and the patient presented the following condition: Pulse 103, and full; skin hot and dry, pupils dilated, expression anxious, cheeks flushed, head quite hot; sleep disturbed and unrefreshing; transient delirium on waking from sleep; every movement in bed produces severe pain in the head, back, and shoulders; thirst and dryness of the mouth; inability to pass urine since the injury, rendering an occasional use of the catheter

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necessary; slight strabismus; constant indulgence in erotic ideas and actions, and a great difficulty in expressing herself intelligibly. This last symptom was very peculiar. In calling for a particular article, she would generally employ a meaningless word, bearing no resemblance to the proper one. In most instances, she used the same word to express different articles. This did not appear to arise from any hallucination respecting the thing called for, but from an actual lack of power to speak the correct word. This was evident from the fact of her full and constant appreciation of the absurdity of her substitutions, and from the great efforts she made to articulate properly. She also complained much of numbness in the arms, legs, and back, with a constant desire to have these parts rubbed.

Arnica was again consulted, but it failed to correspond with the following important symptoms: Inability to urinate; strabismus; constant and excessive indulgence in erotic thoughts and actions; absolute inability to call things by their right names; numbness of the back, legs, and arms; delirium on waking from sleep.

But as it was homœopathic to all the other phenomena—those which were most "striking and characteristic"—we decided to continue the same prescription.

The patient remained about the same, until the fifth day, when a slight amelioration of all the symptoms was observed. She could now urinate occasionally, had more power in expressing herself, and less pain, fever, and restlessness. From this period there was a gradual improvement, until the expiration of six weeks, when no abnormal symptoms remained, except a slightly impaired memory, and general debility.

On the fourth and fifth evenings subsequent to the accident, two doses of Aconite were administered, to check undue febrile action, but, with this exception, no other remedy but Arnica was employed during the entire progress of the malady.

In this example, Arnica operated upon the seat of the injury, and combated the prominent symptoms consequent upon the injury. The removal of the prime cause of disturbance, and the principal reflected results with the single drug proved sufficient; for the unaided recuperative forces readily dispersed that portion of the group which was uncovered by the remedy.

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It would have been a very easy matter to have found another drug which should have completed the simile, and to have prescribed it in alternation with Arnica, but the result proved that it was unnecessary, and the inference is reasonable that such an alternation would have retarded rather than hastened the cure. We know not what disturbances of the recuperative forces the second drug might have produced. We know not what aggravations and complications of existing symptoms might have been superinduced. In addressing one single remedy to the seat of the malady, and to its chief manifestations, we removed from the organism the source from whence all other symptoms originated, thus cutting off all fuel for further sympathetic disturbance.

Let us suppose a case, however, in which separate tissues of the body are affected in such a manner that no single medicine can be selected which corresponds to more than one-half of the essential and characteristic morbid phenomena. In such a case, we are taught by Hahnemann, to prescribe, in the first instance, that single remedy which is homœopathic to as many of the urgent symptoms as possible, and, after they have been subdued, to take a new record, and then select another medicine for the remaining symptoms. We believe that the experience of a majority of homœopathic medical men has corroborated this opinion of the master. Our own views, upon this point, are confirmed, when we reflect that nature alone is adequate to eradicate very many morbid phenomena from the system; so that, in a case like the one supposed, if the remedy dispels a part of the malady, it is not unreasonable to infer that the vital powers may be so concentrated upon the remaining half as to effect either a complete cure, or such a modification that the second remedy will operate with great facility and promptness.

Complicated maladies are, doubtless, often removed, with promptness and safety, by rapid alternations of medicines; and with physicians whose occupations forbid minute and critical examinations of pathognomonic and pathogenetic symptoms in each case, such a practice may sometimes be justifiable. But, in all such instances, it is a question whether the Hahnemannian rule of one remedy at a time, carefully applied, would not prove more safe, and, in the end, more efficient.



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The human body is an exceedingly delicate and sensitive machine, highly susceptible, under certain circumstances, to morbific and medicinal impressions. For thousands of years it has been made the plaything—the experimental laboratory of empirics, whose practices have been based upon absurd, and now exploded hypotheses. Every new medical sect, in its turn, has had its day, and has drugged poor humanity into a condition of almost perpetual disease. Without an accurate knowledge of the properties of drugs upon the healthy, medical men have, until a recent period, vied with each other in the variety of medicines they could employ at once, and the magnitude of the doses they could administer without destroying their patients.

Homœopathy has somewhat modified these pernicious practices, but polipharmacy, and inordinate dosing still exist to an alarming extent among the advocates of the ancient school.

Does it not behoove every homœopathic physician to beware how he departs from the simple and philosophical rules of Hahnemann, with regard to the employment of medicines singly?

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## Article XXXII.—*Theory and Practice of the Movement Cure.*

By Charles F. Taylor, M.D.

### Therapeutics of the Movement Cure.

§ 29. To those who have carefully read the preceding pages, and have noticed how many of the vital phenomena are more or less influenced or controlled by the will, acting through bodily motions,—the purity of the blood, and its proper circulation in the capillary net-work,—the determination of the amount and quality of local as well as general nutrition,—the direct and reflex action of the nervous system, and the influence of mind on functional manifestations, &c.—it will be easy to comprehend the wide and important application of this treatment in the cure of many forms of chronic disease. Indeed, the resources of motion in therapeutics have scarcely begun to be appreciated; certainly not by those who have not paid particular attention to this subject. What method, for instance, have we for securing a proper peripheric circulation? Cold hands and feet, if they are often the effect of disease, may be

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also and often are the *cause* of serious derangements. Not only from the depressing effects of such a state upon the nervous system, but serious internal congestions are often the result of this abnormal distribution of the circulating fluids. If we wait for the slow progress of convalescence, irreparable damage may be done to some surcharged vital organ. But, besides the many cases where common exercise is impossible, but where this abnormal circulation is still the proximate cause of the derangement, there are many cases perfectly competent to take a certain amount of exercise in which no amount of it that they can endure without harm will secure a proper distribution of blood in the extremities. The reason plainly is that, in these cases, from the small amount of available force, and the character of the exercise, the already oppressed lungs, heart, or other vital organ is obliged to labor even harder than the extremities, so that the blood, flowing most towards those parts, enduring most labor, forsakes the extremities, and accumulates about the internal organs; thus defeating the very object aimed at. It is very true that where there is no actual central congestion, and the mal-distribution of circulation is only temporary, any proper exercise will be ample to secure a peripheric distribution, because there is no chronic depression of a vital organ and no more than ordinary effort on the part of such organ in accomplishing the exercise. But every physician must have noticed, and many, no doubt, are perplexed at the fact, that gymnastics, walking or other exercise, often produce palor, coldness of extremities, palpitations, oppressed respiration, &c., in many cases where it is most desirable to prevent these very symptoms. It is these same cases where to secure a proper circulation in the extremities would relieve the depression of the nervous system, relieve over-burthened central organs, allow reparation to take place, and secure harmony in all the functional manifestations and consequently cause health to supervene.

§ 30. The method of securing this peripheric circulation is very easy to comprehend. As it is muscular contraction, in connexion with the expenditure of innervation, that governs the course of the sanguineous circulation, we have only to contrive such movements as will cause a greater demand for blood in

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the extremities than in the central organs. Suppose the patient be made to sit quietly, in an easy, reclining position, where no muscular contractions will be necessary, other than those of the extremities acted on. Now, if the patient be made to flex, and extend the various joints of the extremities, in a slow and uniform manner, (§ 13), the force being increased by being resisted by an assistant, an increased capillary circulation, in the parts thus acted on, will be insured; because a physiological demand has been made for a supply of nutrition, which the system is capable of responding to, to the fullest extent of its resources, because this demand is not counteracted by others, made at the same time, at distant or opposite points. The sanguineous circulation is not divided or deviated from its flow towards the only points making, at that time, an extra demand for nutrition. Even entirely passive movements—that is, movements that do not engage the patient's volition—may be so applied as to afford a normal mechanical stimulus to local capillary circulation. These ideas are made plain by the following illustrations:

§ 31. Fig. VII. represents a chair,* with a moveable back or flap, so constructed that it may be adjusted at any angle, or laid down flat; in which latter position it presents a level, horizontal surface. It should be well cushioned with hair. Now let the patient sit, reclining, on the soft cushion, at such an angle as is most comfortable, usually at about forty-five degrees, with the leg and foot resting on the assistant's lap, as represented in the figure. By placing the palm of the hand on the toe, and moving it around, in the circumference of a circle, such a rotation will put all the muscles and elastic tissues in the alternate stretch and relaxation, as far up as the knee. The effect will be an acceleration of the circulation, in the capillary net-

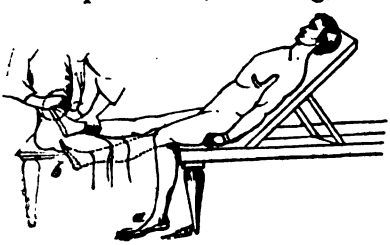


Fig. VII.—*Rotation of Foot and Flexion of the Knee—a Derivative Movement.*

* The figures and explanations in the text are only intended to illustrate certain *principles*, and not (only incidentally) the *mechanics* of the treatment, which will be given with the nomenclature, in the appendix.

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work, which is again supplied from the larger blood-vessels. Besides being exceedingly agreeable to the the patient, warming the feet, and relieving the head or other congested organ; it is all accomplished without the least expenditure of nerve-force on the patient's part—a matter of the utmost importance in many cases. Or, let the patient, in the same position, extend the foot very steadily and slowly (§ 13) against a firm resistance of the assistant, and let the assistant flex the same against the patient's resistance, (§ 17), and the muscles employed in stretching the foot will have been put in powerful action. The same may now be done with those that bend the foot, after which, all the muscles below the knee have been put in the most favorable condition for causing the greatest amount of tissue-transformation, (§ 5), and requiring the greatest supply of plasma through the sanguineous circulation, which immediately responds and flows in that direction, because no other similar demands are made in any other. Hence the phenomena has been *localized*—like a foot-bath, in contra-distinction from the general effect of a bath over the whole body—but with an incidental derivative influence upon the system at large.

§ 32. In the same manner, there may be flexion and extension of the knee. The assistant slowly presses the leg down, from *b* to *a*, against the resistance of the patient, and the patient then extends the leg against the resistance of the assistant, bringing into powerful action the extensors of the leg. The same movement, reversing the manner of resisting, will act upon the flexor muscles of the leg. The figure represents the flexion and extension of the knee, as well as that of the foot, with rotation. Thus it will be seen that, while a feeble patient is sitting quietly in a peculiarly comfortable position, with but a trifle of the effort required to accomplish any ordinary exercise, all the elastic and muscular tissues of the lower extremities have had to be supplied with a large amount of arterial blood, which has been derived from superior organs—perhaps congested ones—and all others, not at the same time requiring more than an ordinary amount of nutrition. The same principle may be applied to every possible movement of both the upper and lower extremities, with the most powerful and permanent derivative effects. And, for delicate cases, where there is any cause contra-indicating the employment of the next class of peripheric movements,

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I know of no other method that pretends to control the circulation to anything like the same extent.

§ 33. But it is not always necessary, in employing movements to secure an increased circulation in the extremities, that the patient should be either wholly inactive or active only in designated extremities, as above illustrated. Some cases can bear and require a different manner of procedure, either alone or in connection with that just described. All *general* muscular contractions *that do not accelerate the heart's action, or disturb respiration*, produce a decided centrifugal effect upon the circulation. This is especially true, *when this general contraction takes place while the limbs are extended.* The reason is obvious. Besides the tissue-metamorphoses accompanying this functional act, requiring a larger amount of the plasma of the blood to be distributed among the muscular tissues, the general *compression* of the capillary net-work mechanically drives forward the fluids into the veins, whose place must be supplied from the larger vessels and internal organs. And when the position is such that there is a gradual increase of muscular force, from centre to circumference, the conditions are most favorable for such a peripheric determination of the circulating fluids. To secure the desired result, the conditions just laid down must be rigidly adhered to, or other effects will be obtained, as will be seen as we proceed. Several examples will make these ideas sufficiently plain.

FIG. VIII.



*Acting on the upper and lower extremities at the same time.*

Fig. VIII. is easily understood to represent a curtseying movement. The patient takes hold of a pole, about six inches above his head, his elbows being bent at about right angles. He then slowly raises on his toes, and curtseys down, till his arms are straight, where he hangs a few moments, and then, slowly stretching the legs, rises into the first position again. This is repeated three to six times. To make it still more powerful, the assistant presses down upon the hips, if necessary. Such a movement requires but a slight effort, is very general in its action, and affords a good illustration of gradually increasing muscular tension towards the extremities.

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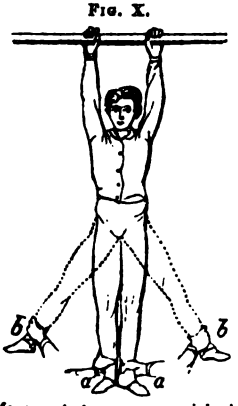
Fig. IX. shows a less general, but useful movement, promoting a peripheric circulation, and, at the same time, having a definite effect of its own. The arms may be extended horizontally, stretched over the head, or as represented in the cut, according to other circumstances. The hands seize the pole, one leg partially supports the body, while the thigh of the other, with the knee bent at right angles to it, rests on a support, as represented in the cut. The patient then slowly stretches the leg, (against resistance), and it is then pressed down, against the patient's resistance. This movement puts the muscular and elastic tissues, on *both sides* of the leg, in powerful action, which is extended to the glutii and the spinal muscles of the same side, as far up as the middle of the back. If the object is to treat both sides alike, the same is to be done to the other side also. This movement is often given in scoliosis. For instance, in scoliosis to the right, it would be given on the left leg. It is a derivative, peripheric, special movement, affecting principally on one lower extremity, of which there is a large class, and of which only a few of the most simple and least complicated, either in idea or execution, can be introduced here.

Fig. IX.



*Muscular action of the extremities, but principally in one leg, and up that side of the back.*

Fig. X.




*Movement to secure peripheric circulation.*

Fig. X. represents a person hanging by the hands. It is easy to see that the most powerful force will be required in the hands and arms, to sustain the body, and that the muscular effort must gradually diminish towards the lower extremities, coming to its minimum in the legs. Now if the patient separate the legs, by moving them slowly, from *a a* to *b b*, against strong resistance, and they are brought back again, from *b b* to *a a*, while the patient resists, the muscular contractions that are cumulative in the shoulders and arms are propagated along the lateral hemispheres of the body

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into the legs, making muscular action and compression general, over the whole body, and particularly along each side of the trunk. When properly taken, the heart's action need not be disturbed, and, from the ribs being everted, and chest expanded, by the position of the arms, respiration is *relieved* and easy. This movement, when properly given, is followed by the most agreeable glow and feeling of relief and comfort over the entire surface of the body.*

§ 34. The illustrations, above given, are by no means intended as those movements most commonly employed for the purpose which they simply illustrate. The particular ones to be used must be determined entirely by the indications of the case. Very often several objects are attainable, more or less perfectly, by the same movement. For instance, the movement shown in Fig. IX., while promoting a peripheric circulation, especially strengthens some of those muscles that are weakest in scoliasis. So, also, there are often various combinations of the above-described two classes of movements for securing a peripheric circulation, according to the muscular and nervous power of the patient, &c. Movements of which, Figs. VIII., IX., and X., are examples, though easily executed by those having quite ordinary strength, without increasing the heart's action, would be too powerful for many cases that would be capable of greater effort than what would be required in movements represented in Fig. VII. But it is not always necessary that the patient should be in the upright position. Suppose, for instance, the patient should lie horizontally on his back, with an assistant pulling at his hands, and another at his feet, instead of the weight of the body in hanging, the muscular and elastic tissues would be put upon the stretch, in the ratio of the traction made, which, again, could be controlled by estimating the patient's strength; and, if the same movement be made, as represented in Fig. X., the effect upon the circulation, though less, would be similar to the other. So, also, in the same lying, or any other proper position, by aid of assistants to force or resist, movements similar to those represented in Fig. VIII., viz.: flexions and extensions of the arms and legs could

* In speaking of movements, I always mean, unless they are otherwise described, the same repeated *four* to *six times*, and *always* very slowly.

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be taken, varying in intensity according to the condition of the patient. Thus, an almost infinite variety of movements may be contrived to suit every possible capacity or exigency, all tending to the accomplishment of a specific result. And let it be remembered, that none should be employed except such as do, from their anatomical and physiological relations, clearly tend to produce the result which the pathological condition indicates as desirable, else harm would be done, instead of good. And, in the treatment of disease by movements, it should never be forgotten that the first, middle, and last object to be attended to, is *to secure a proper distribution of the circulating fluids.* When this is secured, in many cases, there will be no further need of medical aid; for, let me repeat, that healthy peripheric circulation implies an absence of all internal congestions, and a consequent free play of all vital activities. In other cases, it is only necessary to continue the same course till the *quality* of the blood and the processes of nutrition (§ 1 and § 3,) shall have been improved, when morbid processes will cease, and healthy conditions take their place. But, in those cases where other pathological conditions require appropriate treatment, it must be added according to the indications. Thus, to place in contrast with the above, and to show, in a clear light, the principles and resources of the treatment under consideration, I will next proceed to the treatment of

### CONSTIPATION.

§ 35. How often is constipation of the bowels *really* cured by any means hitherto employed? Cases do recover; but in what proportion of such does the physician deserve any credit for their restoration? Is not the greater portion of these cases, persons who have "thrown physic to the dogs," and paid more attention to general hygiene? And yet there is not a single "ill that flesh is heir to," so common, in civic life, as constipation of the bowels, and one for which medical skill is so often implored for relief from in vain. There are vast multitudes whose only desire—medically speaking—is to be relieved of this distressing malady; to whom, to be freed from their slavery to the pill-box or the syringe, would be bliss indeed. And yet this is neither a formidable, nor dangerous disease. Why this acknowledged

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failure in so simple a disease? for, it is admitted, that evacuating the bowels by cathartics, is only a temporary expedient, and does *not* tend to cure the disease, but rather to increase its incorrigibility. Perhaps medical treatment is as efficacious here as in other diseases, but it is one of those rare cases where tangible results present a true index of the benefit received, leaving no chance for deception or doubt. Is the true pathology of intestinal constipation understood? With all due deference to my superiors in the profession, I believe it is not; else why this lamentable failure in the treatment? Constipation is usually treated like a lazy horse, that needs to be whipped; whereas, it should be treated like a fatigued and hungry horse, that needs to be fed—not in the intestinal cavity, for that is out of the system, but fed in the tissues, by securing to them a healthy capillary condition. In every case of constipation, the bowels do as well as they can; what can be done to assist them? The proximate cause, in most cases, of their inability to evacuate their contents, is a deficiency of intestinal mucous or other fluids, debility of the non-striated muscular fibres, and consequent inadequate vermicular motions, and feeble innervation. Now, the conditions under which the glands secrete intestinal fluids—under which the non-striated muscular fibres can perform their functions, and innervation can take place—is a healthful supply of arterial blood in the capillaries of those organs. That these are not well performed, implies that this proper supply is somehow cut off; besides, the appearance of the tissues themselves, as well as the success of the treatment based on this theory, demonstrates that, in constipation, there is a condition of retraction (§ 20) of the tissues involved. Exosmosis has exceeded endosmosis, till the cell-structures and capillary net-work of the intestines have had their capacities considerably reduced, with a consequent reduction of their functional manifestations. It has been shown (§ 21) that, in affections of visceral organs, the external parts are secondarily affected in the same manner as the organs beneath them. Thus, we find, in constipation of the bowels, as a general rule, the parts are hard, contracted, and unyielding, having little of that peculiar doughy feel on manipulation, so characteristic of healthy organs. The apparent exceptions to this rule, only prove the rule itself, for, when constipa-

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tion is accompanied by a soft, flabby condition of the parts, as it often is, especially in females, it shows an atonic condition, the result of the previous state long continued, and requiring nearly the same general course of treatment. But constipation NEVER occurs while the abdomen retains its ordinary physical appearance to the touch.

§ 36. From the pathology of the disease under consideration, it will be inferred that eccentric (§ 15) movements topically affecting the abdomen, will be indicated in constipation; or, where the retraction has progressed to atony, both eccentric and concentric movements will be required. The object is to induce an *arterial* capillarity of the abdominal contents and muscular coverings, (§ 21). This is to be done by the employment of such movements as expand—draw out—those muscles and parts, against their effort to contract, and by supplying, in various ways, the *mechanical* stimulus necessary to their healthful action. For the medicine they require is mechanical—all organs have their mechanical stimuli—not chemical.

Fig. XI. represents the patient kneeling upon a bench, with his hands stretched over his head. The assistant then places one knee on the patient's sacrum, and grasps both of his wrists with his hands. From the position of the hands, the ribs are drawn up and firmly held, making the chest a firm attachment for the abdominal muscles. Now, if the patient be drawn back, from *a* to *b*, as represented in the figure, the fulcrum of the movement will be in the abdomen, by which both muscles and contents will be most powerfully expanded. If it be a case of atony of muscles, with the pendulous belly, so common in females, the patient may now bend forward against the resistance of the assistant. Here we have a converging of all the muscular power of the system towards one point, and that point is the abdomen. Sanguineous circulation and innervation all tend to flow in the same direction, and the expanding of the capillaries, by the eccentric movement, is most favorable to it.

FIG. XI.

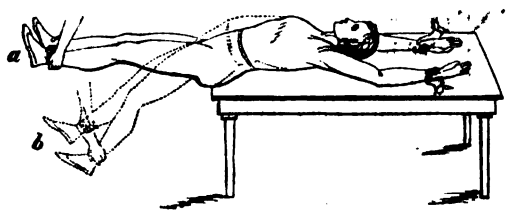


*Expanding anterior portion of the trunk—acting principally on the abdominal contents.*

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Fig. XII. represents another example of movements used in the treatment of constipation. The patient is lying upon a table, the chest firmly fixed, by the extended position of the arms, as before, which an assistant firmly holds, and the legs, from the hips, projecting beyond the table. Of course it must take considerable force of the abdominal muscles to keep the legs thus suspended in the air. An assistant then places his hands upon the ankles, and presses both legs down, from *a* to *b*, as represented in the cut. By this means, the muscular, tendonous, and elastic tissues of the abdomen, and the abdominal contents, are very much expanded; and the latter, being somewhat pressed upon, are made to assume new positions in that cavity. In those cases where the patients are not perfectly competent to maintain this position, without requiring too great effort to hold up the legs, or to resist the pressing down, then the assistant places one arm *under* the patient's legs, and assists him to hold them up, to make the movement in a proper, gentle, easy manner. For, I must constantly repeat that, however severe a position or movement may *seem* to be, in practice, it must *never* be exhausting to the general system. It must be remembered, however, that a powerful contraction of a single muscle, or small group of muscles, may take place, with but slight expenditure of nerve-force, if all the rest of the system be at rest; a movement that would be wholly impossible, if attempted at the same time that a similar contraction was progressing over the whole body. In this manner, the whole system, of even the most delicate persons, may be progressively subjected to isolated, powerful, muscular efforts, that would be impossible, or very harmful, if attempted all together—as in gymnastics, calisthenics, &c.; besides the rapidity (§ 27) of these latter cause a fearful and useless waste of nerve-force.

FIG. XII.




*Expanding Anterior Portion of the Trunk—acting principally on the Abdominal Contents.*

§ 37. But to return to the subject. It will be seen that the

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legs, acting as a weight, and the assistant, by the under arm, taking off as much of that weight as he assists in holding up the legs, the power of the movement can be graduated to any degree of force, according to circumstances. Where the retraction is well determined, the legs had better be elevated by the assistant, without any help from the patient, thus making the movement entirely eccentric; but, in recent cases, or in very long-standing cases, accompanied with atony, the patient had better assist (according to his ability) in elevating the legs, thus making the movement both eccentric and concentric. Here, as in the previous example, we have all the contractile force of the system, that it is thought best to call into action, converging towards, and concentrating in the abdomen, carrying along, and, as it were, depositing there—*providing no counteracting movements are employed*, which there will not be, if the physician understands his business—a certain amount of functional ability. These examples are only intended to illustrate one prominent idea in the treatment of intestinal constipation. Of course it could be carried out in a multitude of ways, to suit all possible conditions and cases—adapted equally to the strong man or the most delicate lady.

In practice, great care should be taken not to disturb the circulation too much, by employing too many of the more powerful movements, for actual congestion may be produced. An *equilibrium* only is to be established.

§ 38. I mentioned, a while ago, that there is a *mechanical* stimulus to the performance of function. Every function is performed under the direct influence of *some* stimulus, or, more properly, several stimuli. Thus, light is the stimulus to seeing; sound to hearing; food to salivary and gastric secretion and digestion; volition and external impressions (reflex) to muscular motion, &c. Whatever things we are fitted to do, we must do, in order to retain the fitness to do them. Seeing begets sight, food digestion, motion strength, &c. Whatever we are fitted by nature to endure or withstand, a certain amount of those things we must endure, or else we lose the capacity to withstand or endure them. Hence our endurances become normal stimuli to function. We endure an atmospheric pressure of about 27,460 pounds, and any considerable less than that destroys us.

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We are capable of extracting nutrition from crude food—*pure* nutrition will not support life. And so we are adapted, in the arrangement of our corporeal system, to endure and overcome certain physical obstacles, and, being thus fitted, we must encounter those obstacles, in some form, or lose our capacity to overcome them. They thus become the physical or mechanical stimuli to function. The aborigines of any country, and our own western hunters, are never troubled with constipation. The constant *motion* given to the abdominal organs, by their modes of life, supplies the necessary mechanical stimulus. The abdominal contents—from its situation below the chest and above the pelvis, being affected by the action of both extremities, contained in elastic walls, liable at any moment to have its space encroached upon by external objects—is adapted, by its peculiar and yielding structure, to receive a greater amount of jostling, in life, than any other organs. Indeed, this jostling becomes a necessity to its healthful action. Then, when business-men stand or sit at their desks; professional men in their offices; ladies at their music or embroidery, and school-girls at their studies, in positions and occupations imparting almost no motion to the abdomen—much less, even, than to other parts, when they require greater—why do we wonder that constipation is so common? One of the most important conditions, for the performance of functions, is withheld. This portion of the pathology of constipation again suggests the remedy. It is to impart *motion* to the bowels. This cannot now be done at labor, or in the ordinary course of exercise—it is too late for that, as enough motion of the whole system to sufficiently affect the abdomen, in its inactive condition, even if such exercises could act upon it in the right manner, would involve too large an expenditure of strength, and would cost too much. Motion must be *imparted* to the abdomen by another, and in such a manner as to answer the indications.

Fig. XIII. is intended to represent a *vibration* of the abdomen. The patient lies upon his back, generally with the shoulders slightly elevated—just enough, so that the abdominal muscles will not be drawn too tight, or so tight as to prevent the intestines from being influenced by the vibration; but these muscles should be sufficiently tight, so that, at each vibration,

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they will be slightly stretched, thus preducing an eccentric condition in them. In some cases, where there is slight tenderness at first, for the first few times, the knees may be drawn up—as represented by the dotted lines—and held by an assistant, which position entirely relaxes the abdominal muscles. But this latter is not the most favorable position to produce the best effects in constipation. It is the true position in chronic diarrhœa.

An assistant then places the palmar surface of both hands on the abdomen, and makes a succession of sudden shakes or vibrations. This is several times repeated, with slight pauses between them. Another and very useful manipulation, is done by placing the fingers of both hands on the abdomen, over the caput coli, and kneading along the course of the ascending, transverse, and descending colon, several times repeated, pressing the fingers deep down into the tissues. Another, is to place the ulnar side of both hands in the illiac fossa, and press the abdomen, upwards and inwards, with a rolling motion; or, place the hand over the pubis and press directly up, with a vibration. This latter is often better done with the patient standing. It should be borne in mind, that the effect of these various topical manipulations depend, in a great measure, upon the *position* of the patient while it is being performed. For instance, a vibration of the abdomen, while the parts are more or less expanded, expands the parts still more, at each jerk of the vibration, and this stretching of the fibres and capillaries is, in reality, an eccentric movement, added to the special stimulus of the motion upon the final nerve-loops of the parts. The effect of a vibration upon the fully relaxed abdomen, will be explained in speaking of chronic diarrhœa.

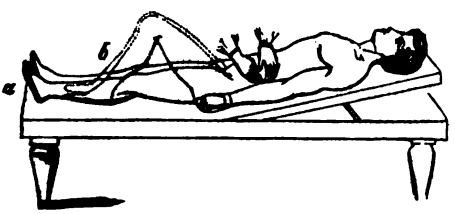


Fig. XIII.—*Kneading and Vibrating the Abdomen*

§ 39. We can avail ourselves still further of the influence of the nervous system, not only in securing a higher susceptibility, by this direct mechanical stimulus of the extreme nerve loops—or "peripheric brain," as they are often very properly called—but we can avail ourselves of the phenomena of reflex nervous

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action. Fig. XIV. represents a "knocking" over the sacrum, from one trochanter to the other. The patient may lie with the face downwards, or, as is the more usual position, standing and leaning forwards, with the hands resting on a support, as a chair or table. A gentle knocking, with the clenched fist, over the glutii and sacrum, gives a very pleasant sensation to the parts, affecting the nerves distributed on that portion of the trunk, which stimulus is propagated along the afferent nerves to the centre, and from thence along the efferent nerves distributed to the intestines. (See § 8.) The vibration of the abdomen no doubt operates, also, somewhat in the same way. Percussion on the nates may seem a very simple, and, perhaps, to some, a frivolous procedure; but when we employ the same principle by tickling the throat to produce gastric contractions and emesis, and it is well known that irritating the mammæ will produce uterine contractions and abortion, &c., why hesitate to use so physiological a means of accomplishing an object? In my experience, this simple means has often produced an immediate evacuation of the bowels.

Fig. XIV.



*Knocking over the Sacrum.*

§ 40. I am satisfied that in constipation of the bowels, the *liver* has much more blame imputed to it than it really deserves. The liver is generally made a scape-grace to carry the blame attending ill success in treatment. Still it often is remiss in its duties, as well as the other organs, and needs to be admonished. Fig. XV. represents a percussion, or, technically, a "clapping" of the liver. The patient stands firmly on his feet, with the right hand stretched up over his head, and the trunk slightly bent to the left. In this position, the muscles over the liver, on the right side, are rendered very tense, and a percussion on them will cause a vibration like beating a drum-head. The liver being suspended by its ligaments, has the vibration thus communicated to it. It is an eccentric, neuro-tonic movement,

Fig. XV.



*Percussion over the Liver.*

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and causes an increased secretion of bile. Indeed, I have known it to act, in a very susceptible person, as a cathartic, like Calomel. But, as a general thing, we do not expect movements to bring about immediate and violent results, but a gradual return to harmonious vital manifestations. The physiology of the liver-vibration is nearly the same as that just explained, in describing abdomen-vibrations. It is eccentric, and causes a greater influx of arterial blood, and the functions of the liver generally are stimulated, including the increased secretion of bile.

§ 41. The length of time required for the treatment above described, to bring about a healthy condition of the abdominal functions, depends, of course, entirely upon the general state of the system and the other complications; for here an alleviation of the symptoms can be only due to a certain actual gain, that from its nature must be permanent, because it arises, not from a temporary stimulus, but from increased ability of the organs. But simple constipation, in a person otherwise tolerably healthy, generally yields in from one to four weeks of daily treatment.* Of course, the same precautions should be taken to remove all exciting causes of constipation, such as improper food, mental emotions, &c., as though any other means were employed to improve this special function.

### CHRONIC DIARRHŒA.

§ 42. Acute diarrhœa being attended with more or less inflammation and irritation, contra-indicates the Movement Cure treatment; but *chronic diarrhœa* comes very properly within this practice. Here we have a condition opposite to that of constipation; for, as the latter is accompanied with a retraction of the muscular and elastic tissues and capillary net-work, the former is characterized by a *relaxation* of these tissues. Venous stacis expresses the physical, and debility, with its ever-present irritability, expresses the vital condition of the abdominal organs. Mechanically considered, there is a stagnation of blood in the various capillaries; or, more properly, perhaps, in

* About ten separate movements of different kinds, appropriate to the case, given once a day—more or oftener are not necessary, and might be injurious. But they must not be selected with reference to the constipation only, but to all other abnormal conditions.



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that portion of the capillaries containing the venous blood—the serum of which passes by exosmosis into the intestines, or is imperfectly, though abundantly, secreted by the irritable intestinal glands. The physical signs indicate this, for the parts are soft and relaxed to the touch, and there is a general correspondence with this condition in all the contiguous tissues. (§ 20.) What, then, are the indications for treatment? They seem to be as follows:

1st. To relieve the local irritation, by irritating (stimulating) the general muscular system. Ordinary exercise, when sufficient to appreciably affect the muscular system, generally *aggravates* a chronic diarrhœa. The reason is obvious. The exercise, *as generally taken*, increases the previously existing general debility of the nervous system, by exhausting it out of all proportion to the *muscular* effort, and this nervous exhaustion is almost another name for irritability. Irritate or use the muscles then—controlling the circulation, especially the peripheric, where necessary—without making draughts upon the nervous system, and the nervous irritation will subside. This is accomplished by any slow, duplicated,* eccentric, and concentric movements of such a character as the patient's general condition will admit of.

2d. To act locally upon the parts by concentric movements, to correct the relaxation of the tissues, and accelerate the venous circulation in the capillaries, and produce a tonic condition of the parts. These movements will be exactly the reverse, in every respect, to those previously described for constipation, except that, in general, they ought not to be so powerful. But any bending forward of the trunk, or elevating the legs, while lying on the back with the arms by the sides, in which the abdominal muscles will be contracted against resistance, will be useful, provided they are given in easy positions, and are not fatiguing. Kneading the abdomen is of very great benefit in chronic diar-

* This term is used to denote *two forces*—the *patient's and assistant's*: the patient's movement being opposed by the assistant, (concentric,) or the patient's movement being *made* by the assistant, while the patient resists, (eccentric,) in distinction from free movements made by the patient alone. In this treatment, the movements are always with assistants—often with several.

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rhœa. When this is done, the knees should be drawn up, as represented by the dotted lines in Fig. XII., and held by an assistant, and, generally, the head is a little more elevated than is there represented. The object of this position is to fully relax the abdomen, so that the parts, in any manipulation, *cannot* be put on the stretch, and so that the abdominal walls and contents can be freely rolled about by the kneading. Then, very gently, and without any punching or severity, the abdomen is clasped between both hands, and rolled from side to side and upwards for a few moments. After a slight pause, the motion is renewed and repeated, say six or eight times. It is well to conclude by a vibration, the same, but more gently than for constipation, as represented in Fig. XIII., it being done with the knees elevated, and on the relaxed abdomen, which makes the difference in the effects.

§ 43. Chronic diarrhœa is often attended with engorgement and sluggishness of the liver, sometimes with enlargement of that organ. Let the patient be seated in such a chair as is represented in Fig. VII., and perfectly relaxed in all his muscles. The assistant, standing before him, lays his hands over the liver on the floating ribs, and imparts to them a succession of vibrations, which tends to disgorge that organ. A strong bending of the trunk, through the hepatic regions towards the right, also has the same effect. Any twisting movement, properly done, that would compress the liver, would also be indicated and useful. But great care must be taken not to produce congestions, by employing too many of the twisting and sidewise bending movements—only one or two of such should be employed in each prescription; but the principal movements for this disease should ordinarily be those that act on the extremities in comparatively easy positions, and kneadings and vibrations on the relaxed abdomen, liver, &c. The reason why the parts should be relaxed, is, that we wish to assist the venous circulation *out* of the capillaries, which the folding together, shaking, &c., of the relaxed parts, compressing, as it does, in a variety of ways, the network of capillary vessels contained in the tissues, and propelling forward the blood—it cannot recede, on account of the valves—towards the general torrent of circulation.

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# Reviews and Bibliographical Notices.

*Journal de la Société Gallicane, de Medicine Homœopathique.* Chez J. B. Bailliere et Fils. Paris. 1858.

The August, September, and October numbers of this excellent journal are before us. In the columns of the August number, we find a very elaborate and able response to an attack against homœopathy and its practitioners, which appeared some time since in the "*Union Medicale.*" The authors of this attack are Messieurs Richelot, Latour, and Gallard, who have been prosecuted for defamation, &c., by twelve homœopathic physicians, viz.: Pétros, Gastier, Léon Simon père, Chargé, Leboucher, Love, Cretin, L. Molin, Escallier, Gueyrard, Audouit, and Desternes.

In the article referred to, M. Gallard and his associates have misapprehended and misrepresented the doctrines of Hahnemann and his disciples; they have adduced, as arguments against us, a few *ex parte* and very absurd experiments, made some twenty or thirty years since by M. Andral and M. Bally of Paris, and De Horatiis, Romano, and Grossi of Naples. They have omitted all reliable statistics, and have ransacked the universe to gather a few isolated cases which might bear against homœopathy. As the prosecutors truly remark, "this new attack elevates, rather than weakens the position of Hahnemann. All the assertions, advanced in this discussion, are false. The authors pretend to make an exposition of the homœopathic doctrine, but fail to do so; to make known the consequences of the principle exposed, but do not indicate them. They rely upon experiments which are unfairly made; and, from the moral and scientific situation of homœopathy, they draw conclusions contrary to truth."

At the May session of the *Société Gallicane*, M. Molin suggested that the Society should hold their meetings monthly, instead of semi-monthly as heretofore; and that the Journal should issue monthly hereafter, instead of bi-monthly. The Society concurred in the arrangement suggested by Dr. Molin, and we shall, consequently, receive a monthly *Journal Gallicane* hereafter.

The tone of this journal has always been excellent. Ever earnest in their belief of the universal applicability of the homœopathic law in all curable diseases, and equally earnest in their desire to advance the cause they advocate, the editors have spared no pains in endeavoring to promulgate sound theoretical and practical doctrines. We extend to these gentlemen the hand of fraternity and cordiality. Marcy.

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*L'Art Médical.* September and October. A Paris. Chez J. B. Balliere et Fils.

We have received the September and October numbers of this able journal, and find them quite equal in interest to those which have preceded them. It has *sixteen* editors, all of whom hold themselves in duty bound to contribute to the matter of the publication. Among these gentlemen, we find the names of Tessier, Fredault, Davasse, Escallier, Gabalda, Hermel, Jousset, and Milcent. These names are a guarantee that able and instructive papers will grace their columns.

We have been especially interested in Articles I. and VII., of these numbers, "*On the Purulent Diathesis,*" by Dr. Tessier, and "*On Auscultation*

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*of the Superior Air Passages*," by Dr. Mailliot. We have also been much gratified and instructed by the perusal of an essay upon the "*Anatomy and Physiology of the Nervous System*," by Dr. Fredault. In another place, we have made a brief review of this article.

*L'Art Médical* purports to be simply a "journal of general and practical medicine," and is not committed to sustain any special medical doctrines. It is not therefore surprising that it sometimes advances hypotheses, and draws conclusions at variance with the teachings of Hahnemann and his true disciples. MARCY.

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*Examen du Système Nerveux.* Par le Dr. FREDAULT. (*L'Art Médical; Mai, Juin, Juillet*, 1858.)

*Paine's Institutes of Medicine.* Harper & Brothers. New-York. 1847.

*Paine's Commentaries. Paine's Modus Operandi of Remedies.* Harper & Brothers. New-York.

*Secretory and Excito-Secretory System of Nerves.* H. H. CAMPBELL, M.D. Philadelphia. 1857.

In the May, June, and July numbers of the *Art Médical*, Dr. Fredault has presented us with an excellent review of the writings and opinions of recent continental authors, respecting the anatomy and physiology of the nervous system. The work of M. Jacubowitsch upon the "Histology of the Nervous System," is first noticed.

The views of this gentleman, respecting the origin of the nerves and their peculiar functions, do not differ materially from those of other late writers upon the subject. He observes, (page 360), "As to the origin of the nerves issuing from the brain and cerebellum, as well as from the medulla oblongata and spinal marrow, I still maintain the opinion, which I expressed upon this subject in my first publication, that all the nerves, from their origin, are of a mixed nature. Numerous and incessant researches have led me to this conviction. I limit myself here to the communication of the following results of my investigations :"

"1 —The anterior and motor roots consist of filaments, which proceed from the cells of motion, from the ganglionic cells, and those of sensation. The number of filaments arising from the ganglionic cells, and those of sensibility is different in the different regions of the spinal marrow—for example, in the lumbar, cervical, and dorsal regions.

"2.—The posterior roots consist principally of filaments, which arise from the cells of sensibility and the ganglionic cells, and of a few which proceed from the cells of motion.

"3.—The nerves of the medulla oblongata consist chiefly of filaments, rising from the ganglionic cells, and of filaments proceeding from the cells of sensibility. A very small number—those which originate at the point where the spinal marrow enters the medulla oblongata—contain, also, filaments from the cells of motion.

"4.—All the nerves of the brain—except those of the three principal senses, which consist only of filaments arising from the ganglionic cells and those of sensibility—are formed of filaments, which arise from the motor, sensitive, and ganglionic cells of the second kind."

Alluding to the physiological value of the histology of the nervous system, M. Jacubowitsch observes, "that the entire cerebro-spinal nervous

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system, and the entire ganglionic nervous system, are composed, in a general sense, of three kinds of nervous elements: the cells of motion, of sensibility, and the ganglionic cells; and it is necessary to join to these the cylindrical axes of all these cells."

All admit "two kinds of microscopic elements in the nervous system: *cells* and *fibres*, of various forms and volumes."

Concerning the composition, forms, volumes and peculiar functions of these cells and fibres, there are still some diversities of opinion among writers upon the subject; and we refer the reader to Dr. Fredault's essay, for further information upon these points. From this gentleman's general *resumé* upon this part of the subject, we extract the following:

"1.—The *multipolar* cells, and some of the *bipolar* ones, are cells of *sensibility* and of *mobility*—of sensibility, if they are small and without pigment; of mobility, if they are large and furnished with pigment. 2.—The *unipolar* cells, and, occasionally, the *bipolar* ones, are *ganglionic cells*; when more brown, they appertain to the spinal system, when more pale, they belong to the great sympathetic.

"The *nervous fibres* also present great varieties; but we shall include all these varieties under a common form—a common type.

"According to their volume, these fibres are divided into *large*, *medium* and *small* fibres, and their diameters vary from 0.0011 to 0.02 millimetres.

"They are uniformly composed of: 1.—*A tube, envelop*, or *sheath*, and a thin, amorphous membrane; 2.—*A nervous marrow, a medullary substance*, or *white substance*, which is viscous, like thick oil, transparent, or of a brilliant white color; 3.—*A central fibre, fibre of the axis, primitive tube, cylindrical axis*, which is cylindrical or slightly flattened, and which, in fresh nervous tubes, is no more distinct than the amorphous sheath. By means of different reactive agents, and other preparations, we can separate perfectly these three elements of the nervous fibres.

"We have said that the nervous fibres may be divided into *large*, *medium*, and *small ones*. In a general manner, but not absolutely, the great ones may be called motor, the medium sensitive, and the small ones ganglionic, according to the places where we find them. In the anterior bundles of the spinal marrow, and in the motor roots, the nervous fibres present the greatest calibre; they are a little smaller in the posterior bundles, in the posterior or sensitive roots, and in the cranial nerves of sensibility. Finally, the fibres of the great sympathetic are notably most fine; but this distinction cannot be accepted unqualifiedly, according to Kolliker and other writers."

Dr. Fredault observes "that four questions ought to be established, with regard to the nerves: first, where they terminate? second, what are their uses? third, what is their process of innervation? fourth, what are their relations?

"1.—*The nerves of sensation* are distributed to the organs of the five senses, and terminate, in these organs, with different arrangements, according to the structures and uses of these parts.

"2.—*The nerves of motion* terminate in the muscles of animal life. But how do they terminate in the muscular tissue? This is a debated point. Valentin supposes that they end in terminal arches, which are called *arches of Valentin*. But, says Kolliker, since physiology has shown that it was much embarrassed by these arches, and especially since the microscope has enabled us to discover different terminations, these arches have fallen into discredit."

Dr. Fredault supposes that there may be truth in both opinions—viz.: a termination in arches, and free terminations—since it is an admitted fact

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that there are both plexes and terminal arches. Dr. F. has given us an able exposition of both sides of the question, which we are compelled to omit, for want of space.

"3.—*The ganglionic nerves* diffuse themselves throughout the organs of vegetative life, in the viscera, the lungs, the heart and blood-vessels, the stomach and intestinal tube, the liver, the spleen, the kidneys, the bladder, the secretory glands, the uterus, the testicles. But how do they terminate? This point is unknown."

Our author enters into an elaborate discussion, respecting the uses of the three kinds of nerves, and presents the opinions of different physiologists, in a concise and lucid manner. He also touches upon some of the more obscure questions relative to the nervous system—like the *process of innervation*, the *nervous force*, *nervous fluid*, the *nervous circulation*, *recurrent sensibility*, the *relations of the nerves*, &c. We regret that our limits will not allow us to translate further extracts from this interesting essay, but we hope to revert to the subject again in future.

But justice compels us to observe that many of the supposed recent discoveries and suggestions, respecting the anatomy and physiology of the nervous system, were long since made and published by our learned countryman, Martyn Paine, of New-York. The brilliant and elaborate expositions of this great physiologist, respecting the character and functions of the different kinds of nerves, and of their relations to healthy and diseased conditions, have been most unaccountably overlooked by the medical profession. Mere beginners in physiology—men who have only repeated a few of the discoveries of this great man—have achieved temporary fame, while eminent men, like Hall, Muller, Kolliker, Flourens, Wagner, Majendie, Valentin, Longet, Bernard, Wurtzer, and others, at present tower above him and monopolize whatever glory pertains to the workers in this field of science. But the future will do justice to Martyn Paine, and posterity will place him at the head of these great physiologists.

In this number we have only space to allude to a recent discussion, which has for some time past been carried on in the journals of the other school, with regard to the alleged discovery of the "*excito-secretory system of nerves.*"

Marshall Hall, several years before his death, observed that a relation existed between the posterior, or ganglionic roots of the spinal nerves, and the anterior roots. He found that an excitement of the former, or the *sensory* nerves, would often call into activity the latter, or *motory* nerves. The name of "*excito-motory*" was given to this system of nerves by Hall, and he announced the result of his observations as a new discovery.

In 1857, Henry H. Campbell, M.D., published, in Philadelphia, his essays on the "*secretory and excito-secretory system of nerves*," in which he claims to have made a new and important physiological discovery, both in the system of nerves, and the function pertaining to it. The writer claims that his discovery explains many physiological phenomena, and many morbid conditions which have heretofore been obscure and unexplained. In explanation, the writer remarks: "When we irritate an excitor nerve, we stimulate muscular contractions, evidencing the existence of the excito-motory function. The excitor, or sensitive nerves, having received an appropriate stimulus, excite, through the medium of the spinal centres, the action of those ganglia and filaments dominating the secretory organs in question; they control, as we have seen, their circulation, they preside over their secretion, and, thus stimulated, they are excited to modify the circulation and the secretions. So far, this is a normal act, the result of that ordained and wholesome commodation established between these two portions

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of the organism through these two systems of nerves—the sensory and the secretory; but should the excitation be unusually strong, amounting to what is properly termed a 'shock, or too prolonged, we find the secretory system acting unduly, and this action is then carried to an abnormal extent; the *dynamic* act so modifies the circulation that secretion becomes aberrated, or even arrested, and, perhaps, a change in the condition of the tissue, from altered nutrition, may result. * * * It is in this way, then, by the doctrine of the excito-secretory function of the nerves, that the above familiar, though, *until a few years past, mysterious phenomena, have received their interpretation.*"

Another claimant to this supposed discovery is Dr. J. A. Allen, of Michigan, who appropriates to himself credit for the "great generalization, that excito-influence is followed by a reflex change, in which the effect is not a *motion*, but *a modification of vascular and nutrient action.* That this takes place by means of the *double nervous arc.* A vast number of therapeutic phenomena are thus experienced."

Our own opinion upon this subject coincides with that of a reviewer in the July number of the New-York *Journal of Medicine*, page 78. This gentleman contends that Martyn Paine, in his "*Institutes*," "*Commentaries*," and "*Modus operandi of Remedies*," has long since enunciated with clearness and precision, all of the essential facts and circumstances connected with the alleged discoveries of Hall, Campbell, and Allen. He has made use of different phrases, and a somewhat different mode of expression, in designating and explaining the functions of the excito-motory and the excito-secretory system of nerves, but every essential idea and fact which the above-named gentlemen claim as novel and original with themselves, may be found in the writings of Dr. Paine, before referred to. The following quotations from this review of Dr. Paine's works, demonstrate our position:

"Sympathetic sensibility appertains to what are denominated the sensitive nerves, and the sensitive fibres of compound nerves, which are also, in part, the instruments of common sensibility. But a remarkable anatomical distinction, and which goes far to sustain the variety of sensibility which is here indicated, is found in the sensitive fibres of the sympathetic and pneumogastric nerves, which possess, in the most exalted degree, the power of transmitting organic impressions to the nervous centre, but which are nearly destitute of common sensibility. Indeed, it is through this system of sensitive fibres that the organic department maintains the specific relation of its several parts."—*Inst.*, p. 102.

"The impressions transmitted through sympathetic sensibility may be received either by the brain, spinal cord, or certain parts of the ganglionic system, and either connectedly or independently of each other. When thus received by their nervous centres, they give rise to a development and transmission of the nervous power through what are called the motor nerves, and terminate in those influences which complete the functions of sympathy, &c '—Page 102.

"The operation of the nervous power is excited through the medium of sympathetic sensibility. This complex process results in the true function of sympathy. Impressions are made by physical and moral causes, by disease, &c., upon the foregoing varieties of sensibility, and according, also, to its different modification in different parts, and the nature of the operating causes. The impressions are then communicated to the cerebro-spinal axis, or to other central parts of the nervous system, and these bring into operation and variously modify the nervous power. The power, thus developed, thus influenced, or so modified in kind that it partakes of the nature of the transmitted impressions, which are more or less coincident with the virtues of the remote causes, is then exerted, through the motor system of nerves, upon the organic properties of distant parts, or of the nervous system itself, by which those properties, and their resulting functions and products, are variously affected, according to the foregoing circumstances, &c."—Page 108.

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"It is an important law that the nervous power is variously influenced, in its morbific and remedial action, by slight variations in the intensity of the operating causes, whether a moral or physical; though a determination is simultaneously given to its action by the numerous other conditions already mentioned, and which may happen to be present. Thus, an impression from cold, as a blast of air, or a drop of cold water upon the skin, in syncope, will rouse the respiratory organs. Another impression from the same, and under other circumstances, *will excite catarrh, or pneumonia, or articular rheumatism.* One degree of impression upon the stomach, by tartarized Antimony, will determine the nervous power upon the respiratory muscles, (as will Cantharides upon the bladder, or Mercury upon the salivary glands,) and vomiting is the consequence; while it simultaneously reflects the same power upon the skin and other organs, and of which perspiration, &c., is a consequence. In smaller doses, the respiratory movements are not affected, but only the condition of the skin, &c., and in lesser degrees. But these examples embrace only certain parts of the influences in each case; while in others they are far more complex, one sympathetic result becoming the cause of others, till, through a single impression upon the skin, various circles of morbific or remedial sympathies may be instituted."—Page 109.

Under the head of "Counter-Irritants," Dr. Paine remarks: "Here is opened to us a display of those sympathetic processes which take their origin in cerebro-spinal nerves, along with the sensitive fibres of the sympathetic, and terminate in the motor fibres of the ganglionic system."—Page 643.

Again: "When remedial agents operate, a specific impression is transmitted to the cerebro-spinal axis, the nervous power more or less modified, in a corresponding manner, and from thence reflected through other nerves, or other fibres, to the same or other parts, and, according to the nature of the modification, disease will be produced or mitigated in those parts. However complex and variable, therefore, the phenomena, nothing can be more simple than the principle through which all those changes are produced."—Page 667.

"It has been objected that the author uses the term *sympathy* in a loose, general and undefined sense, but such objection can only have been made by those who are unacquainted with his writings. He repeatedly defines the sense in which it is used, as in the following passages:

"Remote, and probably, also, contiguous *sympathy*, are conducted by the nervous power through the medium of the cerebro-spinal and ganglionic systems, &c.

"The brain and the spinal cord are the great centre of the nervous power, and the nerves of animal and organic life, especially the latter, are the media by which the impressions of morbific or remedial agents are transmitted to the great centre, and through which the nervous power is radiated abroad upon all parts of the organism."—*Essay*, &c., 1841, p. 42.

"It is through this principle that *emetics* and *cathartics* produce their most sensible manifestations, and the same is concerned in all their influences upon other parts."—*Loc. Cit.*, p. 44.

"The examples of sympathetic influences, through the *reflex action* of the brain and spinal cord, are almost endless, as they also are in every part of the animal organism."—Page 44.

"When an emetic operates, the impression upon the stomach is transmitted to the brain and spinal cord, through the pneumogastric and ganglionic nerves, the nervous power developed and reflected upon the respiratory nerves, whilst another current descends along other fibres of the pneumogastric to the muscular tissue of the stomach."

"If the emetic operates also as a cathartic, impressions are transmitted from the intestinal mucous membrane to the cerebro-spinal system, the nervous power developed and modified according to the nature of these impressions, and radiated abroad as when the result of the action of the emetic upon the stomach, &c."—Page 46.

"The foregoing may be taken as an example of the *principle* which concerns the *modus operandi* of *all curative or morbific agents*, whether physical or moral, and

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of all the developments of disease that arise as sympathetic consequences of each other."—*Loc. Cit.*, p. 48.

Again: "The nervous power is not only nervously excited, exalted, or depressed, or modified in its kind, and produces influences upon remote parts, according to these changes, but it is *reflected* upon particular parts, according to these existing susceptibilities, the nature of the remote cause, and the part upon which the remote cause may operate. Thus, one impression from cold, as a blast of cold air, or a drop of cold water upon the skin, will rouse the respiratory muscles. Another impression from the same cause will excite catarrh or pneumonia, or articular rheumatism. Mercurial ointment will determine the nervous power, specially upon the salivary glands and liver; and the same effects arise from the action of Mercury upon the stomach. Cantharides, internally, or externally applied, irritates the neck of the bladder, &c."—Page 52. 1841.

"This philosophy is in accordance with the anatomy and physiology of the nervous system, as laid down in the 'Institutes.'"—Page 55.

"The cerebro-spinal nerves, and the sympathetic interchange contributions, in all parts, by which important influences of the former are established in the organs of organic life."—*Loc. Cit.*, p. 55.

"The sympathetic system is added especially to the organic life of animals, on account of the complexity of the organs, and to invite them in harmonious action, through circles of sympathy, and thus render them, each in its place, conducive to a common end. The cerebro-spinal system contributes to this result; and each system, unitedly or independently, exerts special influences on the specific actions of organs, though these actions are carried on essentially through properties inherent in the several tissues."—Page 55, *Inst.*

The reviewer of the New-York *Journal of Medicine*, thus writes upon this subject:—

"These quotations will suffice, and more than suffice, to establish one point, viz.: that whatever of reflex function has been recently claimed by others, as novel, or a new 'discovery,' forms the very groundwork of Dr. Paine's writings, and is everywhere made the leading principle in his philosophy. He everywhere teaches that *secretion* and *excretion* are influenced by direct and *reflex* action of the nervous system upon their immediate instruments, when they will be simply increased or diminished, or, what is greatly more important, variously *altered*, or new ones generated, according to the manner in which the nervous power may be modified by the causes which bring it into preternatural operation, both physical and mental. The fluid products of glandular organs, sweat, saliva, gastric juice, &c., with their various modifications, though generated by the organic mechanism through its own inherent properties, are also shown to be controlled and modified by nervous influence, especially *reflex*, whether excited by physical or mental causes. If, after all, any doubt remain, whether our author recognizes any excito-secretory function, let him turn to what is said regarding the *seton*, (pp. 679, 681, *Inst.*,) where will be found a clear and comprehensive account of the whole philosophy of the alterative influence of *reflex action* of the nervous system, as the medium through which all the modifications of secreted products are brought about, and as exemplifying all that is even concerned, according to the author's views, in the modus operandi of remedial and morbific causes upon parts beyond the seat of their direct operation.

"It will be seen that our author not only everywhere recognizes all *excito-secretory function*, but also all *excito-secretory system of nerves;* he also gives distinct anatomical specifications, as regards the mechanism through which the reflex influences are brought about. His theory is comprehensive and philosophical, based on anatomical structure and physiological function, and embracing all known phenomena, including pathological and remedial influences. It is a consistent theory, based on recognized facts, and binding, in harmonious relation, the diversified facts relating to healthy and morbid action and the modus operandi of remedies. It is not *partial*, like the theory of Campbell and Allen, explaining a few phenomena only, but leaving all the most important a *terra incognita;* nor

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does he fall into the error of naming an entire system of nerves, from one of its functions, viz., *secretory*, but gives to all its functions, each in turn, its due importance, depressing, and alterative, &c.; weaving all facts and all known phenomena into a beautiful and philosophical system, which will stand as a monument of the the author's genius and learning as long as medicine shall be cultivated as a science.

"Dr. Paine nowhere claims that he discovered these causes of the nervous system which he has so successfully applied to the elucidation of disease, and the operation of remedies; for he was aware that *excito-secretory action* had been noticed by Bichat, and fully established by the experiments of Wilson Philip, Henle, Peipers, Muller, Dr. Reid, Krimer, Humboldt, Brodie, and others, many years ago. In 'Muller's Physiology,' in the chapters devoted to a consideration of the 'Laws of Action of the Sympathetic Nerve, and the Propagation of Impressions in it,' 'Of the Peculiar Properties of Individual Nerves,' 'Of Sympathies,' &c., will be found in all the various laws of nervous action and function hitherto discovered; but it may be safely claimed, in behalf of Prof. Paine, that these physiological laws were first successfully applied by him to pathology and therapeutics—we mean in their *totality*. Marshall Hall had, it is true, been laboring for several years upon the *excito-motor* phenomena and applying them in the elucidation of healthy and morbid function. But Dr. Paine was the first to explain fully the philosophy of the operation of the nervous power in producing motion under all its various aspects, as manifested in its natural regulation of organic actions in the phenomena of sympathy induced by morbific and remedial agents, or by the influences of disease in the motions which are generated in the organs of organic life, by the passions and analogous affections of the mind, in the movements of the voluntary muscles, in the production of sudden death from all causes, and the physiological interpretation of the recognizable laws of sympathy, and their general introduction into pathology and therapeutics; all this was first attempted, and, we think, successfully accomplished by the author of the 'Institutes,' and if any one chooses to borrow from him sufficient material for a 'prize essay,' it will hardly be missed, and the author can well afford, from his abundant riches, to spare thus much, and still have enough left to supply the cravings of any ordinary ambition. It is true, astonishing as it may seem, that through all the laws of nervous action, or by 'sympathy,' as used by our author, that are necessary to the full interpretation of the remote effects of morbific and remedial agents, are as well established, perhaps, as any in physics, they had not been extensively applied to these important objects before the work was attempted by Dr. Paine; and, what is more, those philosophers who have contributed most to their critical expositions, have overlooked their most important pathological and therapeutical bearings, and neglected to apply the nervous power in a philosophical manner to our explanation of the natural phenomena of sympathy. This work, however, has been wrought out by our author with an amount of learning, industry, intelligence and success, that cannot but command our highest admiration, and yet Marshall Hall has stated (*London Lancet*, May 2d, 1857,) that 'the *idea* and the *designation* of excito-secretory action belong to Dr. Campbell;' though he says 'the elaborate *experimental demonstration* or reflex excito-secretory action, is the result of the experimental labors of M. Claude Bernard,' while his 'own claim consists in the vast *generalization* of the excito-secretory action throughout the system.' Dr. Hall is very careful not to recognize any 'excito-secretory *system of nerves*.' As to the opinion, that Dr. Campbell 'first detected the excito-secretory function,' our readers can now form their own opinions after what has been stated above."

As far back as Galen, we find hints that the nerves of voluntary motion and of sensation are distinct and independent in their functions. Between the period of Galen and that of Sir Charles Bell, several writers recognized a difference in the functions of the anterior and posterior roots of the spinal nerves—one set acting as conductors for voluntary movements, and the other for sensation.

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But to that great physiologist, Sir Charles Bell, is due the credit of having clearly proved, by experiments upon animals, and by pathological and clinical facts, the precise functions of these two sets of nerves. Although some slight errors are to be found among the conclusions arrived at by this eminent discoverer, yet it must be conceded that he laid a positive and firm foundation for the knowledge we now possess respecting the functions of the nervous system.

After the announcement of Bell's discovery, other laborers entered the field, and performed good service in the cause of science. Prominent among these gentlemen, were Majendie, Bernard, Flourens, Mattencci, Marshall Hall, and Martyn Paine. They have all made valuable suggestions respecting the functions of the nervous system, in connection with physiology, pathology, and therapeutics. But no one has done more to explain and develop the great ideas of Sir Charles Bell, upon this intricate subject, than our ultra-allopathic townsman, Martyn Paine. No one has written more elaborately, or with more originality, upon every ramification and every bearing of the nervous system upon the causes, pathology, and cure of diseases, than this hitherto unappreciated gentleman. For profound learning, deep research, and untiring perseverance and industry, in the cause of physiological and medical science, Martyn Paine, although thus far neglected, stands pre-eminent, and a future century will award him that credit and honor to which he is now so justly entitled. MARCY.

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*The Homœopathic Record.* Published by J. P. BERRY, Corn Exchange, Parade, Northampton, England, and TWEEDIE, 337 Strand, London. September 1st, 1858.

This journal is published monthly, and each number contains twenty-four pages, large octavo. From the few specimens we have received, we infer that the editors are staunch and uncompromising homœopathic physicians; and although their sheet is intended for popular, as well as for professional perusal, it is manifestly calculated to subserve the cause of true homœopathy. In the September number, considerable space is devoted to the discussion of "the medical practitioners' bill"—its unjust bearings toward the profession and the public, its future influence on the rights of those legally qualified physicians who presume to differ from the dogmas and practices of the ancient school, and the impropriety of homœopathic medical men aiding and abetting in the passage of so nefarious an act. Our sympathies are with the *Record* in this matter, for we are opposed to all legislative enactments which tend, in any degree, to impair the liberty of thought or action of regularly qualified physicians. We wish well to the *Homœopathic Record.* MARCY.

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*The Homœopath.* CHAS. E. BLUMENTHAL, M.D., Editor, and CHAS. T. HURLBURT, 437 Broome-street, Publisher.

This is a neat little semi-monthly sheet, intended, and well calculated to diffuse among the people some knowledge of the doctrines of our school. It may also be perused with advantage by the profession, as it not unfrequently contains articles on medical topics of practical interest to the physician. Such publications, tending as they do, to *popularize* the systems they advocate, are always instruments of progress, and, for the most part, of benefit to humanity. MARCY.

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## *The American Homœopathic Review.* Edited by R. G. Perkins, M.D., and Henry M. Smith. New-York, 1858.

A monthly journal of forty-eight pages, octavo, well printed and arranged in all respects.

In the "Introductory," the editors remark: "A belief in this law (*similia similibus curantur*) characterizes the homœopathic physician, and the quantum of the dose of the similimum has, within certain limits, no necessary relation to the abstract principle involved.

"The editors of the Review consider the homœopathic law unexceptionable, and look upon it as the foundation of all science in medication. * * * If the drug is similar in its pathogenesis to the totality of the symptoms of any given curable case, that drug is certain to cure in some one or other of its potencies If a drug fails to cure, it is generally because the practitioner has failed to find the true similimum, or its appropriate preparation."

This is a truthful and solid foundation; and if the editors and contributors continue to write up to it, and to adduce continually practical facts which tend to sustain this position, they will contribute much towards the advancement of the cause they have espoused, and the future welfare of their fellow-beings. Every man, who exerts himself in the right direction in favor of progress, is a public benefactor. And especially is this true of the medical man, who labors to perfect and promulgate therapeutic principles which are calculated to ameliorate the sufferings of the sick. The efficient advocacy of novel principles and truths, which tend, like those of homœopathy, to subvert long-established dogmas and practices, involves a vast amount of application and moral courage on the part of the physician. To such as enter this field of labor, as true and zealous workers, we extend a cordial greeting.

Judging from the numbers already issued, the *Review* will make a valuable addition to homœopathic literature. Marcy.

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## *Materia Medica of* MM. Trousseau and Pidoux. Fifth edition.

In no branch of medical science has more progress been made, for the last few years, than in that appertaining to drugs. Not only have many new medicinal agents, of great curative power, been added to our *Materia Medica*, but properties hitherto unknown, and novel methods of application have been discovered in those, which, for a long period, have possessed the confidence of the "profession." This rapid progress, in pharmacological knowledge has given birth to many works on the subject, among which, conspicuous for its merits, stands the treatise of MM. Trousseau and Pidoux. This admirable *Materia Medica*, though of comparatively recent date, has already attained, as is seen by the heading of this article, its fifth edition, which speaks energetically in its favor. The authors, uninfluenced by the conflicting opinions of the different schools and cliques, sought only for the truth, to which they have approximated as near as is possible in the present state of medical knowledge. The effects of drugs, not only on invalids, but on individuals in robust health, are dwelt on with an amplitude that would almost please a "high dilutionist," while the modifying influences of sex, age, temperament, and climate are not forgotten. MM. Trousseau and Pidoux also pass in review, in the same book, some of the more prominent medical theories of the past and the present, and among them, the homœopathic. More justice is accorded us by them than by any other allopathic authors. In fact, they admit the superior merits of homœopathy in the ma-

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jority of cases requiring only topical treatment, but they are not so liberal as regards its applicability to cases requiring constitutional treatment. Only now and then do they refer to such cases, and then change the name *homœopathic* to *substitutive medication*, as if attempting to conceal their partial conviction of the truth of the Hahnemannian law, under the shelter of a new name. The work, however, notwithstanding the little dodge about the homœopathic name, is fully worthy of the attentive study of the homœopath, and no medical practitioner, whatever be his creed, can peruse it unbenefitted.

WM. BANKS.

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## "*Is there a System of Medicine?*" A Lecture delivered in reply to the proceedings of the Iowa State Medical Society, June 17th, 1858, by C. PEARSON, M.D.

At the last session of the Iowa State Medical Society, a violent attack was made upon homœopathy and its advocates. For the past few years, it appears to have been considered a part of the regular proceedings of these State Medical Societies, to vilify and ridicule our school and its practitioners.

In responding to the orators of the Iowa State Medical Society, Dr. Pearson has performed his task well. He has triumphantly refuted all their arguments, corrected their misrepresentations, and carried the war victoriously "into Africa."

We quote a few paragraphs from the little *brochure* of Dr. Pearson, as a fair sample of the balance:

MARCY.

"What, then, are we still at sea in search of a system? Has the great Creator of the universe left us to the ravages of disease without anything to which we may resort, with a good degree of certainty, to ward off a fatal termination? I answer no!

"But is the medical man alone interested in this matter? If it be true, that when the doctor mistakes, the patient suffers, then, certainly, the patient to whom the prescription is given, ought to be as deeply interested, in everything that pertains to that prescription, as the medical man is who prescribes.

"And, thanks to the spirit of progress and the all-powerful influence of truth, the people *are* now beginning to doubt the absolute authority of some of these time-honored customs, and are beginning to investigate and think for themselves. And hence the lancet is not so frequently resorted to as it once was, for no one wishes to be bled. Mercury is not so often given, for no one wishes to take it. Where now are the large saddle-bags, well stored with poisons, that the medical men carried when we were boys, and which too, were the terror of us all? Who of us does not remember how the sight and *smell* of these repositories, used too well to assure us that the *doctor* had come, and then, how we crouched like scared kittens in some corner, fearing least we should be *bled*, or have our stomachs turned by an *emetic*, or our bowels tortured by a *cathartic;* and how freely we breathed again after the doctor had gone away.

"But where, I ask, have these relics of barbarism gone, and what has caused them to disappear? Was it a voluntary act of the physicians themselves that banished them, or was it the force of public opinion?

"Why is it that our allopathic brethren have recently thrown aside the saddle-bags, and now carry the small pocket-case, in imitation of the practitioners of homœopathy? If we were entitled to credit for nothing else, we should certainly receive a good share for effecting a reform in this particular alone.

"Again, the most powerful things in the universe, so far as we know, are the invisible ones. Of these, air and electricity are sufficient to furnish examples. A large proportion of all drugs are inert, or, at least, do not possess any very active medical properties. We are frequently in the habit of saying of a drug, it is useless, for it has *lost its strength;* yet the bulk is still there, very little diminished

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in size. But an invisible something has gone out of it, its strength or virtue has left it, and nothing remains but the inert *skeleton*, from which the spirit has departed.

"Now, when this active principle is collected, and separated from the inert material, and directed to the vital forces in the human organism, it will certainly not be necessary to prescribe it in drachm, scruple, or grain doses.

"Once, after illustrating this subject to a countryman, he exclaimed: 'I see it; it does appear strange if we have to swallow a sugar tree, in order to get a pound of sugar out of it!'"

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"*Concentrated Organic Medicines, &c.*," by GROVER COE, M.D. Published by B. Keith & Co., 590 Houston-street, New-York, 1858.

This work purports to be a "practical exposition of the therapeutic properties and clinical employment of the combined proximate medicinal constituents of indigenous and foreign plants."

This is a well-written book, of 430 odd pages, and contains many novel and interesting ideas with regard to the preparation of alkaloids, tinctures, extracts, &c., and their therapeutical properties, viewed from an eclectic stand-point. The profession are certainly much indebted to these gentlemen for their successful efforts in extracting from plants their active principles, in a simple and pure form.

We also observe, with much pleasure, that the author has made some approach towards homœopathy, in advising the employment of medicines singly. Thus, at page 96, the writer remarks, that "the true value of the concentrated remedies can never be estimated, unless they are singly and thoroughly tested. One simple remedy will often answer a better purpose than half a dozen combined, although each one singly would be admissible and appropriate to the case."

Both the theoretical and therapeutic views of the writer differ from those of our own school; but there are many hints, throughout the book, respecting the proper periods for gathering plants, and the mode of developing their active principles, which are of common interest to all schools. MARCY.

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# General Chronicle of Medical Science.

## SURGERY.

### *Tubing of the Glottis, as a cure for Membraneous Croup.*

This operation is the invention of Dr. Bouchut, of Paris. This gentleman has performed this novel operation several times, within the past two months, in the Saint Eugenie Hospital, upon children affected with diphtheritis. It consists in passing a metallic ring into the glottis, and allowing it to remain there for one, two, or more days, as the necessities of the case demand.

Dr. Bouchut claims that the operation is unattended with danger, is easily performed, that no injury results from leaving the canula in the glottis for several days, and that patients can articulate, respire, and swallow liquids without difficulty, while the ring remains in the larynx.

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It is supposed, by the discoverer, that this dilatation of the glottis, by means of a metallic tube, will subserve all the purposes of tracheotomy, without any of the difficulties or dangers attending this last operation. MARCY.

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## *Operation for the Radical Cure of Hernia.*

The operation for the radical cure of reducable inguinal ruptures, by sub-cutaneous injections, originated about twenty years since with a medical gentleman of Kentucky, named Anderson. This physician was in the habit of puncturing the hernial sac, by passing up into the inguinal canal, on the index-finger, a fold of the scrotum, and then of carrying down into the sac, by means of a probe, some liquid, sufficiently powerful to excite adhesive inflammation. The operation, which we prefer and shall hereafter describe, is essentially the same as that practiced by Dr. Anderson.

From the year 1840 to 1850, myself and friends have performed the operation several times, and the results compare favorably with those after the operation for the radical cure of hydrocele, whether by injection or the tent.

At least one-half of the recent and small-sized ruptures were cured permanently by a single operation. Large and old ruptures required two, and sometimes three operations, before a cure was effected. In every instance, however, the hernia diminished in size after each operation.

No peritoneal inflammation, or other serious symptom, occurred in a single instance. In a few cases, slight and temporary suppuration was observed at the seat of the puncture, but this always subsided in a few days.

The time occupied to effect a cure was usually from two to four weeks. During the progress of the adhesive inflammation, the patients were, for the most part, able to walk about, the sides of the inflamed canal being retained in apposition by means of a suitable truss.

The instruments employed were a small puncturing knife, with a straight and spear-pointed blade, one inch and a half in length, and about two lines in width; and a small graduated syringe, with a pipe three inches in length, and two lines in circumference, and having its orifices on the *sides*, instead of the *extremity* of the tube.

The mode of operation is as follows: The patient is placed upon his back, the hernia reduced, and then, with the index-finger of the left hand, we pass a fold of the scrotum up into the inguinal canal. When the end of the finger is fairly within the canal, we bring the integuments over the canal into firm contact with the end of the introduced finger, by means of the thumb of the same hand. With the parts thus securely held by the thumb and finger, we rest the nail of the finger upon the anterior-superior spinous process of the ileum, both as a means of support and as a guide during the operation.

The knife is now passed down, gliding by the extremity of the finger,

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directly into the canal, and usually into the hernial sac, as we shall presently explain. As soon as resistance to the knife ceases, it is withdrawn, and the pipe of the syringe, charged with tincture of Iodine, is passed down in its place. About twenty drops are deposited along the sides of the sac, the instrument is then withdrawn, a compress is placed over the parts, and a truss, of moderate pressure, is applied to retain the sides of the sac in apposition. The operation is now complete, and it only remains to keep the parts steadily in contact during the continuance of the adhesive inflammation caused by the injection.

In describing the puncture, we observed that the knife usually passes into the hernial sac. The reason of this is that, in most cases of scrotal ruptures, the sac does not return into the abdominal cavity with the intestine, but remains down in the inguinal canal, and forms permanent adhesions with its walls. From this circumstance, it is evident that there can exist no difficulty in bringing in contact with the sides of the sac liquids of sufficient strength to excite safely the amount of inflammation necessary to insure adhesion of the sides of the sac, and thus to close the rupture.

At first, we had some apprehensions with regard to the supervention of peritoneal inflammation, as a consequence of the operation; but we are quite satisfied, from considerable observation, that no danger need be anticipated from this source.

The following observations, from the *London Lancet* of August, 1858, by Holmes Coote, Esq., Assistant Surgeon to St. Bartholomew's Hospital, will give the reader an idea ofother operations for the cure of this malady, as now practiced by European surgeons.

[" Various means have been resorted to, at different times, for the radical cure of this disease, as the application of the actual or potential cautery, applying a ligature to the neck of the sac, &c., but in all the evil generally counterbalanced the good, either from the barbarity of the proceeding, or the destruction of important parts. In the latter case, the spermatic cord would be destroyed, and very generally the operation when gone through, produced a cure (if one at all) the permanency of which was very questionable.]

" It is within the last few years that the principle of invagination of the integument has been thoroughly applied to the cure of reducible inguinal hernia; and the success which has attended some operations, is sufficient to warrant a fuller consideration of the subject. A portion of the scrotum is invaginated, and thrust by the finger of the surgeon into the inguinal canal, where it is retained some days by a proper instrument, until firm adhesions have formed. This plug, which undergoes a fibrous degeneration, and feels like a hard cord, is firm enough to prevent the descent of the intestine, and is, I believe, sufficiently persistent to be of infinite value to the patient But the French surgeons became fearful of the yielding of the plug; they even asserted that in a few weeks the integument escaped from the canal and resumed its normal appearance. Hence, Gerdy removed from the invaginated integument the cuticle by means of caustic; and Dr. Berne, of La Charité, Lyons, acts yet more deeply by the use of the Chloride of Zinc—he produces a linear eschar, both in the reflected integument and on the cor-



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responding surface of the abdominal parietes, with the idea of making a firm cicatrix.

"The invaginated integument is usually held in place by a wooden plug, armed with a needle, which is passed through the walls of the abdomen; and Velpeau affirms that this part of the proceeding is not unattended by danger of wounding the epigastric artery. The accident may be avoided by the usual precaution; at all events it has hitherto proved an imaginary danger, although the operation has been performed, in this and in other countries, above a hundred times.

"I will not, in alluding to the success which has hitherto attended the process of simple invagination of a portion of the scrotum into the inguinal canal, (commonly called Wützer's operation,) refer to cases performed abroad, because it is impossible to ascertain the actual result without having the opportunity of both seeing and conversing with the operator; but I will give a tabular report of cases treated by professional friends in England, for whose accuracy and veracity I offer myself as guarantee.

"First, I beg to refer to some cases treated by Mr. Spencer Wells, and related by him in the thirty-sixth volume of the 'Transactions of the Royal Medical and Chirurgical Society.' He states that he has had no unfavorable report from any of the patients upon whom he has operated.

"Mr. Vaudin, of Jersey, relates, in the 'Medical Times and Gazette,' 1846, the particulars of three cases similarly treated. M. Le T., æt. 42, the subject of oblique inguinal hernia of the left side, underwent the operation, as proposed by Wützer, May 12. He was confined to bed eight days. On the ninth, the instrument was removed, and a compress of oiled lint was fixed over the part by a T bandage. After this he sat at home, for three or four days, and then resumed his usual avocation without a truss. On the fourteenth day, the slight wound made by the stilet or needle had healed. Sept. 2, he was in perfect health; there was no tendency to hernia.

"Mr. Jones, of Jersey, performed the same operation on N. N., æt. 36, laborer, the subject of oblique inguinal hernia of the right side, of eight years' duration. The integument was invaginated by means of Wützer's instrument, January 5, 1856. The instrument was removed on the ninth day. Six months afterwards the patient was seen perfectly well.

"The same surgeon operated, April 1, 1856, on Thomas G., a Canadian, also the subject of oblique inguinal hernia. Four months afterwards the lad was doing his duty, as a cabin-boy, without a truss.

"I performed the operation, October 7, 1856, on Thomas B., an engineer on board one of Her Majesty's steamers. I did not sufficiently include the internal abdominal ring, which had been drawn nearer to the pubes than normal; consequently the relief was imperfect, and the plug seemed to disappear. Accordingly, early in December, I repeated the operation, taking care to include the whole length of the inguinal canal. The instrument was removed on the ninth day. Five months afterwards I saw this patient in perfect health.

"Shortly afterwards I performed the same operation on a carpenter, in St. Bartholomew's Hospital, with equally favorable results. This patient might at the present time dispense with the truss, (about two months after quitting the hospital.)

"At the British Hospital, Renkioi, Dardanelles, Mr. Stretton operated on Stephanie, a Greek carpenter, April 22, 1856, who had been the subject of inguinal hernia of the right side for three years. On the sixth day, the instrument was removed, when a small slough was noticed, near the point of the needle, the size of a sixpence. On the twenty-first day, this patient was so well that he resumed his work on the hospital huts, without a truss.

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"Of fifty-six cases, performed in different countries, in 1854, no instance of death had occurred; and, even at the present time, it is doubtful if any fatal accident can be reported as directly a consequence of this operation, performed now between one hundred and two hundred times.

"I prefer this operation, owing to the simplicity, the painless character, and the freedom from danger of the proceeding, to any of the more complicated measures which may merit a passing notice.

"Dr. Jamieson lays open the sac, and then fills the ring with a portion of integument, cut into proper shape and inserted.

"M. Graefe lays bare the neck of the sac, at the external ring, cuts it through, and then introduces, as far as the internal ring, lint covered with some irritating application.

"M. Bonnet, of Lyons, operates in the following way: The contents of the hernial sac having been returned, he pushes a pin, which has been passed through a piece of cork, through the integuments and neck of the sac, as near as possible to the external ring, care being taken not to touch the spermatic cord. The pin is carried through the opposite integument, and the point is inserted into another piece of cork. Two or more pins may be required to excite adhesive inflammation.

"M. Mayor, of Lausanne, uses needles carrying ligatures for the same purpose.

"Scarification of the neck of the sac, as practiced by Guerin: acupuncture, scarification, or injection, as recommended by Velpeau, do not appear to me to possess the advantages, combined with the safety of the operation, as recommended by Wützer.

"Dr. Pancoast, of Philadelphia, has performed subcutaneous injection without accident, but with uncertain success, thirteen times. The hernial sac (the internal contents having been returned) was punctured through a canula by a small trocar. Having ascertained that the instrument was fairly in the sac, by the freedom with which it could be moved about, the point was directed upwards, so as to scarify the internal orifice of the upper part of the sac. The trocar was then withdrawn, and half a drachm of the tincture of Iodine, or Cantharides, was injected slowly, by means of a small syringe fitted to the canula. The canula was then withdrawn, and a compress was applied. Severe inflammation occurred in only one case.

"When we remember that, according to Mr. Bryant, out of 84,478 cases of hernia, 88 per-cent. were inguinal, and 11 per-cent. femoral, we may imagine the importance of every operation by which the inguinal canal might be with safety closed. I must confess that at the present moment I prefer the operation of Wützer, namely, that of simple invagination, which has proved successful both in my own hands and in those of others, and is apparently free from risk."

The operations described by Dr. Coote, may, without doubt, prove successful in a majority of instances, but they are all more complicated, severe, and uncertain than the method by subcutaneous injection. The operation, in these last cases, by injection, may be compared with propriety with the same operation in cases of hydrocele, and a contrast drawn between them, and the more rude operations of the seton, tent, invagination, scarification, &c. Similar structures are involved, and the same principles of cure obtain in both instances; and we are of opinion that the profession will finally adopt the opera-

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tion by subcutaneous injection in all cases of reducible inguinal hernia, as it now adopts injection for the radical cure of hydrocele.

MARCY.

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## *The Genito-Urinary System.*

This region of the body, with its organs of mixed or compound function, affords the bases of two professional specialities, not the less practically distinct for the frequent points of contact which they present in the same patient.

Ricord, Clerc, Langlebert, Auzias, Turenne, and the syphiliogues in general, inhabit the testicles of the grand pathological man. Following the zoösperm along the mystifications of the epididymis and spermatic ducts, in canal and lake navigation, up to the veru-montanum, they sail down the urethra, in company with a different order of savans, such as Civiale, Caudmont, Philips, Mercier, Ségalas, Heurteloup, and Le Roy D'Etiolles, who have descended from the kidneys, via ureters and bladder.

The exploration of theurethra, and the maintenance of its channel in navigable order, is a common function of the two parties; but the glans-penis, and the skin, in their normal and pathologic relations with the sexual system, are conceded as the proprium of the first series.

Urinary pathology, embracing only the *non-contagious* forms of disease, has failed to impress the academic skull of Paris with the necessity of assigning to it distinct hospital services; hence, like some other specialities, the cases which belong to it are disseminated throughout the hospitals, and are generally treated in a bungling and inefficient manner, to the discredit of the surgeon and the misfortune of the patient. The patriarch, Civiale, has been partially an exception, he is stinted to a little ward, of some sixteen or twenty beds, at the Neckar, and is permitted, with *certain restrictions*, to operate for stone there. His rival brethren remain in private practice, though now and then invited by Nelaton, Robert, and other great *cliniciens*, to help them through with their most difficult cases. Philips gives short but admirable courses of lessons at the Ecole Pratique, and Le Roy D'Etiolles at the Cercle des Sociétés. Savantes, Mercier, and Segalas sometimes expose their views in public, and Civiale teaches at nine, Saturday mornings, at the Neckar, but it is Caudmont who bears the burden and heat of the day in this department of medical instruction.

Throughout the year, short vacations excepted in part, Mr Caudmont maintains the highest standard of clinical instruction, at the Rue Larrey, 8; on the alternate days, a complete course of anatomical and surgical demonstrations, with the theoretic analysis of all the operations in this sphere, at the Ecole Pratique, and every day, with the aid of his skilful and conscientious disciple, Mr. Basset, he disciplines students in practical manipulations on the subject. The two first-mentioned courses are gratuitous, and here, as everywhere in Paris, you feel the immense superiority of individual effort, stimulated by the

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love of distinction, by friendship, and the ambition of honor and use over the stereotyped and organized inanities of the administration and its college professorships. Mr. Caudmont's only fault is, that the elaborate perfection of his method in teaching requires a better discipline of mind to follow him than most of us possess. He unites the most perfect mastery of his subject with concentrated earnestness and magnetic warmth, and in repeating his demonstrations on the subject

"*Une patience à toute épreuve.*"

The highest professional honors await him, but the successes of this world, the fortune and distinctions that it can bestow, are shows and signs that receive more honor than they give in crowning such high worth.

Philips, a veteran in the field of public instruction, is another man of this stamp; they will never die in the hearts of their pupils, nor of their patients.

Caudmont is a former *élève* of Civiale, and embodies his doctrines in the main, but mingled with fresh observations, and with a method which often proves the "*Fiat Lux*" in this "debatable ground" of surgical pathology.

I will touch on a few points in Mr. Caudmont's teachings:

### STRICTURE.

This term is applied by Mr. C. exclusively to *organic* stricture, and is susceptible of a rigorous definition, as a plastic exudation and infiltration, consequent on spongitis, or inflammations embracing the corpus spongiosum, which is the true anatomical region and boundary of strictures; the mucous membrane not being essentially compromised, although it were the primary seat of the inflammation resulting in stricture. It follows that the mucous membrane should be respected, in the methods employed for procuring the resolution of strictures.

Without absolutely rejecting, either in theory or practice, the methods of cauterization, of scarification, or of incision, he rarely employs any of them, but, like Mr. Philips, relies almost exclusively on progressive and temporary dilatation, regarding the others as at best, as well as *permanent dilatation*, merely adjuncts or preparatives, as seldom if ever indispensable, and only indicated in exceptional circumstances. Among these methods, he most frequently has recourse to the incision, from behind forward, for which he has advantageously modified the instrument of Civiale. As to the enlargement of the urethral passage at the fossa navicularis, often necessitated as preliminary, this is effected with Civiale's urethrotome, and does not rank as a serious operation.

I have said that even permanent dilatation might sometimes be employed as an adjunct, subordinate to the system of temporary progressive dilatation. The differences of individual susceptibility, and tolerance of the presence of instruments in the urethra, is so great as to forbid very sweeping and absolute statements. I have seen the above-mentioned policy tested and sanctioned by experience, in cases

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outside of Mr. Caudmont's clinique. There are cases in which the difficulty of re-introducing a sound, on the one hand, and the tolerance of the urethra, on the other hand, to the contact of the sound in situ, render permanent dilatation expedient, yet a cure can never be expected from persistence in this alone, not even the *quasi* cures of stricture, which it is possible to obtain, in spite of its tendency to spontaneous recurrence.

The resolution of organic stricture has, according to Mr. Dupierris, of Havana, been attained by kneading or malaxing the plastic exudation from the outside. In this, as well as in other maladies of the genito-urinary system, Mr. Caudmont is now experimenting with galvanism; he believes this agent destined to play a great part in the future of urethral surgery.

The exception, if such it be considered, to the above-given definition of stricture, lies in the *brides* or curbs, sometimes discovered by the exploring bougie at the bulb of the urethra, and which simply require section. Strictures supposed to exist in the prostatic portion of the urethra are, as Mr. Caudmont teaches, of a different pathological nature. Leaving aside the cases of prostatic hypertrophy, which Mercier has so thoroughly appreciated, obstructions to the flow of urine, existing at or near the neck of the bladder, fall under the head of contracture, or of spasm. They are of an irritative and neuralgic character, due, for the most part, to the action of damp, cold, or to the abuse of acid drinks.

The acrid quality of the urine coinciding with the rheumatic diathesis, with or without that predisposition to irritative engorgement, which strictures determine in the parts between them and the bladder, account for these supposed strictures. They generally fall under the category of neuralgic contracture of the neck of the bladder, including the muscular fascicles of Guthrie and Wilson, which enter into the formation of an external sphyncter. They yield to the patient contact of the bougie or sound, aided, it may be, by the warm alkaline bath, the vapor-bath, Belladonna and diet, with the waters of Vichy or Contrexeville. When ulcerations exist, the Nitrate of Silver is employed with Civiale's porte-caustic.

Suppositories of Belladonna extract, either alone, or combined with Opium, are used with good effect for the prevention and relief of the spasmodic state, when referred to a rheumatic cause. In Paris, the catenation of rheumatismal or arthritic sufferings with the lesions of this region, whether idiopathic or traumatic, are as well-marked as the more notorious paroxysms of intermittent fever. LAZARUS.

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## MATERIA MEDICA.

### *Experiments with Asclepias-Tuberosum.* By A. Savary, M.D., of New-York.

(Translated from the French, by Marcy.)

This proving was commenced on the 2d of March, 1858, with a tincture prepared by Dr. B. Mure. At the commencement of the experiments, the prover had a slight irritation of the stomach. His age was thirty-two, and his temperament nervous.

*First day.*—Took two drops of the mother-tincture, in two spoonsful of water, at a quarter past 10, in the morning.

1. One minute after taking the medicine, frontal cephalalgia, which continued to increase. Eructations at twenty minutes past 10. Slight pains in the bowels, near the right hypochondria, at twenty minutes past 10. Transient pain in the orbit of the left eye, at twenty-five minutes past 10.

5. Pain in the head, worse on the left side, at twenty-eight minutes past 10. Inclination to sneeze, in the left nostril, which soon passed off, at thirty-two minutes past 10. Dry coryza, at thirty-two minutes after 10. Itching of the left ham, at the same time. Pain in the epigastric region, and burning in the stomach, at forty minutes past 10.

10. Itching in the left nostril, at the same time. Eructations, stronger than those first experienced, at forty-five minutes past 10. Burning in the stomach and bowels; noisy borborygmus, with slight pains, at fifty-seven minutes past 10. Itching of the nose, same time. Wind, which has an intolerable odor of the medicine, at seven minutes past 11.

15. Eructations, same time. Prolonged eructations, with the odor of the medicine, at half-past 11. Itching of the lobe of the right ear, the face, nose, and lips principally, at the same hour. Dull pain in the head, worse on the left side, at forty-five minutes past 11. Pendiculations, same time.

20. Sensation of burning in the stomach and bowels, same time. Expulsion of wind, with rumbling in the region of the transverse colon, same time. Large spots (black) before the eyes, with disturbance of vision, (pulse 55,) at fifty-seven minutes past 11; eructations, same time; numbness of the right hand, same time.

25. Colic pains on ascending stairs, same time. Pain in the right shoulder, (after dinner,) 1 o'clock. Arthritic pains in the right elbow, at forty-five minutes past one. Pains of the head are less strong, same time. Sneezed three times, and a few seconds after sneezed five times, with watery discharge; the sneezings continued for several moments, same time. Beatings in the left hypochondriac region, same time.

30. Dry coryza, which was before fluent, same time. Slight constrictions in the throat, and prickling in the larynx. Inspirations noisy and strong, and the dilatations of the lungs appear greater than usual,

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same time. Slight oppression after strong inspirations, same time. Frequent eructations until evening.

35. Frequent discharges of wind, until evening. Slight pains in the left knee, at forty-five minutes past 5. Very severe wind-colic, (on walking,) with pressing downwards, at 6 in the evening. Flatulent colic and stool of an insupportable odor, with strong pains in the hypogastric region, as if this part was beginning to mortify, with sensitiveness on pressure, but a feeling as if the parts would fall downward, at 7 o'clock in the evening. Fever; pulse 70, same hour.

40. Acute and lancinating pain in the left knee and thigh, at 7 o'clock and fifty minutes. Transient pain in the shoulders, 8 o'clock. Noisy borborygmus, same hour.

45. Fœtid breath, having the odor of pepper, half-past 8. Bleeding of the gums of the right canine teeth, at the same hour.

*Second day.*—Dreams of the country, and of other things; insatiable hunger at noon. Slight pain in the right side of the head, same time.

50. Slight colic pains after dinner. Dull headache, at forty-five minutes after 1. Liquid stool, which causes smarting; the pain persists for about an hour and a half. Since the stool, at 7 o'clock, yesterday evening, the parts have been unusually sensitive, 2 o'clock. Inspirations stronger during the last half hour, 4 o'clock.

55. Itching in the internal angle of the right eye, in the lower eyelid, and over the entire face; pricking in the forehead, as with pins, and in many other parts of the body, 6 o'clock. Repeated lancinating pains in the heart, and in the intercostal muscles of the right side, 6 o'clock. Acute pain in the tibia, near the knee, (right leg); for a quarter of an hour, the least pressure was insupportable, and the pain was like that of a wound, half-past 6. Paralytic sensation in the fingers of the left hand, with very severe itching. Swelling of the kidneys and lymphatic glands, half-past 6.

60. Numbness of the whole body. Occasional eructations during the day, but less frequent than yesterday. Frequent passages of wind during the day, but less numerous than yesterday.

*Third day.*—Dreams of churches, horses, and disagreeable things. Stool at 9, A.M., with very disagreeable odor.

65. Lancinating pain in the left knee, and, on walking, a coxo-femoral pain, (of the same side,) at 2, P.M. Itching of the left hand, between the ring and middle finger, most of the day. Rheumatic pain in the left knee, at 8½, P.M. Pain in the left hand, at 9½, P.M. Very great oppression, from dinner time to evening.

70. Dry cough. Weakness of memory during the past two days.

*Fourth day.*—Dreams of supernatural things. Some slight pains in the right shoulder and in the left knee. Liquid stool. (Having eaten salad yesterday and the day before, the symptoms are less marked, which induces us to suppose that acids may prove antidotal to this medicine.)

75. Less oppression than yesterday, and the cough nearly gone.

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Rapid lancinations between the shoulders for twenty-five to thirty seconds, at 8½, P.M. Taste of blood in the mouth.

*Fifth day.*—Acute pain in the right knee, at 9, A.M. Acute rheumatic pain in the right knee, extending somewhat into the thigh, at 1½, P.M.

80. Pain in the right fore-arm, near the wrist, at 3, P.M. Femoral pain near the left knee, at 6½, P.M. Pain near the wrist of the right arm, at 9 P.M.

*Sixth day.*—Frequent pains in the left knee and the right fore-arm. Itching in the hams and the left thigh.

85. Osseous pain near the maleolar bones of the left foot. (Have lately prepared many medicines, which has not prevented the manifestation of the symptoms.)

*Seventh day.*—Cephalalgia in the morning, on rising. Rheumatic pain in the left knee in the morning, on rising. Shortly after this, pain in the left shoulder. Pain over the left knee, and in the arm of the same side.

90. *Eighth day.*—Violent colic-pains in the night. Glutenous, greenish stool, of an intolerable odor of rotten eggs. The pains continued long after the stool, with sharp pain in the rectum for more than an hour. Cephalalgia in the morning, on waking, 7 o'clock. Rheumatic pain in the left knee in the morning, on waking. Tongue covered with a yellow and viscid coat. Teeth yellow, and covered with a yellow tartar.

95. The gums and buccal mucous membrane very pale, and verging upon yellow. Mucous accumulation in the eyes; heaviness of the eyes; itching in the ball of the right eye. Painful dartings in the urethra, at 10 A.M. (One year ago, the same person made a first experiment with this medicine, and on the third day a chancre appeared upon the right side of the foreskin, and, on washing it with urine, it soon left and appeared on the left side, and disappeared, finally, at the end of two days. This subject was free from venereal disease, and had not suffered in this way at all since ten years ago, when he had a chancre.) Rheumatic pain in the right hand. Erections, without desire, (in the morning.)

100. Colic pains, 11 A.M. Pain in the right thigh. Urethritis. Dullness of the head, with desire to sleep, for one hour, at noon. Pretty strong fever, without thirst. Pulse 92.

105. Slight pain in the left foot. Bleeding from the gums. Erection, without desire.

*Ninth day*—Sleep retarded, and great desire to sleep in the morning. Coxalgic pain near the right thigh.

110. Deep-seated pain in the left thigh. General *malaise* and weakness, after having walked a little and smoked a cigar, with repugnance to every motion. Great desire to sleep, which continues until night. Pain in the eyes by gas-light.

*Tenth day.*—Great desire to sleep.

115. Rheumatic pain in the left thigh, near the knee. General de-

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bility, as yesterday. Weakness of the genital functions. Heaviness of the head and eyes. Depraved appetite.

120. *Eleventh day.*—Prolonged erection in the morning. Bone-pain in the left arm. Pimple at the septum of the nose, in the right nostril, and another at the root of the nose of the same side, with continual itching. Heaviness of the head.

*Twelfth day.*—Stiff neck on waking in the morning.

125. Rheumatic pain in the left knee. Sudden prickling in the nose. Pain in the tarsal bone of the left foot. Blephorite. Pain in the back, and between the shoulders.

130. Neuralgic pains in the stomach. Urine deep red, from the commencement of the proving. Flacidity of the genital organs, with an insipid odor. Urethral lancinations since yesterday, and excoriations of the glans in many places, with appearances of sanious deposits. These excoriations disappeared in a few days, by frequently washing them. Oppression in the chest, and great difficulty of breathing.

*Thirteenth day.*—135. Rheumatic pain in the tarsum of the right foot. Cephalalgia. Extravasation of blood on the left side. Perspiration of the genitals, of an insipid odor.

*Fourteenth day.*—Violent colic-pains, at 1 o'clock in the morning. Stool very painful, and pretty copious. Pain throughout the entire intestinal canal, before going to stool. At half-past 1, another small and very painful stool; at 2, another similar one, with increasing pains. The colic-pains now became so violent as to require a dose of Veratrum 18th, three drops of which were taken at a dose, in a spoonful of water. The pains subsided, as if by enchantment, until 10 o'clock in the morning. (The dose taken on this occasion was large, but the symptoms were severe, and we were much agitated.)

140. Very strong cephalalgia on rising, obliging me to lie down again from weakness, 8 o'clock, A.M. Discharge of a small quantity of blood from the left nostril. Bleeding from the gums. Rheumatic pain in the right shoulder-blade, and in the wrist of the left hand. A somewhat painful stool at 11 A.M., accompanied with colic. The stools are of a brownish color, and the last one contained a large quantity of false membrane. There were, also, yellow spots, like plates of fat. The stools seemed to pass off like a stream of fire. Took an injection of tepid water, and retained it more than two hours. Took another at 5 o'clock, and kept it only a quarter of an hour.

145. Yellow stool like curcuma, with yellow and green flocks; 5½ P.M. Sudden weakness during the evening. Cephalalgia during the entire day. Excessive fatigue. Pains in the bowels.

150. Gastralgia. Blind piles. Dysentery. Pulse 67, and thread-like. Stool, without any fœcal matter, entirely albuminous, and in quantity equal to four to five whites of eggs. Lancinations in the metatarsal bones of the left foot.

*Fifteenth day.*—155. Pustule, as if bitten by a bug, between the sacrum and ileum, (right side). Intolerable itching in the two last fin-

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gers of the left hand, and then of the same fingers of the right hand. A stool, surrounded with froth, and held suspended in water, 4½ A M. Colic pains accompany every stool. Heaviness of the head, but less cephalalgia than yesterday.

160. Stool like the preceding one, but of the same intolerable odor as that of yesterday, 11 A.M. Arose a moment; great weakness, so that the limbs cannot support the body. Great difficulty in walking, on account of the weakness. Head very heavy. Ideas confused. Putrid taste in the mouth.

165. Anorexia in the morning. Slight thirst. Yellow tongue. Yellow teeth. Countenance yellow.

170. Hippocratic face. Moral depression. General weakness. Eyes dull, as if he had been sick many weeks. Excessive fatigue.

*Sixteenth day.*—175. During the night and in the morning, intolerable itching, with an appearance of red pimples upon the back. Pimples upon the thighs, for several days. Cephalalgia. Oppression after dinner. Urine very red.

180. Rheumatic pain in the right thigh. Rheumatic pain in the left arm. The pains are always alternated; when the right thigh is affected, the left arm is also affected, and *vice versa*. Itching throughout the circumference of the body, (around the waist,) in the evening, on retiring. Inclination to vomit.

*Seventeenth day.*—In the night, violent itching of the wrists.

185. A pimple on the left wrist, which disappeared in the morning. Desire to vomit in the morning, on rising. Pain in the right shoulder and in the left leg. Pimple on the left side of the nose, filled with serum. Fatigue, and great weakness.

190. Urine red, as if mixed with blood, and, after standing a minute, small deep-red spots rise to the surface, of the size of a pin's head. The sediment is very red and thick, and forms clouds of a frothy appearance, whilst above them are clear, small spots, as if decomposed. On going to bed in the evening, itching for a short time. Noisy flatulency for several days past.

*Eighteenth day.*—Extraordinary weakness in the morning, before rising. Imperative desire to sleep.

195. Colic-pains in the morning. Cramps in the stomach. Pain in the left shoulder, and in the right fore-arm, near the wrist. Heaviness and confusion of the head. Sensation of oppression, after smoking a quarter of a cigar.

200. Two itch-like pimples on the left hand, with itching; (the prover had the itch ten years ago.)

*Nineteenth day.*—General debility in the morning. Confusion of the head. Rheumatic pains in both fore-fingers, and in the little toe of the left foot. Carditis.

205. Paroxysm of asthma. Pain in the left knee, on walking.

*Twentieth day.*—Arthritic pain in the left knee, and in the right thigh.

*Twenty-first day.*—Slept late, and inclination to vomit in the morning. Since, a pimple on the right side of the upper lip.

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210. Urine less red.

*Twenty-second day.*—Great cephalalgia throughout the day. (Retired to bed late.)

*Twenty-third day.*—Itching of the fore-arm in the night. Sleep delayed, Heaviness and confusion of the head on waking.

215. Colic-pains in the morning. Tetter-like appearances, (one hour after noon); very red erythema upon the right thigh, just below the ileum, three centimetres in length from top to bottom, and one centimetre in width, painful and itching. In the evening it is less inflamed; but, three centimetres behind it, there has appeared another spot, less deep in color, but which is sensitive to the touch. (The first patch remained of a dark color for many months.) Pain in the right knee and leg, and in the left elbow-joint. Pain in the left knee and in the right elbow. Itching in the left hand and in the right ham.

220. Bleeding of the gums.

*Twenty-fourth day.*—Itching in the arms during the night. Great weakness of the legs in the morning, in bed. Severe cephalalgia, dissipated by a warm foot-bath. Wind-colic after breakfast.

225. Itching in both nostrils. Pain at the internal angle of the left upper eye-lid, and itching in the ball of the eye. Closing of the eye-lid causes a sound like the valve of a pump. Pain in the right molar teeth. Violent itching of the right thigh in the evening, and then in the left thigh, but less severe. Left foot feels as if sprained.

230. General sense of oppression.

*Twenty-fifth day.*—Late sleep. Headache in the morning, on rising. Pain in the heart, as from the prick of a pin. Pain in the right thigh, and, in a quarter of an hour afterwards, in the left.

235. The pimple on the lip has disappeared, but another has appeared below the angle of the mouth, and a very painful one has come out in the right eye-brow. Lips inflamed, and full of pimples. Eyes fatigued and heavy. Blepharitis. (Prover is subject to weak eyes.) In walking, he bends forward and toward the left side.

240. *Twenty-sixth day.*—Sleep a little less tardy than before. The pimple upon the eye-brow is larger, and is painful at every movement of the eye-lid; the one below the angle of the mouth is small and pustular. A few red pimples over the stomach, and one in the bend of the left arm, which is pustular and like a variola-pustule. Pain in the hairy scalp, (left occipital region); pain on touching it with the finger, as if there was a pimple there. Pain in the left wrist, the right arm, and the left knee.

249. Sore throat.

*Twenty-seventh day.*—The pain in the scalp has diminished. The pimples on the arms and stomach have disappeared. Itching in the left ham. Pain in the left knee and the right arm.

250. *Sore throat.*

*Twenty-eighth day.*—Pimple in the middle of the left hand. Deep-seated pains, from time to time, in different parts of the body. The pain in the scalp has disappeared. The pimples on the face have

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diminished. Pains in the right arm, near the wrist, and in the left leg, near the maleolus.

255. Carditis.

*Twenty-ninth day.*—Pendiculations in the morning. Lancinating pain in the heart. Osseous pains in the right arm and right leg. After supper, in the evening, violent gastralgia; on coughing, the stomach feels as if it would burst.

260. Very violent itching of the pimples upon the nose, thighs, and back.

*Thirtieth day.*—Late sleep. Pendiculations. Pain between the shoulders, especially the right one. Constrictive pain in the heart. Pericarditis.

265. Pain between the shoulders in the afternoon, nearest the left shoulder. Acute pain in the loins, near the sacrum. Slight pains in the bronchia. Pain in the left arm, near the wrist. Itching around the waist, and on the lower part of the left thigh.

270. *Thirty-first day.*—Lumbago, and acute pains near the sacrum. Pains in the bronchia. A pimple on the nape of the neck. While lying in bed, twelve successive and regular rumblings in the right hypochondriac region, without pain, (after having been magnetized during the evening).

*Thirty-second day.*—Fatigue on rising.

275. Unsatisfactory stool. Neuralgic pain in the stomach. Pimples upon the left temple, and upon the back.

*Thirty-third day.*—Severe cephalalgia, which has continued throughout the day and a part of the night. Rheumatic pains in the limbs.

280. *Thirty-fourth day.*—Have passed a very agitated night. Sleeplessneas.

*Thirty-fifth day.*—Lumbago.

*Thirty-sixth day.*—Late sleep. Cold upon the chest.

285. Paralysis of the right lung, with violent pains for half an hour, in the morning.

*Thirty-seventh day.*—Acute and lancinating pain between the shoulders.

*Thirty-eighth day.*—Unpleasant dreams of duels, murders, thefts, &c., &c. Prolonged erections, without venereal desire. In the morning, coryza in the open air.

290. Pulse slightly excited after dinner. Contused pains in the articulations. Pain between the shoulders. Sensation of intoxication, after having smoked a few puffs of a cigar; was obliged to cease smoking, as my head whirled around, my sight and entire body weakened. Desire to vomit. (This desire passed off in the open air.)

295. Painful sensation in the centre of the foot, and an appearance of induration in the second toe of each foot.

*Thirty-ninth day.*—Falling of the hair. Sensation of gravel in the eyes.

*Fortieth day.*—Extraordinary political dreams. Red pimples on the right thigh.

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300. The hair continues to fall. Blepharitis. Opthalmia. Headache during the entire day. Pain in the right knee, on walking, and in the left knee, half an hour afterwards, on being seated.

305. Pain in the left thigh, and in the right shoulder. Sensation of a tetter at the inferior commissure of the lower lip, (left side,) tingling, itching, and rigidity, and small, red pimples, very near each other.

*Forty-first day.*—Fatiguing, bravado dreams; attempts to sing loudly political songs, notwithstanding the presence of spies. Explanation of a dream, as if it had occurred when awake; this dream was a very complicated one, and was fully explained during the dream. Sensation of ulcerations in the lower eye-lids.

310. Weakness of the eyes. The pimples on the lower lip discharge a white and limpid humor. The feet are so painful that the contact of the bed-clothes cannot be supported; (at night in bed). Pain in the left shoulder, and in the right breast.

*Forty-second day.*—Great emaciation from the commencement of the proving.

315. Palpitations of the muscles of the arms and back; and often during the proving, palpitations of the flesh and muscles of different parts of the body. Neuralgic pains of the stomach.

We take this occasion to observe, that the symptoms did not cease on the forty-second day, but continued to manifest themselves for more than sixty days. Lack of time prevented our noting them. We are quite aware that this proving is still imperfect, and would have been happy to have been able to record more extended and varied observations upon this interesting medicine; but this may serve as a beginning, and incite others to experiment with it. From the facts already observed, we are of opinion that Asclepias will be eventually added to our Materia Medica, as a polychrest.

We have noted the symptoms in the natural order in which they occurred; the only correct mode of recording the pathogenetic effects of any medicine. At a future time, we shall allude to this subject again.

We have employed this medicine, with uniform success, in arthritic cephalalgias, gastric cephalalgias, acute enteritis, and constitutional syphilis. We have also employed it successfully in cases of phthisis and asthma.

It appears to be homœopathic in various forms of cephalalgia, articular rheumatism, bone-pains, enteritis, dysentery, diarrhœa, jaundice, carditis, asthma, gastralgia, venereal disease, various affections of the eyes, nose, and mouth, pimples and other cutaneous eruptions, different forms of neuralgia, lumbago, &c., &c. We believe it to be a powerful antipsoric.

My lamented master and friend, Dr. B. Mure, held this medicine in very high estimation for many months before his death; and, had he lived, he would probably have published a paper upon the subject.

To those who desire to make further trials, we will furnish the medicine with much pleasure.

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## *Fragmentary Provings of the Gnaphalium-Polycephalum.*

By Wm. Banks, M.D., of New-York.

New-York, Aug. 27th, 1858.

Dr. E. E. Marcy,—

Dear Doctor—I send you, subjoined, a synopsis of the results of provings made with the *Gnaphalium-Polycephalum*, or sweet-scented *Life-Ever-lasting*, by Gen. Wm. Norris, of Philadelphia, and myself. Knowing the sincere desire that you and your collaborators in the editing of the new "Homœopathic Materia Medica" have, that your work should contain some notice of every American plant, worthy of being applied to medical purposes, I doubt not that these provings, slender though they be, will be agreeable to you.

The *Gnaphalium-polycephalum* is an annual plant, indigenous in Europe, as well as in this country. It is found in all parts of the United States, and on all soils, but the finest specimens of it I have yet seen were in Alabama, growing in old fields on the southern slope of clayey hills. The time of its flowering is dependent on latitude. In Alabama, it flowers about the middle of June; in this State, (New-York,) about six weeks later. It is of a greyish-green color, seeming, at first sight, to be covered with dust. Its flowers are of a pale yellow. The entire plant possesses a very pleasant aromatic odor, which it retains, as well as its peculiar colors, a long time after having been plucked, and hence its English name, *Life-Ever-lasting*, and French names, *Eternelle* and *Immortelle*. When chewed, its taste is at first sweet, but soon becomes bitter, being, in its gustatory peculiarities, the exact opposite of *Dulcamara*. It is much used, internally, in form of decoction, as a tonic and febrifuge in certain rural districts, and the negroes on the plantations of Alabama consider it, when made into a poultice, a sovereign remedy for rheumatic pains of the joints, and obstinate old ulcers. Gen. Norris and myself, in our provings, used the 1st and 2d decimal triturations of the leaves and flowers.

*Head and Face.*—Giddiness, especially felt immediately after rising from a recumbent position. Pain in the back of the head, of dull, continuous character. Shooting pain in the eye-balls, occasionally felt. Neuralgic pains of an intermittent form, of superior maxillary of both sides. Dull, heavy expression of countenance, with appearance of slight bloatedness.

*Digestive System.*—Flat, sweetish, sickening taste of mouth; tongue covered with long, white fur. Diminished appetite. Much *flatus* of stomach, with windy eructations and slight nausea. From time to time, obstinate attack of hiccough. Coliky pains in various parts of the abdomen; abdomen sensitive to pressure, particularly in the region of the *cœcum*. Some looseness of bowels, with passage of pale-colored fæces. *Borborygmus*, with frequent emission of flatus.

*Genito-Urinary System.*—Sensation of fullness and tension in the bladder, even when it has just been emptied. Large quantity of pale, inodorous urine passed, which is remarkably free from sediment.

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Pain in the kidneys. Very frequent, but slight and evanescent pains in the region of the prostate gland. Increase of sexual passion. Occasional stinging in the glans penis.

*Trunk and Superior Extremities.*—Feeling of debility in the arms, as if incapable of raising the lightest weights. Pains of a rheumatic character, in the elbows and shoulders. Pains in the chest, darting from side to side. Numbness of lower part of the back, with lumbago. Sensation of weight in the pelvis.

*Inferior Extremities.*—Intense pain along the sciatic nerve, which is continued to its larger ramifications. Feeling of numbness, occasionally taking the place of the sciatica, and then exercise on foot is excessively fatiguing. Frequent cramps of the calves of the legs. Cramps of the feet, especially when in bed. Rheumatic pains in the knee and ankle-joints. Gouty pains in the great toes. The sciatica was only produced on myself. Gen. Norris, who was suffering from an attack of that disease when we began our provings, was, in a few days completely cured of it.

I will mention, in conclusion, that my brother-in-law, Mr. Harris, of Alabama, has used it a great deal on his plantation, as a remedy for mammary inflammation, and he speaks of it as a valuable remedy in that painful malady. He applies it in form of poultice, made with the fresh leaves and flowers.

*Proving by* W. J. A. FULLER, Esq., of New-York, *with the 3d Decimal Trituration.*

Sunday, April 25th, 1858, being in good health, took a grain of the trituration, at bed-time.

Monday, April 26th.—Awoke at 6½ o'clock, by the restlessness of my child. When I first awoke, my mouth felt slightly "furry," and tasted unpleasantly. Also felt a fullness about the temples, like the incipient threatenings of a nervous headache, (which is periodic with me, usually occurring after excessive smoking, or severe mental effort or anxiety). Both of these symptoms gave way to a thorough washing of the head and mouth with cold water. At 7 A.M., I felt about as well as usual, and took one of the powders. After taking it, had a taste in the mouth like that after chewing slippery-elm bark. 7¾ A.M., after breakfast, tried hard and long to effect a stool, but without success. At 5 P.M., felt a sort of gurgitation in my throat, half sour, half bitter, not an unusual thing with me. It soon passed off.

Tuesday, 27th.—Awoke at 2½ A.M., my mouth feeling parched and tasting badly. Drank a little water, and went to sleep. Got up at 7 A.M., with mouth dry, tongue furred, and a slight pain and flatulence in my bowels. After washing my mouth and head with cold water, I felt better. Took a powder at 7¼ o'clock. My rumbling bowels sent me to stool before breakfast, (a most unusual thing for me); had a stool, neither very easy, very full, nor loose.

Wednesday, 28th.—Awoke during the night with an erection, and urgent desire for an embrace—a thing which never occurred before.

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On waking, about 6 o'clock in the morning, had another erection, a slight bellyache, and, after breakfast, a good stool. In the afternoon, had another large stool. At night, felt exhausted and uneasy, perhaps from over mental and physical effort during the day. Slept soundly all night.

Thursday, 29th.—Awoke at 5½ o'clock; washed, &c., and took a powder at 6. Had a slight bellyache when I first got up, which soon disappeared. Had another erection on waking up, (a thing which has occurred each morning). Had slight pains about my right eye, after rising.

Friday, 30th.—Waked up in the night by the sickness of my child. Awoke again in the morning, tired and unrefreshed. Had another erection, but less violent than the previous ones. Felt languid all the morning. At 3 to 4, P.M., a slight headache, and muddiness of feeling about my head, which I endeavored to dissipate by smoking. At 8, P.M., failed of success, and had a "night-sweat" and headache, which was somewhat relieved by bathing the head with bay-rum.

Saturday, May 1st.—Awoke with a furred tongue, and bad taste in the mouth, which were removed by washing the mouth and tongue thoroughly with cold water. Had an erection, but not a violent one. (*Mem.* These erections have never been accompanied by *desire*—rather mechanical than passional.)

[Our esteemed friend, Dr. Green, of Hartford, Conn., is likewis engaged in making a proving of *Gnaphalium*, which we shall presen to the profession as soon as practicable. In the meantime, will not other physicians lend their aid in proving and developing the clinical properties of this medicine?] MAROY.

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## *Fragmentary Proving of the Alianthus.* By J. T. ALLEY M.D., of New-York.

Polygamous; sepals 5, more or less united at base; petals 5; sta mens of the perfect flowers, 2–3; ovaries, 3–5; fruit a one-celled one-seeded samara, with an oblong border; stamens of the barre flowers, 10; fertile flowers same as the barren, except the stamens.

*A. Glandulosa.—Alianthus Tree.*

"Leaves smooth, unequally primate; leaflets ovate or oblong, lanceo late, acuminate, very shortly petiolate, with one or two obtuse glandular teeth each side, at base, terminal one with a long petiole; flowers greenish, interminal panicles of an intolerably offensive odor. A large, rapid-growing tree, with luxuriant foliage. The leaves are often two to four feet long, with ten to twenty pairs of leaflets, of an offensive, sickening odor. Young branches light brown, and smooth; common in cultivation."*

Much prejudice has been excited against the Alianthus, as an orna

* "Green and Congdon's Class-Book in Botany."



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mental tree, from its offensive odor, though there are no facts on which it can be sustained. The elements of this odor are so quickly separated, to exchange with that of the trees and plants surrounding, that no trace of its ill effects have yet been observed.

In proving the Alianthus, I procured the flowers just before maturity, had them carefully dried, and from these made a tincture of about one ounce to the pint. I first took it myself, in drop-doses, four times a day, for three weeks, noting only the distinct and decided symptoms, and was then compelled to take an antidote. I then gave it to two young men, one of a bilious, and the other of a lymphatic temperament, neither of whom knew what they were taking, or what effects I was looking for. The principal symptoms corresponded perfectly, though one refused to take it after a few days' indisposition. They each made only one trial, continuing it about two weeks. On myself, I have tried it on three different occasions, with nearly a year intervening between each trial, and each continuing more than three weeks. My last proving was with the first dilution, and the effects were quite as well-marked as those of the tincture. Each time I have been compelled to suspend the doses after the third week, and twice to antidote its action by Nux-vomica, as, by that time, the throat, lungs, eyes, and head, (I mention them in the order of their being affected,) were suffering severely. I have only noted such symptoms as were common to each of the provers, and have excluded all which did not seem to be caused by the action of the drug. The symptoms which are most positive, are printed in italics, and those which have proved curative, are marked by a cypher. In a case of chronic ophthalmia, from gonorrhœal poison, which had lasted for months, and resisted the action of Drosera and other remedies, Alianthus 3, promptly relieved. For dry, constant cough, with oppression, burning, and pains in the chest, it is also specific.

*General Symptoms.*—Feeling of uneasiness, and aching restlessness in the limbs; *electrical thrill, extending to the ends of the fingers;* heaviness of the extremities; peculiar feeling of emptiness in the stomach; languor and lassitude on making exertion; tottering gait, with an inclination to stagger—requires extra effort to walk straight; incapability of standing long at a time.

*Head.*—Vertigo, especially when stooping; headache; *darting pain in the back part of the head;* beating in the occipital arteries; feeling as if an electrical current were passing through the left side of the head; catarrhal obstruction, as from cold in the head; dull headache; *thick, heavy feeling, in the base and right side of the head;* tender, bruised feeling over the parieto-frontal sutures; dizziness and confusion of the head; inability to guide the feet; staggering dizziness when rising or moving.

*Emotive Sphere.*—Low spirited; continued sighing; restlessness; confusion of ideas; inability to concentrate mental effort; compelled to read a subject several times, to get a misty understanding of it;

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recklessness in regard to present or future events; stoical indifference to what happens.

*Sentient Sphere.*—Loss of memory; mental alienation; *apoplectic fullness of the head, rather serous than sanguineous;* electrical thrill, starting from the brain and extending to the extremities; tingling in the fingers.

*Eyes*—Feel o*rough* and o*irritated, as from wind and dust;* o*smarting* and o*aching* of the eyes, as from the application of powerful astringents. Ophthalmia from cold; light affects the eyes. o*Conjunctivitis*, with *redness* and *inflammation*, extending around the outer canthus; o*purulent discharge* from the eyes, with agglutinated lids in the morning; burning in the eyes; lacrymation in the open air, or by brilliant light; falling out of the eye-brows.

*Nose.*—Chronic catarrh; dryness, and suppressed secretion; loss of smell; difficult breathing through the nose; itching and uneasy feeling around the nose.

*Face.*—Complexion sallow, blue, and inactive; irregular spots of capillary congestion, as in the face of a drunkard after a debauch; dusky, bilious complexion; dark-blue circle around the eyes.

*Throat.*—Throat *tender* and *sore* on swallowing, or on the admission of air; *hawking* of *mucus* from the throat; *thick, œdematous,* and *dry choky* feeling in the throat, continuing in an acute form only a short time, and then becoming chronic; great accumulation of matter, part of which is easily expectorated, while a portion of it is detached, with much exertion, in small flakes; *shedding ulcers,* feeling as after the application of Nit.-Silver; constant hawking, and efforts to raise hardened lumps of whitish matter; *thickened, swelled* feeling of the muscles of the neck; *tenderness* and *enlargement* of the parotid and thyroid glands; sensation as after an astringent to the pharynx; *croupy choking;* raising of mucus and yellow matter from the throat.

*Chest.*—*Pain* and *contracted* feeling, especially through the centre of the left lung, sternal edge; *equable oppression,* as though the chest was strapped; o*asthmatic oppression* in the larger bronchi; *aching, pressed* feeling of the dorsal vertebræ; *heated, burning* feeling, as from breathing hot steam or air; respiration quickened; *excessive soreness* and TENDERNESS of the lungs, compelling a suspension of the drug. On the second day after the suspension, wheezing, asthmatic respiration; o cough somewhat oppressed; expectoration muco-purulent—free in the morning, sticky and scanty during the day; deep, exhausting cough, with asthmatic expansion of the lungs; hooping cough; o cough deep and painful; excessive *tenderness* all over lungs; feeling as though the air-cells were stuck together; inability to completely expand the lungs; can hear the cells open as the lungs expand. *Crepitant ronchus; tired feeling* in the lungs, rendering it almost an exertion to breathe; *stitching* and *aching* in the chest; *aching* pain directly under the clavicle, sometimes extending to sternum; *burning pain* under the left shoulder; *constant aching* between the shoulders; burning in the

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right lung; aching in the anterior portion of the left lung, extending to the posterior; aching close on either side of the dorsal vertebræ; *pain*, as though from a small blade, two inches at the left of the lower portion of the sternum; *shooting*, *aching* pain in the shoulders and hips.

*Stomach.*—No particular desire for food, but eats his usual quantity; inactive condition of the stomach, as though its contractive power was impaired; appetite capricious; tongue thickly covered with a whitish coat, brown in the centre; water tastes brackish and flat; no desire for drinks, except when eating.

*Abdomen.*—Weak, burning, uneasy feeling in the bowels, as of approaching diarrhœa; bowels moved easier than natural, two or three times a day. Tympanitis; slight rumbling in the bowels; looseness of the bowels, appearing most in the large intestines.

*Fever.*—Dry, hot skin, especially in the morning, lasting until the middle of the day.

[I shall hereafter give some cases of the clinical action of the Alianthus, and would recommend a trial of the higher dilutions.]

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## *Toxical Effects of Arsenic.*

We are indebted to Dr. Dorland, of Lagrange, N.-Y., for the following cases of Arsenic-poisoning: "Three persons swallowed Arsenic in coffee. Three hours afterwards, they were taken with intense heat and burning at the epigastrium, followed by vomiting, almost incessant, and very severe, continuing six hours; then recurring by spells, for twenty-four hours. There were also considerable purging, and extreme coldness of the extremities—symptoms nearly identical with those of severe Asiatic cholera. Cramps in the legs and arms very severe; extreme anxiety as to the result, and considerable cerebral excitability. Reaction occurred in about twelve hours, and then, for a week, they suffered very much from severe inflammation of the whole alimentary mucous membrane. The tongue, roof of the mouth, gums, fauces, and throat, became covered with a thick, white, velvety coating, growing drier and darker until the fourteenth day, when it began to loosen and detach itself, in small pieces at first, but soon came off rapidly, and was discharged by the bowels in large quantities, having the fœtor of putrid animal matter. After this sloughing of mucous membrane, the mouth, throat, stomach, and bowels, were very acutely tender for some time. Nothing but the blandest nourishment could be taken. The tongue, during this stage, was fiery red, smooth, and dry, and, as this wore away, they gradually recovered, except one, who was an active man of sixty-five years. With him, just in proportion as the *gastro-enterite* got better, numbness and loss of power in his limbs came on. When these symptoms first appeared, he was able to walk around, or ride any distance. At first, he felt them only in his fingers and toes, but they slowly extended to his knees and wrists, almost depriving him of the use of them. There now remained paralysis of both

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afferent and efferent nerves, equal loss of motion and sensation, circulation good, and the limbs retained their natural warmth and moisture. They remained thus three or four weeks, and then gradually improved. His mind suffered considerably; much affected by trifling things; very easily made to cry or laugh. Both mind and body soon after improved, and he is regaining his health. ALLEY.

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# Miscellaneous Items.

## *To the Readers of the Journal.*

About eight years since, the idea of a quarterly Journal of Homœopathy, which should be an organ and an exponent of the therapeutical doctrines of Hahnemann, originated with the undersigned. The project was submitted to the publisher, Mr. Radde, who, with his usual liberality, at once accepted the responsibility of the publication, and, in conjunction with myself, selected two eminent gentlemen of our school, as co-editors. On presenting our plan to these talented physicians, Drs. Hering and Metcalfe, it met their cordial approval, and right cheerfully did they allow themselves to be enrolled as associate editors.

The first number of the Journal was issued in February, 1851, and it was continued with regularity for a period of two years, when, in consequence of the resignation of Dr. Hering, and the serious ill health of Dr. Metcalfe, it was deemed expedient to suspend the publication until a corps of regular contributors could be secured, and a new staff of editors could be selected.

During these first two years of the existence of the Journal, the editors labored faithfully to establish a periodical which should advance the cause of homœopathy, and to present to the profession an organ through which all facts and observations bearing upon the homœopathic law might be discussed. We believe that the profession generally will sustain us in the assertion, that our two distinguished associates performed their duties ably, and are entitled to the thanks of all friends of our school. We are equally certain that all due credit will be awarded to the enterprising publisher, Wm. Radde, Esq., who so cheerfully took upon himself the risk and responsibility of the enterprise. Personally, we claim nothing, desire nothing, and are quite willing to concede to others all credit which attaches to the Journal, even up to the present moment. We only insist that, at all times, and under all circumstances, we have *endeavored* to sustain the integrity and the universal applicability of "*similia similibus curantur*," in all curable diseases.

With the consent of Mr. Radde, the present editors were selected during the spring of 1855, and entered upon their duties in August of the same year. In the introduction to the first number, we gave a concise exposition of the course which was to be pursued in the management of the Journal and the appendix, to which we beg leave to refer the reader. He will there observe, that the periodical was to be distinctly and unequivocally a *homœopathic* one; and, while the largest liberty was to be permitted in the discussion of questions tending to develop the resources of our therapeutic law, and to elucidate mooted points pertaining to the school, that it was always to be a faithful and earnest exponent and defender of the fundamental principles of our system of medicine.

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Entertaining a firm belief in the universal applicability of the Hahnemannian therapeutic law, in all curable maladies, and believing that a uniform and consistent defence and development of this law are essential to the progress of scientific medicine, and to the welfare of homœopathy, we are unwilling to be longer connected with a Journal which has finally recognized several curative methods. We are not disposed to cavil at the honest opinions of others, or to object to any publicity which may be given to these opinions. Indeed, we are by no means certain that there are not a sufficient number of eclectic physicians, in the different schools of medicine, to require an organ which shall be an exponent of their doctrines. If such be the case, we have no objections to offer, and no comments to make. We only say, let every journal display its true colors, and fight under its own banner, so that the medical reader may judge fairly between the various systems presented to him.

To the readers and contributors of the Journal, we beg to express our cordial acknowledgments, and a sincere wish for their future welfare and happiness.

In retiring from this field of labor, we take occasion to intimate to the profession, that, during the past two years, we have been engaged, as several of our medical friends are aware, upon an elaborate work on the theory and practice of homœopathy. We shall now be able to devote more time to this undertaking; and shall endeavor, in a reasonable period, to present to the homœopathic fraternity a complete treatise upon medicine, from a homœopathic stand-point. MARCY.

## *Our Journal.*

Under this head, two of our learned associates have taken occasion to express, fully and frankly, their own personal views of the practical efficacy of the therapeutic system, of which this Journal purports to be the organ and advocate. Following their example, and especially as we are about to retire from our editorial position, for reasons which this article will disclose, we feel called upon to give our views of the practical working of the homœopathic therapeia, which we conscientiously adopted from conviction of its truth and superiority, and which, for the last twelve years, has proved universally and eminently successful in our hands.

Our learned colleague, Dr. Marcy, in his late remarks under the above caption, has so ably and fully expressed our own views that we do not consider a repetition of them at all becoming or necessary, and we will, therefore, be content with here publicly giving them our hearty approval and sanction. But, in addition to this, we wish here to state what has been our own individual experience in actual practice—leaving all questions, as to the *rationale* of the effects of infinitesimal doses, to those who are more fond of polemical discussions. To have repeated an experiment many times, with the same results, is, for us, sufficient proof that these results are the direct effects of the agent employed in producing them, no matter whether the agent itself is an imponderable dynamic essence or not, and no matter whether or not we are able to give a theory even for its *modus operandi*. Unequivocally, then, we pretend to be a pure Hahnemannian, in theory and in practice; nor do we believe ourselves any more tinged with transcendentalism than those of our brethren whose doses would outweigh ours a million times. We can see no reason why giving the millionth part of a grain is any more rational than administering the decillionth, or even a higher potency, for neither come within the scope of chemical or rational analysis—the one is as incredible and as far transcending the ordinary

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modes of reasoning as the other. Besides, if the advocates of colossal doses are unable to give any rational explanation of the *modus operandi* of drugs, we see no reason why they should expect us to tell more of the action of infinitesimals. We confess we cannot understand this nice distinction between rational and transcendental homœopathy, but look upon it as the veriest nonsense. We recognize no other law, as a guide in the selection of remedial agents, than the law "*similia similibus curantur*," and in all the details of practice we have relied upon it with entire confidence and with perfect success. We have never yet been obliged to use any drug in its crude state, and never have used allopathic or antipathic medication, since we became a homœopath, except in the instances we shall mention. At the same time, we feel as if we had not lost a particle of our common-sense in following the teachings and principles of Hahnemann, as they have been corroborated and extended by his scientific disciples. We have given only one cathartic during the last twelve years, and that a dose of Castor oil, to remove a large quantity of orange-peel, which a young lady had swallowed, and thereby brought on convulsions of a violent character. We, however, stopped the convulsions with Nux-vomica, 3d, and, knowing that the offending matter had passed into the intestines, we gave Castor oil, for its mechanical effect and for fear of a recurrence of the spasms from the same mechanical cause. We have given "McMunn's Elixir of Opium"—which we regard as the purest anodyne—in several cases where organic degeneration entirely precluded the possibility of cure, and where all that was sought or could be expected was relief from pain, which could only be obtained by drugging the nervous centre. We have used Gallic-acid as a chemical remedy, in a few cases of hæmaturia following scarlatina, where we could not find any specific among the homœopathic medicaments, yet proved, that would effect a change in the urine, and in these cases we regarded Gallic-acid as the specific.

These are the only instances that we can remember where we have ever incurred even the suspicion of using allopathic or antipathic remedies, and these, we think it will be conceded, were on purely mechanical or chemical principles, which Hahnemann himself did not disapprove. In the commencement of our homœopathic practice we generally used the lower attenuations, never, however, lower than the first; but the larger experience we have had has shown us a much more successful and scientific course, in the employment of the higher dynamizations; indeed, we unhesitatingly say, that the most effectual, prompt, and decisive cures we have ever witnessed followed the use of the highest dilutions we could procure. We could copy many cases from our records, and authenticate them by the testimony of other physicians, as well as the patients themselves, but our limits forbid. To show the estimation which we put upon the high potencies, we will simply state that we think we have cured, in a very speedy manner, rheumatic opthalmias with Arsenic, 8000; some of the most violent facial neuralgias with Spigelia, 1000, or Veratrum, 600; congestions of the lungs and chronic cases of deafness with Sulphur, 2000; acute meningitis with Aconite, 200, and Belladonna, 800; chronic cases of terrible spasms of the chest with Cuprum, 300; puerperal convulsions with Lachesis, 200. We have seen opacity of the cornea and films, which had long obscured the vision, removed, and old fistulas healed up after the use of Silicia, 2000, and no other remedy on application. We have seen dropsy of the crystalline lens removed, and perfect sight restored, after the use of Arsenic, 8000. And so we might go on, enumerating case after case, being particularly careful not to attribute the cure to the remedy until we had seen the same effect from the same remedy in several instances. We will

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not pretend to say, that had these facts been related to us in the early part of our homœopathic experience, we should have believed them, for we think we are very cautious in the domain of facts, and rather prone to scepticism, but we are very sure it cost considerable effort and many trials before we could be brought to a thorough conviction of the efficacy of such exceedingly infinitesimal doses. Now, what we have repeatedly seen, we cannot help believing. We are as sure of their action, in certain cases, as of any crude drug we ever gave in allopathic practice, and we are in the habit of using them, with the utmost confidence, every day. Indeed, we can say more; namely, that we have never been disappointed in the effects we expected from the highest dilutions, although it is due to candor to add that we have probably been more careful in selecting them, in each case, than we should have been with the lower attenuations of the ordinary routine.

Such having been our experience, both in the New England States and here, in the colder climate of New Brunswick, it is natural that we should think that our professional brethren—who feel obliged to use crude drug medicines in many cases, who openly avow that they cannot practice without them, who find it necessary to use cathartics, and many of the drugs and compounds of the allopathic or antipathic school—either do not study the pathogenesis of remedies closely and carefully enough, that they use too low potencies, and thereby produce aggravations which mislead them, or that they are like drowning men, catching at any chance straw that floats in their way. We see no evidence of candor or liberality in the haphazard selection of remedial agents, from one or another source, according as the fancy may dictate, but rather a culpable negligence, in not minutely examining the provings of all the remedies until the specific one be found. When we read of eminent men in our ranks, using such prescriptions as Ferri-carb.-precip., Labaroque's Solution, Tinct. Ferri-mur, and other compounds, which we used to give, when in allopathic practice, in cases of nursing sore mouth, we can but wonder how we have cured them so many times with Natrum-mur. and Mercurius, in high potencies. When we hear so-called homœopathic physicians of eminence recommend—as a gentle laxative, which they are often obliged to use—Aloes and extract of Nux-vomica, in a silver-coated pill, we do marvellously wonder if our own experience has been so sadly deficient as to enable us to see but one case in twelve years where any cathartic was required! Or if all the cases of recent and chronic constipation, that we have so often successfully treated with high potencies of Opium, Plumbum, Alumina, Nux, &c., were cases peculiar to our own observation. We are very sure we have had hosts of such cases thus cured, and we wonder why it is that we have not been compelled, like some of our brethren, to use the "Comp. Cath. Dragees of the U. S. Pharmacopeia!"

Again, when we hear professed leaders in the homœopathic school say that they find something good in all systems—that they practice exclusively neither allopathically, antipathically, nor homœopathically, we wonder if they ever feel any sort of confidence in any system or any medicine whatsoever, following, as they do, the guidance of their own limited experience. For the experience of a person, thus trying everything, must be exceedingly limited in any one of the many systems they thus employ. To say that a man is an eclectic seems to us very much like saying he is nowhere, or that he is like a ship at sea without a rudder, floating wherever the popular breeze or the prevailing hypothetical current may take him. We never yet have seen an eclectic in medicine, or theology, that had any fixed ideas, or any very solid arguments on which to build his faith and principles. In

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our view, an eclectic resembles a weather-cock, revolving on a pivot upon the highest and smallest point of a spire, changing his position with the breath of every new-fangled theory, while he who is fixed and firm in his principles remains as immutable as the solid foundation upon which the whole structure is based.

By no syllogism could we ever be made to believe that a man may be, at the same time, on both sides of the fence, and that fence as high a partition-wall as stands between homœopathy and allopathy! However, "as a man thinketh so is he." We have no disposition, in these days of marvels, to quarrel with any one for his belief, nor would we be arrogant enough to dispute with any professional brother about any matter of mere opinion; we willingly accord to every man the right to think and act precisely as he likes, provided he is consistent.

Many things have been published in this Journal which we could not sanction or approve, many things which we would have been glad to have repudiated in the strongest terms of condemnation; but we have, in silence, consoled ourselves with the reflection that the homœopathic profession generally were cognizant of the fact that the two editors residing in New-York, or, at least, one of them, necessarily exercises exclusive control over the matter which is sent them for publication, and that we were not responsible for anything beyond our own articles. Willingly would we accord to every man a wide latitude of opinion, in all matters of abstruse science, but we would never permit a difference of opinion to be the occasion of injury to others, and in all our thoughts and deeds we would endeavor "to do unto others as we would have them do unto us."

PRESTON.

## *Blood-letting in Apoplexy.*

Ten years ago, if an old-school physician had presumed to omit venesection, in a case of sanguineous apoplexy, he would have been tabooed by his brethren as a madman, or a homœopathist. The opinion with regard to the necessity of blood-letting in all cases of this malady, had been handed down from the past with other relics of barbarism; and it was looked upon as medical heresy to believe or to trust in any other curative means as a substitute for this.

But homœopathy has finally demonstrated to our opponents, that this Herculean resource is unnecessary for the cure of this malady; that it has often hurried patients to their graves, who might have been saved by simple specific treatment; and, even in old-school practice, that a greater proportion of cases can be cured without blood-letting than with it.

The following extracts, which we translate from the August No. of the *Journal des Connaissances Medicales Pratiques*, will show our readers in what estimation this practice is at present held by eminent French physicians:

"Many times already, in this Journal, we have called the attention of practitioners to the dangers of the routine habit of blood-letting in hæmorrhages and in cerebral congestions. In a clinical lecture, by Professor Trousseau, inserted in the *Gazette des Hôpitaux*, we find the following:

"'As a general rule, M. Trousseau does nothing in cerebral hæmorrhages. He does nothing, because he regards cerebral hæmorrhages as an accomplished fact, and he does not see how a medicine can be useful when there exists a hæmorrhagic principle (tendency) in a corner of the brain. He asks, what can bleedings, purgatives, or cuppings accomplish against the pressure of a foreign body—a clot, on the brain? Blood-letting, they say, has the effect of depleting the sanguineous vessels, and, in depleting them, we also weaken the absorbent vessels, and thus favor the resolution of the effused blood. But ecchymosis of the brain should not be treated differently from ecchymosis of the skin or cellular tissue. But, when a man has received a violent blow upon the head, or when a child has fallen and

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bumped his forehead, we limit our treatment to external applications of salt water, or make light compression, or, better still, do nothing at all. Resolution takes place as well, or better than if we had done something. In place, then, of bleeding an individual for a cerebral hæmorrhage, and of keeping him in bed and dieting him as is customary, M. Trousseau requires him to remain in a sitting posture, gives him something to eat, and abstains from all active medication. Since he has adopted this course, he is convinced that his patients are cured better and more speedily than when he bled, medicated, and kept them in bed.'"

Dr. L. Hamon, of Fresnay, also proscribes blood-letting in apoplexy; but he advocates the employment of alkaline medicines (Ammonia, or Bi-carbonate of Soda) as a substitute. He observes, "It is not uncommon to witness an immediate and incurable resolution supervene upon a blood-letting in these cases. * * I believe it is always well to aid nature with remedies, when they are manifestly beneficial, and entail upon the patient no unpleasant consequences."

Dr. Hamon has employed the alkaline treatment in seven cases of cerebral apoplexy within the past two years. Three of these cases were treated without bleeding, and recovered. The remaining five received the alkaline remedies, but were bled. Of these five, one recovered and four died.

Could these eminent gentlemen be made fully aware of the powerful resources of homœopathy, in maladies of this character—of the unequivocal influence of such specifics as Belladonna, Opium, Arnica, Aconite, &c., in arresting cerebral hæmorrhages, in promoting the absorption of effusions, and in restoring the affected tissues to their normal condition, they would be in possession of resources which would materially enhance their success as practitioners. MARCY.

## *Tabacum in Sick Headache.*

In the violent forms of sick headache, if the symptoms are such as to be covered by Tabacum, it is very sure to cure. Almost every man can recollect, in his boyhood, some of the effects of Tobacco, and especially the deathlike nausea, faintness, vertigo, and headache.

I have lately cured the most severe case I have ever known, by three doses of the second dilution. The patient was a lady, aged thirty; of a lymphatic temperament, always subject to periodical sick-headaches, lasting one or two days, and generally brought on by fatigue or excitement. The present paroxysm was more severe than any she had ever had. The pain was intense and agonizing—at times seeming as if the head would burst, and again as though the brain was being bored out. The patient sought continually to hide her head in the pillow, or to change it to a position that might relieve. Faintness, nausea, and vomiting of all that had been eaten, and painful retching to vomit small quantities of mucus and bile; skin pale and cool, with clammy perspiration, breathing oppressed and labored, countenance sunken and anxious. The doses were given at half-hour intervals, and, after the third one, complete relief was obtained. No paroxysm has since occurred, (two months). ALLEY.

## *An Empirical Remedy for Gall-Stones.*

But few diseases cause more severe pain than the passage through the gall-duct of biliary concretions. In some cases, the gall-bladder is nearly filled with gall-stones, and, in consequence of their frequent passage through the duct, are a source of continual anxiety and suffering to the patient. We attended one lady, from whom more than two hundred stones, of various sizes, passed away within the space of two weeks. Macintosh found two hundred and forty, in the gall-bladder of a subject whose previous history was unknown. Sometimes there is but a single concretion, which nearly fills the bladder.

For the violent spasmodic pains which accompany their passage to the intestines, we have found the following treatment, derived from an empirical source,* eminently efficacious:

* At page 246, of Coe's "Concentrated Organic Medicines," this remedy is alluded to in conjunction with Podopholine.

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As soon as the pains have declared themselves, we give the patient six ounces of tepid Olive-oil, and then prescribe Nux and Aconite, in alternation, every half-hour. We also apply hot water fomentations, and occasionally a warm bath, when the paroxysm is not speedily ameliorated.

The oil possesses the property of softening the concretions, and of relaxing and dilating the duct, in such a manner that great numbers of the stones pass into the bowels and are brought away by stool, with but a trifling amount of pain. When brought in contact with gall-stones, out of the body, Olive-oil completely dissolves them, in a very short period.

We have treated several cases by this method, and have afforded prompt relief in all instances. Unquestionably, it is by far the most successful treatment, in these cases, which is known to the profession.

Our *rationale* is, that the oil operates as a solvent and softener of the biliary concretions, and as a relaxor and dilator of the gall-duct. The result is, that but little suffering is caused by their passage to the intestines, while the oil gently carries them off by the rectum. If the stones are large and numerous, it will occasionally be necessary to repeat the oil several times.

This affords us an example where the consistent homœopathist is justified in employing a chemical and purgative agent to dissolve and to rid the system of foreign substances which nature is struggling to throw off. It is not *disease* which we are to remove, not a *therapeutic* agent we are to administer, in order to restore some inflamed tissue of the organism, but an extraneous, mechanical substance—a stone. If, during the passage of this mechanical body, or after its expulsion, inflammation, congestion, or pain should occur, then our homœopathic remedies are applicable. As we extract from the flesh a splinter with the forceps; or the moat from the eye with the needle, or neutralize an active poison in the stomach with an appropriate chemical antidote, or expel noxious foreign bodies with an emetic or a cathartic, so, in the example under consideration, do we employ a chemical solvent and a gentle laxative. MARCY.

## *Iodine in Headache.*

From noticing the effects produced upon several persons, who had drank freely and steadily, for weeks, of mineral waters containing Iodine, I have lately tried it as a remedy in the form of headache, in which it appeared to be the similimum. The headache produced was not violent, but persistent and annoying; head feels heavy, as though a foreign substance were inside the brain, aggravated by fatigue; oppressive, dull feeling, inclining the head to seek support. Chronic headache; dizziness on active exertion; carelessly loquacious; languid, uneasy, and of fitful humor. In the case of a young man, of lymphatic temperament, full habit, and subject to the symptoms above named, Iodine, 2d, a powder every night, gave permanent relief within a week. He had been in the same condition for about two years, with but little help from other remedies. It is better indicated where the symptoms are connected with disorder of the serous membranes. ALLEY.

## *A Singular Case.*

Mrs. S., aged about forty years, mother of three children, of a plethoric habit, sanguine-bilious temperament, and quite healthy, had been afflicted with great deafness for more than fifteen years. During the month of October last, this lady lost a favorite daughter, and her grief was so great that violent delirium resulted. No sooner had this insanity developed itself, than her hearing became so acute that she could hear distinctly, and repeat a whispered conversation from a distance of more than eighteen feet. She was sent to a neighboring hospital, for three weeks, where her mind became restored; but, simultaneously with this mental restoration, her deafness returned to its former condition. Both her bodily health and her deafness are now as they have been for many years past. MARCY.

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# Proceedings of Societies.

## *Illinois Homœopathic Association.*

This body, comprising the homœopathic medical fraternity of this State, met, in annual session, at the lecture-room of Bell & Sloan's Commercial College, yesterday at two o'clock, P. M.

Owing to a mistake in the announcement calling the session, the day of meeting was given for to-day, instead of yesterday, as fixed in the By-laws. The attendance was, for this reason, lighter, and comprised only our city practitioners, with such others from abroad as could most readily be reached by the correction of the call.

The session, yesterday, was called to order by Dr. Adams, of Springfield, President of the Association, who will preside over the deliberations of the body until his successor is chosen on the last day of the session.

Dr. Ludlam, of this city, read a full and elaborate report, from his Committee on "Endemic and Epidemic Diseases of this State."

The annual address before the Association, will be delivered this evening, in the large lecture-room of Bell & Sloan's Commercial College, Portland Block, corner of Dearborn and Washington-streets, to commence at half-past seven o'clock, by Dr. J. T. Temple, of St. Louis. The speaker occupies a front rank in his profession, and his address will be of a high order of excellence. We learn that the public generally are invited to attend. The Association will adjourn to-morrow, occupying to-day with reports, debates, &c.

Second Day's Proceedings.—The Convention came to order at nine o'clock, A. M. An increased number of members were present, besides several others, new-comers into the ranks in the State. Among those not present in the hall yesterday, we noticed Drs. Green, of Rockford, Burnside, of Belvidere, Van Lien, of Aurora, Bradley, of Quincy, Scofield, of Mercer County, and others.

Dr. Guilbert, Chairman of Committee on Topical Applications, presented an abstract of his report upon that subject. It was then ordered that the subject of a medical college be the order of business at two, P. M.

The Committee on Scientific Subjects, chosen agreeably to Dr. Ludlam's resolution, reported in nomination the following special committees for the ensuing year:

Dr. Adams—Neuralgia; Dr. Shipman—Constipation; Dr. Shirley—Therapeutic Agency of the Mind; Dr. Chase—Uterine Disease; Dr. Guilbert—Chlorosis; Dr. Reed—Insanity; Dr. Bradley—Intermittent Fever; Dr. Shearer—Alternation of Remedies; Dr. Pratt—Dysentery; Dr. R. Ludlam—Puerperal Fever; Dr. Green—Scarlet Fever; Dr. Burnside—Hæmorrhoids; Dr. Scofield—Female Diseases; Dr. S. Seymour Hydrometra.

A lengthy and prolonged discussion followed, upon the special therapeutics of dysentery and of intermittent fever, which was participated in by Drs. Dunn, of Bloomington; Shirley, of Jacksonville; Pratt, of Carroll County; Chase, of Macomb, McDonough County; Green, of Rockford; Adams, of Springfield; Smith, of Waukegan, and Seymour and Ludlam, of Chicago. A large number of new members joined the Association.

On motion, it was resolved, that when this Association adjourn, it shall be to meet at Jacksonville, on the first Wednesday of November next, and Drs. Shirley and Reed were chosen a Committee of Arrangements for the same. On motion, adjourned to two, P. M.

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Afternoon Session.—Convention met, pursuant to adjournment, at two o'clock, P. M. The subject of Medical Colleges being the special order of the hour, it was definitely brought before the meeting by the reading of a resolution, passed by the Association last year, calling the attention of the profession to the need of another homœopathic college in the West. The profession of this city being called upon for their views of the prospects for a college here, Drs. Small, Cooke, Smith, and Ludlam responded, representing the undertaking as, in their view, somewhat premature at this time. Drs. Pratt, Shirley, Guilbert, and others, followed, and the matter was fully discussed.

Dr. J. T. Temple, of St. Louis, by request, gave a detailed history of operations, with a view to a college in St. Louis, already in a more forward state than anything which could be presented by the Chicago homœopathists. A very pleasing sentiment of unanimity prevailed, and resolutions were finally passed, recommending the St. Louis fraternity to the profession in their good work, and bidding them God speed in an undertaking at once so responsible and important. Other accessions were made to the membership.

The following officers were chosen for the next year: Dr. L. Pratt, Carroll Co., President; R. Ludlam, Chicago, 1st Vice-President; Chas. Davis, Henry, 2d do.; J. Green, Rockford, 3d do.; E. A. Guilbert, Dubuque, Recording Secretary and Treasurer; McCann Dunn, Bloomington, Corresponding Secretary.

Board of Censors.—Dr. Shipman, Chairman; Drs. R. E. M. Adams, J. Metrose, M. M. L. Reed and M. J. Chase. These were elected.

Dr. J. T. Temple, of St. Louis, was voted an honorary member. Dr. Burnham, of this city, detailed a case of chronic diabetes, interesting to the members, as the patient was permitted for himself to recite his experiences at the hands of the profession.

On motion, adjourned to next regular meeting.—*Chicago Daily Press and Tribune*, of Dec. 2 and 3.

## *Homœopathic Medical Society of Chester County, Pa.*

The homœopathic physicians of Chester Co., ten in all, met at West Chester, on the 5th of September, to form a County Medical Society. The cause of homœopathy here has long felt the need of an organization of this kind; its steady and rapid progress in our midst, demands a development of all its resources. We adopted a constitution, under which the following officers were elected for the ensuing year: President—Dr. Henry Duffield, of New-London; Vice-President—Dr. J. D. Johnston, of Kennet Square; Recording and Corresponding Secretary—Dr. J. E. Jones, of West Chester; Treasurer—Dr. J. B. Wood, of West Chester. It promises to be a Society of much interest. Jos. E. Jones, M.D., Sec'y.

Oct. 9th, 1858.

## *Wisconsin Medical Association.*

A meeting of the homœopathic physicians of the State of Wisconsin was held in Milwaukie, on the 16th day of June, 1858, for the purpose of organizing a State Medical Institution, and, through it, some efficient means to foster and encourage scientific medicine throughout the State. A Constitution and code of By-laws were adopted, and the following officers chosen for the ensuing year:

L. M. Tracy, M.D., President; J. S. Douglass, M.D., Vice-President; T. J. Patchin, M.D., Cor. Secretary; Geo. W. Betteley, M.D., Rec. Secretary; D. T. Brown, M.D., A. W. Gray, M.D., G. W. Perrine, M.D., S. B. Thayer, M.D., W. M. Williamson, M.D., Censors; P. B. Hoyt, M. D., J. S. Douglass, M.D., D. T. Brown, M.D., G. W. Perrine, M.D., W. M. Williamson, M.D., Bureau.

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The following is the Preamble to the Constitution and By-laws of the Homœopathic Medical Association of the State of Wisconsin:

*Whereas*, The undersigned, homœopathic physicians of the State of Wisconsin, firmly believe—

*First.* In the universality of the therapeutic law "*Similia Similibus Curantur.*"

*Second.* In the superior efficiency and safety of pure homœopathic practice, in contradistinction to every other system or combination of systems.

*Third.* In the great therapeutic power and value of those preparations denominated potentized medicines.

*And whereas*, The American Institute "recommends the formation of local societies on the basis of the Institute;" therefore, we deem it expedient to form an Association, and do adopt the following Constitution and By-laws.

[The usual Constitution and By-laws were framed and adopted, and everything pertaining to the Association passed off harmoniously. It is gratifying to witness the increasing interest in these local societies, for they are eminently calculated to subserve the interests of the school. Let the members of this Association always abide by the first three propositions of their preamble and they will serve the cause of scientific medicine and of humanity.] MARCY.

## *Western Homœopathic College.*

It gives us unfeigned pleasure to learn, from the following extract of a letter from Dr. Guilbert, that the Homœopathic College, at Cleveland, is in so prosperous a condition. We have always believed that the energy, talents, and public spirit of our brethren in the Great West would eventually secure for our school one or more flourishing institutions, which would render us independent of our opponents. God speed you, gentlemen, in your noble labors. MARCY.

"It may please you to learn that I have received advices from my friend and colleague, Professor Brainard, Registrar, Cleveland, to the effect, that our next class bids fair to number about one hundred *bona fide* pupils. He has been in correspondence with very nearly that number, all of whom have expressed their determination to be in attendance. Our pride is to see 'who best can work and best agree,' and the present faculty of the Western Homœopathic College will honestly abide by that motto, and will quarrel with none of their sister schools. We mean to do our duty well and fully to our students and the cause, and we bid other homœopathic schools God speed in the same great and glorious undertaking.

EDWARD A. GUILBERT."

## *Proceedings of the Homœopathic Medical Society of the State of Connecticut.*

The Eighth Annual Meeting of this Society was held at the Meriden House, West Meriden, on Tuesday, the 16th day of November, 1858.

Dr. L. H. Horton, of Bridgeport, Vice-President, took the chair, and called the meeting to order at 11 o'clock.

The minutes of the semi-annual meeting were read and approved.

Dr. A. W. Brown, of Mystic Bridge, was present, and elected a member of the Society.

The Treasurer, Dr. P. C. Skiff, made his annual report, which was accepted.

The report of committees being called for, Dr. G. S. Browne, of Hartford, Committee on Diseases of the Urinary and Genital Organs, was not present, and, on on motion of Dr. Dennison, was discharged.

Dr. W. E. Bulkley, of Danbury, Committee on Sick Headache, being absent, and offering no report or excuse, was, on motion of Dr. Dennison, discharged.

On motion, the Society took a recess until half-past one o'clock.

The Society re-assembled at half-past one o'clock, Dr. Norton in the chair.

Dr. W. W. Rodman, of Waterbury, offered the following resolution, which was adopted, viz.:

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*Resolved*, That in these meetings we will endeavor to confine our discussions to a single topic, which shall, in each case, be agreed upon at the previous meeting, and towards the elucidation of which each member shall be expected to contribute something.

On motion of Dr. P. C. Skiff, a committee of three were appointed, by the President, to select a subject for discussion at our next meeting. The following gentlemen were appointed that committee, viz.: Dr. W. W. Rodman, Dr. J. T. Dennison, and Dr. G. H Wilson.

Dr. A. W. Brown, of Mystic Bridge, reported two cases where Amalgam had been used for filling teeth, producing all the symptoms of a mercurial disease, and which resisted all treatment until discovered and removed, after which the patients made rapid recoveries.

Dr. Wilson, of Meriden, reported another case of the same kind.

Dr. C. H. Skiff, of New-Haven, reported a case of polypus of the uterus, removed in twenty-six days, by administering Calc-carb. 30, a powder every alternate night.

Dr. Wilson, of Meriden, presented before the Society the stomach of a man, who had suffered severely, for about seventeen years, with acid vomiting, &c., and the post-mortem revealed extensive dilatation of the stomach, with obstruction of the pylorus, and those peculiar parasitic formations termed sarcinæ ventriculi.

The Committee appointed to select a subject for discussion at the next meeting, presented Phthisis Pulmonalis, which was accepted by the Society.

Dr. P. C. Skiff reported six cases of nocturnal enuresis, speedily cured with Tinct. Bell., five drops to half an ounce of water; dose, one drop night and morning.

Dr. Stone offered the following resolution, which was laid over to the next meeting, viz.:

*Resolved*, That Article 5, of the By-laws, be so amended as to read: "And a semi-annual meeting shall be held on the third Tuesday in May, in each year, at such place as shall be agreed upon at any stated meeting."

The election of officers being in order, the following gentlemen were elected officers of the Society for the ensuing year, viz.: President—L. H. Norton, M.D., Bridgeport; Vice-President—W. C. Bell. M.D., Middletown; Treasurer—P. C. Skiff, M.D., New-Haven; Secretary—H. E. Stone, M.D., Fair Haven.

On motion, the Society adjourned, to meet in the city of Hartford, on the third Tuesday in May, 1859. H. E Stone, Secretary.

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## *Valedictory Address, delivered at the Tenth Annual Commencement of the Homœopathic Medical College of Pennsylvania*, 1858, by Wm. A. Reed, M.D., Prof. of Physiology.

This address is one of the best, for the occasion, we have ever perused. Free from the "hum-drum' and common-place sayings, too often delivered at college commencements, and yet full of good feeling, it is at once strong, fresh, and fruitful of good to all who heard, or may read it.

The author is among those who have come into our ranks from the halls of *science* and *literature*, bringing talents and education such as to strengthen and beautify our therapeutic temple. The chair he occupies, important in any school, is doubly so in the homœopathic; inasmuch as physiology furnishes us with a basis and standard whereupon and whereby we may build up a system of truly scientific therapeutics.

The laws of physiology, rightly understood and appreciated by medical men, would put aside the murderous drugging hitherto so orthodox. Every discovery in the domain of this branch, only tends to confirm our law of cure, and to elevate our art. We rejoice, then, that physiology is so distinctly and ably represented in our oldest college. D.

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## *Meeting of the American Provers' Union, held Sept. 9th, 1858.*

Dr. C. Niedhard, President, in the chair. After the ordinary business of the meeting had been transacted, Dr. Neidhard addressed those present, as follows:

GENTLEMEN—Permit me to call your attention to the death of one of our members, Dr. William Wesselhœft, of Boston, Mass. Having been on terms of intimacy with Dr. Wesselhœft from my boyhood, I consider it a duty incumbent on me to preface the resolutions about to be offered with a few words concerning his life and character. As what I have to say is entirely from memory, there may be a few inaccuracies, which I think, however, will not be found important

Dr. Wesselhœft received his medical education in Germany, at the University of Jena, where he graduated. Owing to his connection with the political movements of the times, he was, at an early date, compelled to take up his residence in Basle, Switzerland, where he received the appointment of Demonstrator of Anatomy, and Adjunct to the Professor of Anatomy. He made diseases of the eyes his speciality, and was much distinguished as an oculist. It was in Basle that, as a boy, I first made his acquaintance, which soon ripened into a friendship that lasted to the end of his life.

Subsequently he emigrated to the United States, settling in the interior of Pennsylvania, in different localities, in all of which he practiced his profession with success. Even then his practice differed materially from the routine practice of the common allopathic physicians. While practicing medicine in Bath, Northampton Co., Pa., he first became acquainted with homœopathy, through his father in Germany. This was in the year 1830. With the exception of Drs. Gray and Gram, in New-York, there were then no other homœopathic physicians in the United States.

He embraced the new science with his usual ardor, and studied it with that perseverance and energy characteristic of him. It was with some difficulty that he introduced the practice among his Pennsylvania patients, but his great success, in many cases treated by the new method, not only gained him many followers, but also disciples, among the physicians of the neighborhood, many of whom were converted by him Few homœopathic physicians in the United States had more students than Dr. Wesselhœft.

At a somewhat later period, the writer of this sketch owed his first instruction in homœopathy to him. In the year 1835, we find Dr. Wesselhœft a professor at the first homœopathic college in the United States, Allentown, teaching midwifery and surgery. All his disciples, at that time, bear witness to the faithfulness and practical tendency of his instruction.

After the closure of the Homœopathic College, at Allentown, Dr. Wesselhœft removed to Boston, where, for the last twenty years, he has occupied the first rank as a homœopathic physician, enjoying the confidence of a most extensive circle of patients.

Dr. Wesselhœft was not what is called a brilliant physician, nor was he known as an author; he was, also, one of the few provers who never can get any symptoms, however faithfully they try remedies on themselves, but a more devoted and conscientious practitioner than Wesselhœft, there was none.

As a friend, he was always ready to assist, to the utmost limits of his ability. His early demise, at the age of sixty-six, with his otherwise healthy and elastic frame, was probably owing to his unwearied devotion to his profession, and in this he labored more for others than for himself.

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NORTH AMERICAN

# HOMŒOPATHIC JOURNAL.

MAY, 1859.

## Original and Translated Papers.

ARTICLE XXXIII.—*On Digitaline.* By Dr. BÄHR. (From the "Hom. Klinik," Vol. VI.) Translated by H. L. H. HOFFENDAHL, M.D., of Boston.

The use of the alkaloids has been frequently referred to in this Journal, and, as far as my knowledge goes, generally in an unfavorable manner. I have no intention of entering into a discussion upon the value of these agents, because, as yet, the time has not arrived for discussing this subject. At the present time, even the precise normal method of preparing these medicaments has not been determined. To the small collection of therapeutic effects from the use of alkaloids, which are contained in our journals, I propose to add a few clinical observations concerning a remedy which has been much neglected by homœopathists, although it is one of the most heroic agents of our materia medica. It is inconceivable why so little attention has been paid to *Digitalis*. The most important symptoms have been taken from other writers, and, as I shall show in another place, they are often cited incorrectly. Our literature contains few cures with *Digitalis*. A proper repetition of the provings of



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this remedy, although it is very necessary, has never been instituted. Yet it is more important to improve and complete those provings which Hahnemann was compelled to leave imperfect, than to confirm the results of his more complete experiments.

The tincture of *Digitalis* was not used in my practice, for the following reasons: It is doubtful whether the tincture, or even the leaves in substance, are always equally powerful. In the cases to be reported, it was necessary that the effect of the remedy should be speedily manifested, and that, therefore, comparatively large doses should be used. It was hence advisable to use a preparation, the action of a determinate dose of which could be relied upon. Moreover, I had been struck with the favorable results from *Digitaline*, reported by French physicians, and I was the more disposed to put confidence in their recommendations, because they administered the remedy unmixed with other drugs.

The *Digitaline* which I used, was obtained from Trommsdorf, in Erfurt, and the triturations were made according to the decimal scale.

Case 1.—*Hypertrophy, with dilatation of the right ventricle, with insufficiency of the bicuspid valve.*—A woman, sixty-two years of age, of small stature, but well built, had been able to pursue her regular occupations until April, 1856, when I was called to attend her. From her history, it appeared that she had passed through several difficult labors, with much loss of blood, and slow recovery. Her last labor occurred twenty-five years ago. Blood had been taken from her frequently, but not of late years. The origin of the present disease could not be ascertained with any certainty; it increased very gradually, and had not been noticed at its beginning.

At present, the patient complains of frequent attacks of dyspnœa, which she calls "her spasms." These attacks were liable to occur at any time, but were most frequent and violent at night; they were accompanied by a feeling of great oppression, sometimes causing the patient to utter loud cries. The windows had to be opened, and the patient could not sit still or lie down. There was some cough and difficult expectoration, which were facilitated by warm drinks. The digestion was normal, and the appetite good. The urination seemed to be insufficient, and was

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accompanied by pain in the urethra. Her face had a bluish-red color; the lips and conjunctiva were pale blue; the lips had a trembling motion during conversation. The speech was somewhat hasty, with a high and almost screeching tone, yet weak and not full; a peculiarity which I have often observed in cases of heart-disease. The eyes were dim; the face somewhat œdematous, as were also the legs, to a moderate extent.

Physical examination revealed a slight pulmonary catarrh. The heart was enlarged, and its beat shook the thoracic parietes considerably, so that it could be seen and felt. The first sound of the heart was sharply accentuated and strong; a weak *souffle* was heard in place of the second sound. The jugular veins pulsated with some force. The pulse was over 100, small, and little resistent, but irregular, as regards rapidity and force. The urine contained no albumen.

As may well be conceived, the prognosis was considered unfavorable. My principal duty was to apply sufficient palliatives. *Arsenic* was the first remedy used; and I gave it in large and small doses, at rare and frequent intervals, without any effect. *China*, *Digitalis*, and *Spigelia*, were given with the same want of result. In a few weeks, the patient became so weak as to be unable to rise. The dropsy made an immense progress, and became general. The attacks of dyspnœa occurred in rapid succession, and were almost insupportable. The patient had scarcely any sleep. To give a few moments of rest to the poor old lady, whose end appeared to be approaching, I prescribed *Morphine*. At first, this remedy answered its purpose, but in a few days its effect was uncertain; the patient sometimes obtaining some sleep after a small dose, and sometimes becoming very restless after a large one. In this extremity, I finally prescribed *Digitaline*—five grains of the second trituration were divided into four doses, and one powder, divided into two parts, was taken daily. The result was astonishing. The nights gradually became quieter; the urinary secretion, which had been nearly suppressed, returned to a normal quantity. The attacks of dyspnœa were less violent and frequent, the pulse diminished somewhat in frequency, and became more regular. Within one week, the improvement was greater than I would have considered possible.

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As a radical cure was impossible, this successful result was not of long duration. The old troubles recurred, with rapidly increasing violence. For a long time the use of *Digitaline* was abstained from, because I waited for a period of extreme urgency; and, in the meantime, the effects of all remedies that were apparently indicated, such as *Lycopod.*, *Cannabis*, *Arsenic*, *China*, were given without effect. *Digitaline*, when it was again given, had the same favorable effect as before.

Thus the whole summer and autumn passed. The different exacerbations recurred, at first, in intervals of about two weeks, while, in the fall, there were comparatively comfortable intervals of six weeks. It needs scarcely to be remarked that during this time her general strength gradually diminished. The patient was evidently approaching her end, but in a manner which was at least supportable to herself and her friends. Even at this time, the *Digitaline* still exerted its palliative effects; yet the dropsy did not diminish as much as formerly, although both legs were ulcerated, as far as the calves, and gave free issue to the serum. This condition, as well as the excessive pain in the excoriated surfaces, soon deprived the patient of her remaining strength. The last attack of dyspnœa was scarcely over, when a collapse suddenly set in, followed by decubitus, while the symptoms of heart-disease became less prominent. Death took place so slowly, that it was momentarily expected for ten days before it occurred, in the beginning of December. This unusual prolongation of life excited great astonishment in a colleague, who saw the patient for me in the spring, at Whitsuntide, and who thought that she could not live more than one or two weeks.

Case 2.—*Dilatation of the right ventricle, with insufficiency of the bicuspid and tricuspid valves.*—This case occurred in a woman whom I only saw three times, in the three and a half years during which I treated her. The treatment was carried on, for the most part, by the aid of her pastor, a very intelligent man, who was capable of making very reliable reports of the patient's condition. The patient, living at a distance of about fifty miles from my residence, came to me for the first time in July, 1853. The following is a report of the examination made at that time:

The patient is forty-one years of age. Five years ago, she

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married for the second time. During her first marriage, she gave birth to one child, without any difficulty or subsequent evil consequences. Her second marriage has been childless. For some years past, menstruation had been irregular; after being normal at one or two periods, it would suddenly become very profuse, lasting for several weeks, and then again followed by normal menstruation. The last discharge had been more violent than at any previous time, but it had entirely ceased at the time of the patient's visit. The patient complained of headache in the frontal region, flickering before the eyes, almost total loss of appetite, bad taste in the mouth, and great thirst; her urine and stools were natural. The patient was so weak that she could scarcely walk, although she was not much emaciated. She was much depressed in spirits, complained little of real pain, but of great dyspnœa, which prevented her from walking, and did not allow her to rest in bed.

The following objective symptoms were observed: The face was of a pale yellowish hue, somewhat swollen, as if œdematous. The visible mucous membranes, even that of the tongue, were of a pale-blue color. The eyes were dim. The patient appeared indolent and prostrated in her demeanor. The jugular veins pulsated powerfully. The speech was weak, often interrupted, and soon followed by evident exhaustion. There was slight ascites, and a greater degree of œdema of the legs. The vaginal portion of the womb was swollen, but soft; the mouth of the womb dilated, so that the point of the finger could be introduced a short distance. No hypertrophy of the womb could be detected. The liver was somewhat enlarged. No abnormity in the lungs. The pulsation of the heart was plainly visible, and communicated a decided shock to the thoracic walls. The first sound of the heart was very strong, the second sound replaced by a loud *souffle*, which is most perceptible at the apex of the heart.

This is the extent of the notes taken at the first visit. I pass over the events of the next two years with but few words; because we are at present interested particularly in the effects of *Digitaline*. *China* and *Arsenic* were the remedies which counteracted the effects of the frequent hæmorrhages, so that the patient was occasionally enabled to superintend her large house-

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hold, for a few weeks at a time. The hæmorrhage itself was not influenced to any great extent by the remedies, because my assistance was never sought for, except when the bleeding existed in full force, or when it had already ceased. When there was any improvement, the patient quickly forgot to take her medicine. All my expostulations had but little effect upon this indolence and indifference, which is peculiar to our peasants, and I was unable to effect any decided improvement of the principal difficulty.

After a long silence, I received notice, in July, 1855, that the old trouble had returned, with more violence than ever. In accordance with the written account, *Kreosote*, *Arsenic*, and *China* were prescribed, but without any effect. The patient's condition grew worse so rapidly that I was obliged to undertake the long journey to her residence, in order to make a personal examination.

The patient was in such a miserable condition, that at first sight, and even after more close observation, I did not believe she could live a week. The hæmorrhage had continued from the beginning of June to the middle of July, and had been more violent than ever. I saw the patient on August 7th. The following symptoms are reported, *in extenso*, as they give a good idea of the remarkable effects of *Digitaline*.

The patient can only rest in a sitting posture. The face bears an expression of extreme suffering and anxiety, and has a waxy, yellowish hue. The respiration is very difficult and hasty. The speech is almost inaudible, and but few words can be uttered in succession. The pulse is very quick, and almost imperceptible. The patient is extremely prostrated, and feels very cold, in spite of the heat of the weather and the warm bed-clothes. There is total want of appetite, and great desire for cold water. The quantity of urine is rather deficient. The dejections had been normal, but a few days ago a watery diarrhœa set in. The patient complains of great, indescribable pains all over the body; continued restlessness, fear of death, and almost total want of sleep. The whole body is œdematous, to a high degree, with ascites and immense swelling of the labia, so that the urine can scarcely be voided. Physical examination revealed the following symptoms, besides those previously mentioned: Very vio-

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lent pulsation of the jugular veins; loud venous murmur. The motion of the heart is more like a tumultuous agitation than a regular pulsation. Both sounds of the heart are inaudible, and are replaced by a double *soufflé*.

It may be confessed, that I was inclined to consider all medication useless in so extreme a case. In a sort of desperation, I was induced to prescribe *Digitaline*, with the effects of which I had hitherto only been acquainted through literature. My first prescription was one grain of the second trituration, *pro die*, and, in ten days, one and one-fourth grains in the same way. On hearing that the patient was rather better, I prescribed the last eight powders, and, receiving no further intelligence, concluded that she was dead.

Unexpectedly, the husband appeared, one day, late in November, as I supposed to announce his wife's death and settle his account. I was agreeably surprised, when, after some conversation, he delivered his wife's compliments and best thanks, for having relieved her so rapidly that she had superintended her household for the last three months.

The old trouble appeared once more, in February, 1856. The hæmorrhage was very violent, and again combined with diarrhœa. Eight doses of *Digitaline*, as above, were again given with good effect, but the improvement only lasted until the end of April. At that time, the woman's sufferings suddenly increased with such violence that, in spite of her implicit confidence in my powders, she sent for the nearest physician for speedy relief. But the expected relief did not make its appearance; the new attendant was quickly discharged, and, on May 10th, the husband again came to me. It is worthy of notice, that this exacerbation was not preceded by hæmorrhage; otherwise the same appearances were present as the preceding autumn, only they were, if possible, more threatening. *Digitaline* was again prescribed, one and one-fourth grains daily, divided into two doses. After the eighth dose, the patient was so much improved that I could discontinue the remedy, and prescribed *Nux-vom.*, for some disorder of the digestive canal.

Since that time I received no direct intelligence from these people, but a friend and neighbor of theirs informed me recently, (December, 1856,) that, since this last attack, the patient

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had been stronger and heartier than for years before, and had been actively engaged in her household duties all the summer and fall.

The question is, what was the cause of this heart-disease? All the signs of a decided uterine disease were present, but circumstances did not allow me to arrive at a certain diagnosis with the aid of repeated examinations. Manual exploration revealed no abnormity, except the condition of the os uteri. Carcinomatous disease would have caused pain, and would scarcely have given rise to an alternation between periodical hæmorrhages and normal menstruation. One thing remains certain, that the disease of the heart was a consequence of the large losses of blood. It is to be regretted that this imperfection in the diagnosis makes the second case less instructive. But it shows sufficiently the wonderful effects of *Digitaline.* I shall make it a point to report hereafter upon the duration of the improvement in this last case. It would be an interesting fact, if the hæmorrhage should not return, because *Digitalis* has been frequently recommended in diseases of this nature.

I have also given the *Digitaline*, several times, in various other diseases, but generally without any decided favorable result. The remedy was twice administered, in smaller doses, to two young girls with tubercular disease—the affection of the chest following well-marked chlorosis, and the heart being much affected. There was no improvement.

The remedy had a lasting favorable effect in only one other case of cardiac disease. This was the case of a woman of thirty-five, mother of six children, who, ten years ago, had been declared phthisical by her physician, and treated accordingly. After sudden violent motion, especially of the arms, she was seized by a fluttering of the heart, as if it were moved from its place. At the same time, the pulsation was either intermittent, or very violent and irregular. The patient was also seized by a feeling of great anxiety and faintness, without loss of consciousness. No abnormity could be discovered about the heart. The pulse is generally 100, and easily becomes irregular from the least excitement; but the sounds of the heart are perfectly clear, and the impulse can scarcely be felt. After several other remedies, *Digitaline* was given, one grain of the second tritu-

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ration every second evening. Since that time, the attack, which generally lasted five or ten minutes, has not returned, and the patient has now enjoyed seven months of relief.

A slight apology may be necessary for recommending a remedy which has not yet been proved.

In the first place, *Digitaline* is not an entirely unknown remedy. The writers through whom I became acquainted with it have made many useful experiments. It is true that they experimented mostly upon the sick and upon animals, but they used the drug pure and unmixed. They, therefore, deserve more confidence than I am in the habit of giving to the therapeutic contributions, particularly of the French. The existing material does not contain a sufficient physiological proving, such as is needed by *Digitaline* and most of the other alkaloids. Still, many indications are afforded, which will assist us in avoiding gross errors. May the time soon arrive when we homœopathists shall unite in an earnest study of these preparations, the first steps for which have already been taken by other physicians. In this manner, the question could finally be decided, as to the amount of similarity between the effects of the crude drugs and their alkaloids.

The size of the doses I administered will also, without doubt, meet with the disapprobation of many. Upon this point, I would make the following remarks:

1. In testing the therapeutic experiments of others, it is absolutely necessary to adhere closely to the processes of the original experimenters. This is, in fact, the principal demand which homœopathy has always made of its opponents.

2. When it is evident that the remedies existing in our materia medica do not suffice, then it is our duty to seek for others that may supply the deficiency. This is particularly the case when there is evident danger of life.

3. In my view, that dose of a remedy is the proper one, in a concrete case, which helps the patient.

4. But, if any colleague can specify a purely homœopathic remedy, which will act just as rapidly and satisfactorily as *Digitaline*, in such cases as have just been described, then I am prepared never again to use Digitaline, but to adhere to the prescription which is offered me.

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5. That *Digitaline* was applied by me according to the law of similarity, will be shown in another place.

In conclusion, I shall describe, in a few paragraphs, the peculiarities of the action of *Digitaline* upon the sick.

1. The action of the remedy is not manifested rapidly, nor at once in full force. In the cases I observed, the effects did not appear before the thirtieth or forty-eighth hour. I was, of course, only able to make personal observations in the first case, but the most careful inquiry showed that the result was the same in the second case.

2. The action of the heart, as observed in the first case, was not much retarded, the pulsation sinking from 110 to 100, or 90. But the quality of the cardiac and arterial pulse was altered. The beat of the heart became quieter, and communicated less of a shock; the arterial pulse, from being small, little resistent, and irregular, became full and soft, and particularly more regular.

3. These changes were constantly accompanied by slower and more easy respiration.

4. The urinary secretion always increased more or less, so as to be noticed by the patient. This increase occurred only when the general effect of the remedy had commenced some time before, generally not before the fourth day. But the urine was never passed in large quantities, and, at the same time, the quantity of effused serum was diminished, not rapidly, but very gradually. Peculiar physical qualities were not observed in the urine, and it was not submitted to chemical tests.

5. In all cases, the dose of the remedy was borne well. I examined closely, and noticed only one occurrence, in the first case, which could be ascribed to the medicament. This was vomiting, which took place four times on one day, and did not recur. It occurred with great facility, without preceding nausea, and nothing but food was ejected. Diarrhœa never set in after the remedy, but ceased as in Case 2.

6. The largest dose, *pro die*, was one and one-half grains, of the second trituration. The largest dose given by Hervieux, (two or three milligrammes, *pro die*,) was never administered by me, and was never necessary. One and one-half grains of the second trituration, are equal to about one-seventieth of a grain of *Digitaline*, or six-sevenths of a milligramme. Experiment-

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ally, I gave the third and fourth triturations, but without any result. The dose of one grain of the second trituration, was the smallest from which I witnessed any effect.

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ARTICLE XXXIV.—*A Few Practical Observations on Infantile Dysentery, and its Homœopathic Treatment.* By R. LUDLAM, M.D., of Chicago, Ill. Read before the Chicago Homœopathic Medical Society.

Perhaps the idea is not altogether erroneous which accords to certain practitioners a preëminent success in the management of the diseases peculiar to infancy and childhood. Indeed, it is a question with many, whether it be less true of therapeutics than of pathology that, both as a science and as an art, it can best be cultivated by making certain branches thereof to become a *speciality*. However this may be, and without preferring any especial claim to be heard, we are led to offer the following reflections upon the subject of Infantile Dysentery:

Infantile dysentery is a serious and troublesome malady. There are several reasons for this, some of which are not ordinarily narrated by our writers upon the practice of medicine; among them we remark:

*a. The peculiar susceptibility of the subject to extensive and serious alimentary disorders, which, superadded to such as affect more particularly the large intestines, may sap nutrition and induce fatality, through a lack of proper alimentation.*

The most obvious causes of extensive enteric complication appear to consist, more frequently, in whatever may have originated the acrid discharges which introduce the attack. These being the sequents of a primary disorder, prove initiative to one that is secondary. If, for example, during dentition, or from any other of the various sources of irritation, especially incident to this period of life, the excretions of the primæ viæ become disordered, we have a common and a most direct agency at work to involve some considerable portion of the tube in the diseased action. The mucous surfaces are contiguous, the canal an undivided one, naturally, while its sympathies and susceptibilities to the action of irritants are much greater in a child than in an adult, and in an infant than in the child of a very few years.

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The extent of surface implicated by the disease will, if great, subtract materially from the chances of recovery. The physician will recognize the most substantial physiological reasons for apprehension in a deranged nutrition, whereby the functional assimilation and repair of the tissues, so essential to life, are impaired or broken up. Hence the emaciation, which does not originate in the severity of the suffering or the frequency of the stools; and hence, too, the principal reason why cerebral difficulties are apt to supervene when the nervous system and centres have become so disordered that they can no longer withstand the trial, and are forced to succumb.

*b. The difficulty, in an infant, of diagnosing the exact nature, the seat, and severity, or the extent of the local inflammation.*

With the adult patient, here is frequently presented a knotty problem for the physician to solve; but, with the infant subject, the case is even more complicated. The majority of symptoms, indicating the diseases of infancy, are of the *negative* order; this has the effect to complicate not only our diagnosis, but likewise our therapeutics also. Obscure the one, and the other becomes practically less positive; write the former in hieroglyphics, and the latter will need a careful interpreter, not to misjudge the revelation. We must first read, if we would relieve symptoms. Other systems may jump at conclusions, or act upon theoretical indications merely, but ours may not. The symptoms supposed to demand an astringent, are much easier separated from those requiring a tonic or an emetic, than are those indicating the homœopathicity of Arsenicum, in preference to Veratrum, or Chamomilla, before Colocynth. The veriest ignoramus may prescribe a dose of Paregoric, to "check" a diarrhœa; but it is not always so easy a matter to identify the phenomena which signify the negative picture of a positive remedy. The little details, requisite to a likeness which shall be perfect in every lineament, may be wanting, while only the most careful observation and experience will qualify us for their recognition. We should be as familiar with the framework, so to speak, of these infirmities, as was Morton with the naked characteristics of his craniæ, which, with him, were a sufficient index to the race, country, habits of life, &c., of their once rightful owners.

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We may briefly sum up the diagnosis of infantile dysentery, as separated from enteritis, proper or complicated. Simple dysentery, in an infant, is characterized by tormina, which runs to, and is relieved by stool; by tenesmus, less distinct, however, than in adult cases, but usually exhibiting some appreciable intermission, accompanying or following the discharge; by dejections, which are frequent and varied in character—being, at first, fæcal and diarrhœic, then smaller in quantity, and changed to a whitish or transparent mucus, mucus mixed with blood, pure blood alone, or blood with slime, shreds of membrane, scybala, &c. The odor of the evacuations is, at first, sour, acrid, or perhaps feculent, but subsequently changes into what is quite characteristic and peculiar. The tormina is less distinct, and the tenesmus more constant and annoying than in adult attacks. The little patient will frequently strain and suffer severely, without being able to evacuate anything more than a teaspoonful or so of bloody mucus.

If the stomach and the small intestines are implicated, we shall have repeated vomitings; loss of appetite, or greedy nursing, to quench an excessive thirst; an introductory diarrhœa, which is liable to occasional outbreaks; extreme heat in the bowels and abdomen; tympanitis and moaning, with occasional shrieks, as in peritonitis or pleurisy; emaciation and debility, with an excess of fever, which we may not witness in a local inflammation, involving the mucous surfaces of the colon and rectum alone.

*c. The inability of the little sufferer to comprehend the necessity of restraining the repeated efforts to stool, which perpetuate and extend the malady, and which, in an adult patient, may be, in a measure, overcome by a strong effort of the will.*

The little sufferer cannot be taught why every prompting to stool should not meet with its appropriate response, any more than such can be stimulated to expectorate freely in attacks of pneumonia or pertussis. This item is too frequently lost sight of in summing up our prognosis of infantile dysentery. If we limit ourselves to what we may deem sufficient time to effect a cure, and overlook it, we may be disappointed. A simple explanation of this particular characteristic would, we are fully per-

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suaded, save much trouble and many lives annually. If, for example, we fail *immediately*, as sometimes we must, to relieve, or to explain the prolonged existence of tenesmus with the bloody or slimy stools, and the symptoms become somewhat chronic, as they frequently do in children, the sympathies and solicitude of the parents and friends will sometimes prompt such measures, akin to the allopathic, as shall suddenly correct them, notwithstanding the move may hazard the life of the patient and the reputation of the physician also.

This peculiarity, only observable in case of dysentery among very young children, gives us the key to the extreme fatality from this disease, under treatment by the "dominant" practice. Agreeably to its tenets, opiates and kindred narcotics are freely administered, to quiet the tormina and subdue the tenesmus; the nervous system is thus compelled into a temporary repose, its centres congested, and itself ultimately impaired, and rendered more susceptible to the force of a disease destined to carry off its victim. Perfect rest and quiet are of the first importance in patients of every age; but to coërce the sensibility and sympathies of the nervous system into an absolute stupefaction, in the case of young children laboring under dysentery and the like disorders, is greatly to augment the chances of dissolution.

*d.* The *question of diet—its quality and quantity.*

In disorders of the nutritive systems of infants, it is not always an easy matter so to regulate the character and supply of the food, that it shall not sometimes prove a source of injury, rather than of benefit. The mammary secretion, rich in all the materials of growth, and important as it is to the healthy development of the offspring, may provoke to mischievous results when brought into contact with the gastric sympathies of the sufferer, or when its oily ingredients find their way to the seat of disease, before being digested and worked off as fuel-food for the general economy. Besides these, there is a liability that this product itself may be unhealthy.

The value of food may not depend entirely upon its chemical composition; yet, if we find any of the tissue-making elements, or of those belonging to the calorifacient class in considerable excess or deficiency, we may expect, with a decline of nerve-force, a more or less dangerous disorder among the functions of diges-

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tion, circulation, absorption, or secretion, &c. Hence we deem it very important, in all derangements of the digestive apparatus especially, that the *quality* of the mother's milk be carefully inquired into by the attending physician. It is not sufficient that the nurse, or even the parent, shall certify to its healthy nature—we may frequently find it quite otherwise upon a careful chemical inspection.

Artificial lactation is likewise a source of trouble, oftentimes, in the treatment of infantile dysentery. Those of us whose fields of labor lie remote from the rich pastures of the country, where we might have the pure, unadulterated cow's milk, in all its sweetness and abundance, suffer especially from this unnatural method of rearing the young. The train of consequences therefrom entailed upon our little patients, come up in a catalogue which adds greatly to the *probability* that these will hardly survive dentition. It cannot indeed be otherwise, when, in health, we find it so difficult a thing to adapt our substitute fully to the end in view. And, while upon this subject, we may remark our full conviction, that a universal diet is no better suited o the period of infancy than for adult age; that the reason, why we so frequently fail of supplying an aliment suited to the delicate stomachs of our little patients is, that we cannot weigh their individual idiosyncrasies and susceptibilities, so as to counterfeit the wonderful secretion whose different allotropic states will suit the compound to each particular subject. In other words, the laboratory of nature takes cognizance of individual temperaments and peculiarities, not yet sufficiently mature for our recognition, and supplies their wants without experiment or hazard.

Herein is another key to the noted fatality of dysentery among the young of our cities. If the proper food be supplied them, whether by artificial or natural lactation, there will be no refuse matter. Absorption will exhaust the supply, and the circulation take care of it. The natural fæces are composed of the excretions of the intestinal canal itself, and of its glandular appendages. Now if, for example, we supply cow's milk, containing an excess of casein, the little stomach cannot digest it, and, passing on, it becomes a foreign body, fitted only to harrow the inflamed mucous membrane, to increase the suffering, and to per-

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petuate and extend the original disease. Hence, we not unfrequently find diarrhœas, and dysenteries, also, quite curable by attention to diet alone; whereas, a long course of the most careful medication may not always succeed in relieving them, independent of some dietetic regulation.

The best substitute we have found for the mother's milk, in a city practice, where it is not always possible to command a good supply of genuine cow's milk, of the right age and quality, is prepared as follows:

℞. Saccharum Lactis, 1 oz.
Water, half a pint.

Boil together for fifteen minutes; then add half pint of the best milk—always, if possible, from the same cow—and boil again. Give from the bottle, moderately warm.

Several obstinate cases of dysentery were more materially benefitted by the adoption of this diet, than by all the pathogenetic remedies we could prescribe in a fortnight's faithful practice. We do not, of course, recommend it in every case, but where, failing of such prompt and satisfactory results as ordinarily follow the employment of our well-chosen remedies, we are led to infer that something is wrong, we may find the fault to consist in the matter of diet, and be able possibly to remove the whole train of symptoms by its proper regulation alone. It is in such examples that the above preparation promises the most good. Indeed, if the milk itself be indifferent, and circumstances render it impossible to change it for that which is better, the *Sacc.-lactis* may prove very useful in aiding its nutritive qualities, and, possibly, to be possessed of the power of counteracting some of its injurious properties also.

If the peculiar character of the stools indicate a functional disorder of the liver, it seems capable of restoring a healthy tone to that organ, and thus, not unfrequently, to supersede the whole group of morbid phenomena. It is well known that between the liver and the intestines there exists a most intimate relation. If there be a redundancy of bile thrown into the latter, or if that product be acrid, or of abnormal quality, this very disorder of function, whether arising from the introduction of crude and unwholesome food into the stomach and intestinal tube,

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or not, might easily be supposed to contribute to the perpetuation of dysenteric symptoms where they already existed, if not, indeed, to be capable of originating them.

Children with a scrofulous cachexia appear, in our experience, to have been most benefitted by this diet. To such, we have given it, under every variety of circumstance, and rarely without the most satisfactory results. Being a non-nitrogenous substance, it is an excellent aid to nutrition, and in the very direction required. In all disorders of the alimentary tract, and especially of its inferior section, the calorifacient digestion suffers derangement. If we can supply an aliment suited to the necessities of the organism, without laying the appropriate apparatus under contribution to digest and assimilate it, there is certainly an important end gained. The sugar of milk forms a considerable element in the cow's whey, of which Dr. Beneke, of Rehburg, in Hanover, says: "Whenever we wish to diminish the nitrogen of the diet, and, therefore, the nitrogenous constituents of the blood, without altering the quality and quantity of the inorganic compounds, necessary for the healthy nutritive processes, we possess no more efficient agent than whey."

We have preferred the coarser-grained sugar of milk, as put up by our pharmaceutists for prescriptions, for the reason that it is less pasty and disagreeable than that which has been reduced to an impalpable powder for triturations. With good rich milk, this substance will sweeten the compound sufficiently; or a little loaf sugar may be added, if necessary.

As already hinted, however, there are examples in which the preparation we have recommended might not be the best at command; some idiosyncrasy of the patient may cause it to be injurious instead of beneficial. A variety of articles may be supplied, in lieu of the one proposed. My friend, Dr. J. L. Kellogg, of this city, has made use of the *Biscotine*, with very good results. In my own practice, it has appeared to disagree with the stomachs of little patients, coming down with dysentery, very much, as I have remarked the *Arrow-root* to do, and it has been found necessary to resort to the *Sacc.-lactis* at last. I have, however, changed from the latter to the Biscotine, with great benefit, where it seemed advisable not to continue one diet for too long a time.



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Sometimes, it is possible to procure *cream*, which, although not of the richest variety, will be found a great improvement upon the slop-milk of our cities. A suitable diet, and one upon which patients will frequently thrive and do well, may be made of this product with cracker-water. The addition of Gum-Arabic-water, and kindred substances, as recommended by Dewees, is clearly proscribed by the teachings of modern physiology.

If the digestion of nitrogenized substances—*histogenetic* digestion, need to be especially cared for, as in case of marasmus, &c., we may find a few varieties of vegetable food to answer the indication. Among these, perhaps, the best is the *Carrot*, of which a German authority prescribes the following preparation:

℞. Grated Carrot, 1 oz.
Cold water, half a pint.

Let them stand together for twelve hours; strain through a sieve, and simmer on a fire—stirring in Arrow-root or bread-crumbs.

As regards the *quantity* of food—proper for an infant suffering from dysentery, whether nursing the mother or the bottle—there need be no trouble; if we are careful not to increase it too rapidly, we shall, in most instances, do well, and our little patients recover more readily than if we are careless on this point. The rule, in these alimentary disorders, is to improve the *quality*, while we subtract somewhat from the *quantity* of the food administered, until health is reëstablished. Another important rule is, to remember that the same amount of aliment is not required in all cases, and, likewise, that it is never a good plan to dilute it, for the simple reason of adding to its bulk somewhat.

*e. The selection of a proper remedy—its dose and repetition.*

Whatever our confidence in the general truth represented by by the motto "*similia*," our practice will sometimes prove us anything but literal interpreters of its precepts. And this, for the reason that, in particular examples, we may not have light sufficient to daguerreotype the more delicate features of diseased action, against which our efforts are to be aimed. Measuring the value of our healing resources by our knowledge of that we would cure, and finding the latter, at times, most lamentably

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deficient, we are left to conjecture, hypothesis, and experiment; unless, indeed, we may search out and analyze the phenomena thereof.

Perhaps there are few diseases, which physicians are required to treat, of which it is so difficult a thing, in every case, to draw a correct picture as of infantile dysentery. Its diagnosis, as we have shown, is not always easily rendered, and, when we set ourselves to remark the true pathogenetic indications for a remedy against its ravages, we shall find it more difficult still. One great source of trouble lies in the fact that a large majority of the indications, laid down by our authorities for particular remedies, refer to *sensations* experienced by the patient, of which, in very young subjects, we can, of course, get no detailed or satisfactory account. Another stands related to the tenesmus (*c*). A third consists in the fact that dysentery, like diarrhœa, dropsy, and some other disorders, is not always an idiopathic infirmity; while a fourth may find its characteristics strikingly modified by peculiarities of temperament, idiosyncrasy, &c., not less real than in adult cases. By taking these latter items into the account, we shall find the selection of the remedy more readily, if not more satisfactorily determined; since they do certainly bear an important part in the pathology of infantile dysentery.

In his admirable little "Treatise on the Diseases of Children," Hartmann offers the following eminently practical suggestion, concerning medication in infantile dysentery: "That we ought not to dose our patients, but allow every dose of medicine a fair time to develop its curative effects."

We may carry this hint with profit, perhaps, into our general practice; but, in the management of the disease before us, it is preëminently suggestive. Posology, as related to the therapeutics of infantile dysentery, is a very interesting study, and one, we apprehend, quite too much neglected. When we consider the increased susceptibility of the subject, by reason of disease, to the operation of causes—accidental or artificial—to produce disorder or to remove it, and likewise that—delicate and refined in its whole organism, unused to the harsher and hardening asperities of after-life—its system is more readily impressed, for good or for evil, by the remedial means we employ;

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it becomes us, not only to weigh well the indications for any given remedy, but also to be cautious concerning the quantity administered, and its too frequent repetition. The remark will apply to the treatment of all the diseases of infancy, but more especially to dysentery.

It is a principle which might well be incorporated into our special therapeutics, that *the more vital the function impaired, the greater the necessity for caution against over-medication.*

Now the function of alimentation is one of the most important in the whole animal economy, and especially in the persons of very young children. Hence, we infer it a dangerous practice, which expects and attempts to make good the cure by the mere amount of medicine administered, instead of relying more confidently upon the choice of the true, specific, homœopathic remedy, of which latter we shall find it unnecessary to give more than a very little, and at long intervals.

In the enteric or typhoid fever of adults, we have a parallel case. One would deem a thorough acquaintance with its "medical anatomy" a sufficient guarantee against its over-treatment; but the tables of mortality, throughout the length and breadth of the land, indicate our disappointment in this regard. A disease not necessarily fatal, is, by inattention to this very indication, bunglingly made to become so. Exactly thus is it with the digestive disorders of children and infants; and, strange to say, in the matter of their treatment also, there is a strong predeliction, among physicians, to *overdo* the thing. We are, perhaps, too prone to forget that the practice of over-medication is not confined to the allopathic school, and that, in this particular, we may err as well as they.

Finally, to the practical homœopath, we apprehend this one item is possessed of a peculiar significancy. If it be true, with certain qualifications and exceptions, that the less a man's medical knowledge, the more bulky and dangerous his prescriptions, we should see to it that, in the persons of our young and delicate patients, we shall commit no rashness that we may not remedy—which might endanger their lives, or entail upon them an untold amount of suffering and inconvenience.

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ARTICLE XXXV.—*Oleum-Terebinthinæ in Enteric or Typhoid Fever, with some Remarks, Suggestions, &c.* By E. M. HALE, M. D., of Jonesville, Mich.

It may be considered, as a general rule, that *the success of any allopathic practitioner, in combatting or curing disease, is in direct ratio to the homœopathicity of his prescriptions.* The experience, observation, and study of several years has taught me this fact. The deductions which may be drawn from it are very interesting to the true and liberal homœopath. I need not say that this same axiom holds good in relation to the homœopathic practitioner; not that I deny the existence, *in toto*, of any other law of cure, for there *are* morbid conditions which can be met by remedies acting antipathically. It must be conceded, by all candid minds, that there are successful and unsuccessful physicians in *both* schools; and the superior success which we claim, is owing to the fact that we have a guiding *law*, which law, not being recognized in the dominant school, is of no practical use to them, wandering as they are in the mazes of false theories and an illogical empiricism.

It must not be considered out of place, if I here make a few remarks relative to the intolerance and inconsistency manifested by both schools of medicine; and, as I mean to be perfectly impartial in my criticism, I trust none of my brethren will take offence.

It is a notable fact, that, from the time of Hippocrates down to Hahnemann, most of the prominent medical writers were nothing loth to express their belief in the law of "*similia*," as being *one* of the laws which should guide in the administration of drugs. Throughout all the ante-Hahnemannian era, this law occasionally shed a gleam of light into the darkness of medical superstitions; but, until the time of Hahnemann, no mind was bold enough to seize that law, and, planted upon its eternal truth, march out, conquering, into the realms of scientific research. The post-Hahnemann era has been marked by the progress of *two* rival schools, and *two only;* for eclecticism, empiricism, &c., are but offshoots of allopathy—an improvement, it may be, but still clinging to the old system.

The dominant school, in this time, have not dared to broach,

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truthfully, the subject of "*similia*," as their predecessors had done, for fear of being accused of a tendency to homœopathy; a suspicion which is by them deemed *rank heresy*. But the said law being a fixed and immutable one, it attracts them as the north-pole doth the magnet. They cannot get out of its charmed influence. They approach it carefully, delicately, and, when referring to it, call it anything but the right name. Witness the theory of "stimulation," by Broussais; of "substitution," by Trousseau; of "supercession," by Wood; and the "catalytic process," by Headland; not to mention the hundred other attempts to *evade* it, by as many allopathic writers. Yet, notwithstanding all this evasion, no work recognized by the "old school" but teems with prescriptions, which virtually admits the truth of our great fundamental law. Not a page of practice, but upon which some drug is recommended, which they admit will produce the same symptoms and pathological state which they assert it will cure. A good example of this is the drug named at the head of this article.

I now beg leave to mention the inconsistency and intolerance which exists, to a *limited* extent, in our own school, and which has impeded our progress toward supremacy more than all the warfare which has been waged against us. There can be no *real* conservatism in true science; and those who pride themselves upon their "pure Hahnemannism," are not only conservatives, but "old fogies." Had our great founder lived in this day, I doubt not but he would have been very far in advance of those who now claim to be his staunchest disciples. His far-reaching mind would have seized upon the splendid facts of pathology, physiology, and chemistry, as revealed by present discoveries, and joining them to his great theory of cure, and his pathogenetic labors, would have built up the most splendid system of medicine the world ever saw! Those who consider attenuated medicine and Jahr's "Symptomen Codex" to be *all* of homœopathy, I would advise a careful perusal of Holcombe's article on the "Homœopathic Law," in the February (1858) number of this Journal.

The true way to vanquish allopathy, is not to remain intrenched behind the bulwarks of prejudice, or in the citadel of conservatism, but to "*carry the war into the camp of the enemy*"

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We must seize upon their false therapeutical doctrines, and demolish them before their eyes, and show them how, if properly reconstructed, they can be resolved into our own grand *formula*. We must take up their vaunted medicinal agents and show them their homœopathicity to the morbid processes and pathological conditions which they remove. We must appropriate their valuable discoveries in the auxillary sciences, as common property, and demonstrate their value in strengthening our own system of medicine. Nor is this all; we must teach them that the *size of the dose* has nothing to do with the truth of our theory, except so far as experience has shown its safety and efficiency.

Ours is not to cling blindly to the teachings of our predecessors. The whole domain of medicine and the kindred sciences belongs to us; from the wide fields of which we must glean the ripened grain, and make the whole medical world pay tribute to *the* all-embracing therapeutic law. The healthy condition of homœopathy depends upon the liberal and progressive spirit of its adherents. When I meet with one who uses the same potency for all diseases, who selects his remedy from the confused jumble of mixed, morbid, imaginary, and natural sensations—*tumbled* into our materia medicas—and who will not read Carpenter, Rokitansky, Wood, West, and others, because, forsooth, they are "allopathic authors," then I thank God *all* my colleagues are not like them. Our splendid medical edifice would soon crumble under the direction of such architects.

This may be thought a long road to lead to the subject of this article. Admitted; but it was the consideration of the drug in question which led to the foregoing reflections.

In the May number (1856) of this Journal, Dr. Peters quoted from Wood's "Practice," the valuable indications for the use of Turpentine in typhoid fever. It was no new thing to me, for, when a mere youth, I remember that my father—an allopath of large experience, and remarkably successful in the treatment of this disease—placed his main reliance on Turpentine, Dover's powders, wine-whey, and beef-tea. When I became a homœopath, I carefully collected all the symptoms of that drug, and it became plain to me why such success attended its administration.

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I now propose to prove, from the pathogenesis and toxical effects of Turpentine, found recorded in allopathic and homœopathic literature, that it is perfectly indicated, under the law of "*similia*," in a vast number of cases of typhoid fever, and that it will produce all the symptoms for which Wood recommends it, as well as a condition of the blood strongly simulating the so-called typhus crasis.

AUTHORITIES.—*Hartlaub and Trinks*, (1); *Wood*, (2); *King*, (3).

Mania for several days. Difficulty of chaining one's attention (1). A kind of intoxication (2). Vertigo (2 and 3). Intoxication; profuse sweat from morning till night; stupefaction, and deep sleep; confused and languid (1). Drowsiness, with fulness in the head (2). A state resembling trance (1). Sopor (1).

Feverish heat throughout the whole body; pulse hard, with headache; red face, thirst, and dryness of the *mucous membranes*. (1 and 2). Pulse rises from 69 to 80, becoming small and hard, with feeble throbbing of carotids (1). Hot and moist skin (2). Quickens the pulse, and increases the temperature of the surface (3). Feverish irritation for many days (2). Distention of the capillaries (2).

Dull headache, with colic. Aching pains in the head, with vomiting. Excessive fulness and pressure in the head, causing screaming (1). Fulness in the head (2 and 3).

Face pale and sunken, or hot and red (1).

Violent bleeding at the nose (1). [Curative?]

Burning on the tip of the tongue, with elevation of papillæ (1). Very dry tongue.

Want of appetite; slight nausea; aversion to meat; vomiting of yellow mucus (1). Vomiting (2 and 3). Pressure and burning in the stomach, with nausea and vertigo (1 and 2). *Bloated abdomen*, after eating; *meteorism* (tympanitis); frequent colic, and movements in the bowels, as from flatulence; heaviness in the abdomen, with rumbling; coldness; cutting, shooting, and *burning pains in the bowels*; protruded places in the bowels (1).

Costive, with *distended abdomen*; papescent stools; thin, greenish-yellow stools (1). Diarrhœa; active catharsis (2 and 3). Abortion. Uterine hæmorrhage.

Complete suppression of urine (2). Muddy urine; scanty, acrid urine; bloody urine (1). Strangury and bloody urine (3). Bloody urine, from inhaling the vapor (2).

Dryness of the mucous membrane of the air-passages; aching pain in the chest, with bronchitic symptoms and *bloody expectoration* (1). Difficulty of breathing, the lungs seem congested; dry cough; burning in the chest (1).

Aching in the back; stiffness and heaviness in the extremities (1). Scarlet eruptions, erythema, and erysipelas (1), breaking out profusely, with eczematous vesicles, with much swelling, redness, and pain (2).

General languor; loss of strength for days; fainting (1).

I will add that I have known it produce intestinal hæmorrhage, abortion, and menorrhagia, and have cured with it several cases of well-developed *purpura hæmorrhagica*. It is evident

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that this drug is absorbed rapidly into the blood, as it is detected in the breath and urine, and I have no doubt that its protracted use would cause a change in the blood similar to that which obtains in all typhoid conditions. The poisonous effects of this drug, so far as I have ascertained, bear me out in the belief.

"From two drachms, in man: Trembling, tottering, falling; urging to stool; *fever for eight days*, with cough, then *putrid fever* and *death*. The *post-mortem* examination showed symptoms of *putrid fever* and pneumonia." —HERWIG. "Lungs engorged with blood; the bronchial passages filled with bloody mucus; the heart flabby. [From two drachms, in a dog.] Two drachms, given to a dog, are said to have proved fatal in three minutes, with symptoms of tetanus and *great prostration*."—PEREIRA.

The great Dr. Hunter said, "*it is the best, if not the only true styptic.*" Wood, in his "Therapeutics," says: "Oil of Turpentine is among our best hæmostatics. Some have supposed that it operates in the hæmorrhages by an astringent property. On the contrary, its tendency is to *expand the capillaries* of the *part with which it is brought in contact.* But we do not know the precise condition of the minute vessels in hæmorrhage, and it may well be that the stimulant and alterative influence of the oil upon them may check the hæmorrhagic tendency without diminishing their volume. The conditions which I have considered as pre-requisite to the use of the oil are, the *want* of general febrile excitement, and of active congestion in the part affected." Now is it not pitiful to see an intellectual and otherwise conscientious man vainly trying to evade the truth in this manner? Here he denies its alleged *astringent* property, admits that it distends the capillaries, considers it indicated by the *absence* of febrile excitement and active congestion, and yet accounts for its remedial effects by repeating the hackneyed phrases, "stimulant," and "alterative." In passive, adynamic hæmorrhages, there is no fever or active congestion, and the *capillaries are in an atonic and relaxed condition*, as in typhus and purpura, and yet it is, in these very conditions, so perfectly similar to those caused by Turpentine, in every respect, that Wood so strongly advises its use. If it will produce passive hæmorrhages from every organ of the body, as our provings and toxicological records testify, then it must *diminish the amount of fibrin in the blood*, and it is this deficiency which constitutes the true typhous crasis.

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Wood has conceived quite an affection for this drug, and has evidently made it the subject of considerable study. In his "Practice," he recommends it *almost* as a specific (although he dare not quite commit himself) for a certain group of symptoms, all of which, strange enough, are to be found in our provings, or can be drawn from them by strictly logical deductions. In his (Wood's) "Therapeutics," vol. i., page 562, he enters into a succinct history of his discovery of its remedial powers, in certain conditions which arise in the course of enteric fever. He says:

"It acts most happily in stimulating (?) the diseased patches of Peyer's glands, and the isolated glands of the same kind, whereby the softened and disorganized matter is more readily thrown off, and the ulcerated surfaces disposed to heal, when they might otherwise be unable to do so. The remedy is to be given at the period, during which the discharge of the softened matter is going on, and ulcers are forming, or in existence. This is usually about the middle, or towards the close of the second week. Before this time, I count upon no material service from the oil. It is now that the *tongue becomes dry;* and the occurrence of this dry state of the tongue, in a decided degree, is the signal for commencing with the use of the remedy. * * * At the end of twenty-four or forty-eight hours, there may, very generally, be seen a *return of moisture, with white fur* on the surface of the tongue, at the sides, for its whole length, leaving the surface in the middle still dry and often cracked. With this amendment, there is often, also, a *diminution* of the *tympanitis*, a cooler and moister skin, and less frequent pulse. The same change goes on till the whole tongue becomes moist, and covered usually with a whitish fur, which then gradually disappears, commencing from the tips and edges."

Here is a masterly delineation of the group of symptoms for which Turpentine is homœopathic. My own experience will bear witness to its truthfulness. I also agree with Wood, that, if the symptoms calling for its administration are not arrested, death is inevitable, for perforation of the intestine is impending. Briefly, the indications are: *Tympanitic abdomen; tongue dry and red, smooth, and seems as if deprived of its papillary structure.*

In dysentery, also, Wood relies upon this remedy. If, during the progress of the disease, the above-mentioned symptoms should supervene, which symptoms, he implies, indicate "ulceration of the small intestines."

We now come to Wood's explanation of the *modus operandi* of his favorite drug. He says, "It acts, in some measure, as a *stimulant*, but chiefly, I believe, as an *alterative* to the ulcerated surfaces in the intestinal mucous membrane."* "It acts most

* Wood's "Practice," vol. i., p. 346.

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happily in *stimulating* the diseased patches of Peyer's glands."* To use less foggy phrases, it *heals* the ulcers in the small intestines. In other words, it acted upon the diseased structures in a truly *homœopathic* manner. Whenever an allopathic author asserts that a remedy is "alterative," or cures local lesions by a process of "stimulation," we may safely consider that remedy as curative under the law of "*similia.*" Nitrate of Silver, Nitric-acid, Mercury, and the caustics, are all said to act favorably upon ulcerations, by virtue of their "alterative" or "stimulating" properties. Yet the adherents of the new school *know* they are curative only by virtue of their power to produce *similar* ulcerations. So far as my investigations extend, I cannot assert that *Turpentine,* acting by the medium of absorption through the blood, *does* actually produce intestinal ulcers; but, reasoning from analogy, it is highly probable. Our provings and cases of accidental poisoning have substantiated such to be the case with Mercury, Tartar-emetic, Croton, and Rhus. (Nit.-ac.?) We have seen, in the foregoing extract, from its provings, that Turpentine produces erythema and erysipelas, and also, in Wood's "Therapeutics,"† that it causes "breaking out profusely with eczematous vesicles, with much swelling, redness, and pain." If the drugs mentioned above produce similar eruptions, ulcerations, &c., upon mucous surfaces, that they do upon the skin, why may not Turpentine? I believe that the oil, applied locally to mucous membranes, will cause local ulcerations, as it does when applied, for any length of time, to the skin, particularly when there is present any dyscratic state of the blood. When we consider that it (Turpentine) has been used with success as a local application to external ulcers, we are not surprised that Wood should deem it important that the oil should come in *direct contact* with the intestinal ulcers. We know that, in the homœopathic treatment of ulcers, an external application of the same remedy, administered internally, materially hastens the cure. In the case under consideration, where fatal perforation threatens, we can appreciate the importance of procuring this *double action* as soon as possible. It is because of this consideration that I think it necessary to administer it in somewhat

* Wood's "Therapeutics," vol. i., p. 562. † *Ibid*, vol. ii., p. 747.

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larger doses than would otherwise be called for. After all, it matters not whether the action of Turpentine is local or general, it cannot *cure* otherwise than homœopathically. And I cannot help thinking that such words as "alterative," &c., which abound in allopathic works, often stand for want of brains, or are used to hide truths which dare not be written.

In conclusion, I will give a brief *resumé* of my plan of treating typhoid fever. As this malady is soon to become prevalent in our Western States, especially during the winter months, it behooves our physicians to bestow more study upon its homœopathic treatment than they have hitherto done. Eighteen years ago, during the first years of my residence in Ohio, this form of fever was comparatively unknown. When I came to this State, (Michigan,) about eight years ago, I found the disease quite as rare, although it was then *the* dreaded disease of Southern Ohio; since which time it has increased rapidly here. I wish some competent writer would give us a treatise on the natural history of diseases, as modified by climate and the progress of emigration to new countries, &c.; a wide and interesting field is open for exploration.

I rely mainly upon *Opium*, *Baptisia*, *Turpentine*, Bell., *Agar.*, and Phos.-ac., although all the *mineral acids*—Rhus, Bry., Hyos., *Ars.*, and *Verat.*—are, at times, indispensable. *Phosphorus* is a valuable remedy, when we meet with pneumonic complications. It has not been used as much as its importance demands. Its action upon the blood and nervous system bears a remarkable resemblance to the typhoid condition.* I use the crude tincture of Opium; the first decimal dilution of the other remedies, except the acids, which should never be diluted with alcohol, but dropped into water. I use five drops to six ounces, and give teaspoonful doses. Turpentine is best given in some mucilaginous fluid, or in yolk of eggs.† The most agreeable mode of administering it, and perhaps the most efficient, is incorporated with *Glycerine*,‡ of which preparation I give half a drachm

* Vide Holcombe on "Phos.," N. A. Journal, No. 26, 1858.

† King's "Dispensatory."

‡ ℞. Glycerine, (pure) five drachms.
Aqua dis., four drachms.
Ol. Tereb., one drachm.—Bene misciatur.

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every three hours. I formerly gave it as Wood advised, (fifteen drops every two hours,) but it is quite as efficient in less quantity.

In severe intestinal hæmorrhages, I use injections of *Sulphuric-acid*, or, if coma, tympanitis, and diarrhœa are also present, *Turpentine* and *Opium*. No remedy can compare with it in promptly removing this condition. In addition to the use of cool water, (sponging,) wine-whey, and beef-tea, I am in the habit of giving small quantities of "*egg-nog*," in the low stages, with the happiest effects. The less fluid the patients drink, the better for them. Solid nutriment is the grand *desideratum*. In some bad cases, complicated with hepatic disorder, with black, tarry, bilious evacuations, jaundice, &c., I have quickly effected a favorable change with *Leptandrin*, one and one-tenth grains every hour. One case of uterine hæmorrhage, in typhoid, I checked, *instanter*, with one drachm of *Cornu-cervinæ-calcinatum*. In cases characterized by *excessive* nervous (hysteric?) agitation, *Scutillarin* and *Cypripedin*, in one-grain doses, has the effect of producing quiet sleep, or a sense of calmness and strength.

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Article XXXVI.—*Rupture of the Uterus.* By A. Williams, M. D., of Woodstown, New Jersey.

About ten o'clock, on the evening of December second, I was called to the bedside of Mrs. C., aged thirty-four, in labor with her *thirteenth child*. I had been previously informed that all her previous labors were not only tedious, to a great degree, but some of them difficult and dangerous. One or two, I think, were still-born; one was an arm-presentation; three were miscarried, and one or two asphyxiated. Of the ten children to which she had given birth, but two of them are still living—the first, a girl aged sixteen, but very delicate, and the eighth, a boy aged six, and very robust. Of the eight she had lost, but one lived over eight months, and which she buried during her present pregnancy. I had been acquainted with the patient nearly a year.

She was of medium stature, small frame, but full habit, nervo-sanguineous temperament, and the most lovely and amiable disposition I ever met with. She had enjoyed excellent health during her pregnancy—if anything, better than she had on former

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occasions. She had not felt as well as usual on the day above mentioned, and did not retire to her bed until about eight o'clock, her usual hour. I found her very comfortable, and cheerful as usual. Her pains were very slight and not frequent. I made an examination, and found the os the size of a half-dollar, soft and dilatable. Her waters broke soon afterward, but her pains continued very slight and whimsical all night. Gave her Puls., in water. About seven o'clock, in the morning, bearing-down pains commenced for the first; they were pretty severe, but short. The head had now made its appearance at the inferior straight, and I became satisfied that, although the position was right, it would be attended with some difficulty, as the head was unusually large.

The pains continued for about an hour, but with little or no effect; when they suddenly ceased, and she was comparatively comfortable, for a half-hour or more. She was now suddenly attacked with cramp, of a most excruciating character, in her right knee, which caused her to roll quickly upon the affected side, in which position she obtained relief for a few minutes, when it would again be renewed.

The patient was now growing very weak. I was in hopes the pains would be renewed, and she soon be delivered; but in this I was disappointed. She now requested me to use my "instruments." I thought it necessary, and immediately sent for them, and also for my neighbor, Dr. Clawson, who had attended her in some of her previous labors, and whom she wished to see for that reason. As the Doctor would soon be here, I deferred using the forceps until his arrival, which was in about ten minutes.

He made an examination, and told her she could be delivered without the forceps; but he soon found he was mistaken. We then made preparations to deliver the child, which was done without much apparent pain to the patient. The child was unusually large and well developed, but had been dead for some considerable time. Owing to her great exhaustion, it was thought best not to lose time with the placenta, and proceeded immediately to remove it. In doing so, we found much difficulty by the usual method, and the hand had to be inserted to bring it away. There was no flooding, in the least. We now found the cause of all the difficulty; on inserting the hand, to search for the pla-

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centa, a rent was discovered in the posterior portion of the cervix uteri, and extending far down into the vagina, through which the intestines protruded and the iliac arteries could be felt. The patient was now sinking as fast as the tide of life could ebb itself away; she soon lost all consciousness, and in about an hour and a half from the time of being delivered she was no more. She died about eleven, A. M., having been in labor about twelve hours.

Having obtained consent of the family, we made a *post-mortem* examination, in the evening. We found the cavity of the abdomen full of black fluid blood; on removing it, we found the uterus contracted to about the size of an infant's head, and very hard. On lifting it from its position, and turning it forward, we found the seat of rupture. It appeared that the portion had become very much attenuated, and capable of being easily torn. The rupture commenced in the upper portion of the cervix and extended down into the vagina, being altogether about six inches in length, and must have taken place after the head had passed that portion, otherwise, it must evidently have been thrust into the opening.

This formidable and very fatal accident is of very rare occurrence, many aged practitioners not seeing a case in a long lifetime of practice. Dr. Churchill tells us, that out of forty-two thousand seven hundred and sixty-eight patients, in the aggregate practice of five eminent practitioners, there occurred but sixty-five cases, or an average of one in six hundred and fifty-seven. Dr. Burns says that it occurs about once in nine hundred and forty cases. It rarely occurs with first children, but in all cases the child is born dead. Out of seventy-five cases recorded, thirty-seven of them occurred in the fourth and subsequent pregnancies.

Now, considering the liability of such cases to occur, especially in women who have given birth to several children, and whose labors seem to be tedious, would it not be prudent for practitioners to resort to the use of the forceps at an earlier period in labor than is usually done, providing they are used in skilful hands, and with all possible precaution?

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## Article XXXVII.—*Cases of Leucorrhœa.* By R. M. Bolles, M. D., of New-York.

Case 1.—Mrs. R., aged twenty-seven, lymphatic and nervous temperament—tall, slender, and anæmic; subject to leucorrhœa, constipation, headaches, and neuralgia; mother of one child, now three months old—had leucorrhœa for a year before marriage, during whole period of pregnancy, and it continues to the present time. Discharge is profuse, thick, yellow, and mild; aggravated by exercise, and after menstruation, which recurs monthly since the birth of her child, attended with severe cutting pains in the vagina, and bearing-down in hypogastrium. Took Lyc., 30, and Sepia, 30, night and morning, in alternation.

February 12.—Is gaining strength; vaginal pain less frequent. Kali-carb., 4; four doses, one nightly.

February 23.—Bowels became regular after the Kali. Carb-an., 3; two doses, on succeeding nights.

March 2.—The pain ceased after the second dose of Carbo-animalis; the leucorrhœa gradually diminished, and finally disappeared.

July 15.—The pain has returned, with less severity, and slight discharge; a few doses of Carb.-an., followed by Protiodid of Mercury, removed them.

I have since learned that she is again subject to leucorrhœa.

Case 2.—In February, I was requested to prescribe for Mrs. G., a sister of Mrs. R., who had leucorrhœa after a miscarriage.

The discharge is acrid, causing burning, smarting, and itching. The cervex uteri very sensitive—touch inducing pain, as of ulceration. A few doses of Carbo-veg., followed by Protiodid of Mercury, relieved all the pains, but exerted no influence on the discharge.

March 1.—Pains returned, after a long walk.

March 20.—Profuse leucorrhœa, with darting pains, in addition to those described above. Took Kali-carb., 3, and Carb-an., 3; four doses of each, one daily, in alternation.

From this time amendment set in, and she remained well for several months.

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## Article XXXVIII.—*Theory and Practice of the Movement Cure.* By Charles F. Taylor, M.D., of New-York.

§ 44. While writing the preceding pages, I received the following letter, which so aptly confirms the text that I introduce it here.

"I have recently received from my friend and relative, two pamphlets written by you, on the subject of the 'Movement Cure,' which I have read with much interest. They have brought to my mind some facts in my own experience, which occurred more than thirty years ago. In my early boyhood, I lived some years at Long Branch, in New-Jersey, and, while there, had several severe attacks of fever and ague. In my fourteenth year, I went to New-England for an education, and, soon after I was of age, I settled in one of the eastern towns of Connecticut, in the practice of law.. While there, and about seventeen years after I left New-Jersey, I was attacked with severe pain in the side, and, on stating the symptoms to my physician, he told me they were caused by a diseased condition of the spleen, arising from badly-treated attacks of fever and ague; and in a few weeks, under his care, I was entirely relieved. Some years after, however, the pains returned, accompanied with cough and other pulmonary symptoms, and fearing I was threatened with consumption, to which my mother's family were subject, I removed to Baltimore and went into the drug business there with my father. I took charge of the books, correspondence, &c.; but soon found all my unfavorable symptoms aggravated by this employment, and I quitted the desk and took charge of the retail department, and was soon relieved. I went to the desk again, and my old pains and cough returned; but a few days at the retail shelves relieved me. I began to inquire why such different effects resulted from these two employments. I always *stood* very erect at the desk, never allowed myself to lean against it, or to bend or contract my chest, and I wrote there with so much ease, that the labor was not at all severe. Our principal retail shelf was high, and the bottles on it large, (half-gallons,) so that I had to stretch up to my full height, and use both hands, to take down the bottles; our retail business was good, and the employment quite laborious. After considering the subject for some time, I concluded it was the *peculiar kind* of exercise (or movement, if you please,) that benefitted me, and I set about trying to get it in some other way. I stretched a rope across a large back room near the ceiling, passed a ring over it, so that it would slide easily on the rope, and attached a cord to the ring, and let it hang down so that I could just reach it with *both* hands. To the lower end of this cord I fastened a stick about three feet long, and when I felt any unpleasant effects from too long confinement at the desk, (where my services were very much needed,) I went to my swing, took an end of the stick in each hand, and ran backward and forward, and danced, jumped, and exercised as much as I thought necessary, and always found relief from it, and was finally entirely cured of the disordered condition of the spleen, and have never suffered from it since. My cough, however, continued, and, after two years, in Baltimore, I went, by the advice of my physicians, Professors Potter and Hall, to Florida, where I lived six years. I was there in the very seat of empire of fever and ague and other kindred diseases, and disordered spleens were the rule, and not the exception. I recommended my swing, and, in hundreds of cases in which it was tried, it never failed. Your pamphlets, it appears to me, afford a solution of the principle involved, and I thought, perhaps, you would



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regard the facts as affording some support to your certainly very plausible theory, and therefore I communicate them. Numerous other facts have, doubtless, been observed by others, showing the effects of *particular forms* of exercise or movement on disease, which, from not knowing on what principle they could be explained, have been regarded as accidental, and not worth the trouble of examination. It is so in all matters of investigation, and, doubtless, so in this."

§ 45. It will be seen, by the above interesting narrative, that the gentleman employed, in a crude way, the very means that answered the indications. At first, the reaching up, while holding heavy bottles—which, from the nature of their contents, must be carried slowly—no doubt often rising on the toes to increase the height, and afterwards the hanging by the hands, while exercising the legs, were very effectual means, and, for not too feeble cases, very proper means of promoting a perepheric circulation, and consequently relieving the congestions of the spleen, lungs, &c. At the same time, the raising and falling of the chest and diaphragm, alternately compressing and relieving the visceral organs, produced an effectual kneading, and supplied a local means of disgorging venous stagnations. It is hardly necessary to remark, that almost any other labor or exercise that he could have taken would not have had the same result which seems to have been the case in this instance. This corresponds to the well-known practice in Ireland, of hanging by the hands, from the limb of a tree, to cure complaints of the liver.

§ 46. In contrast with the above account of the excellent effects of *proper* movements, the following case will show the harmful effects of *improper* ones. A lady relative got advice for dyspepsia. She was directed how to take a certain number of movements, in a particular order and manner. In a few days, she came back very much worse. On inquiry, it was found that she had only taken those most conveniently performed, which happened to be the trunk *bendings* and *twistings;* which, without being administered *with a proper number of peripheric movements*, produced actual gastric congestion. Her form of dyspepsia was what is called chronic gastritis, and hence she was made worse in every respect. Her fault was explained to her, when, by pursuing the proper course, she was soon relieved of all unpleasant symptoms.

I hope no one will understand me as believing in, or advocating an arbitrary and empirical selection of certain movements

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and manipulations for certain diseases, from the simple and often delusive fact, that the patient was sick, took movements, and got well! Movements are *physiological phenomena*, the effects of which can be *foretold*, as well as the effects of respiration.

DYSPEPSIA.

§ 47. It is probable that the physician is more frequently consulted with regard to some of the many forms of this disease, than for all others that pertain to civilized life. And this will continue to be the case until the people of civilized nations have many of their habits of life—especially their dietetic habits—radically changed for the better. To mention all the complications, and enumerate all the symptoms that are every day poured into the physician's ears, would require a good-sized volume; but it is not necessary in a work like this, which pre-supposes the reader to be already acquainted with the characteristics of disease, in every form. But, given the disease, how shall it be treated? The object of this work is simply to point out general principles, as viewed from the physiological stand-point which the movement cure occupies, in those cases where it is applicable, rather than present formulas and prescriptions. And, speaking of symptoms, leads me to remark, that probably in no disease is the practitioner so frequently led away, in his treatment, on a will-o'-the-wisp chase after "symptoms," to extinguish them, as in dyspepsia. He chases acidity with alkalies, constipation with laxatives; guesses the liver is to blame, and throws a stone at it, in the shape of blue-pill. Now he is after "eructations," anon it is "water-brash;" this time one "bad feeling" must have its remedy, next time another; till both physician and patient are forced to give up the chase from sheer exhaustion. And yet it is admitted that diet and general hygeine are the only reliable means of cure. The symptoms present with the history of the case are necessary to establish the diagnosis, after which the disease should be treated on general principles—the usual, unpleasant symptoms being *effects* that must be *borne*, rather than conditions requiring constantly to be interfered with; and this is the general experience of dyspeptic patients and physicians.

Simple dyspepsia, in all its varieties, may be reduced to two general classes, embracing pretty well-defined lines of demarkation.

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*First*, we have what nosologists denominate "chronic gastritis." This condition is characterized by "more or less thirst; a dry skin; scanty and deep-colored urine; a red tongue, red especially at its tips and edges, patchy and fissured, perhaps, or smooth and glossy like a piece of raw beef. The throat is also frequently tender, and the pharynx and palate unnaturally vascular."—(WATSON.) There is also, generally, tenderness in the hypochondriac and epigastric regions. A voracious appetite, and much distress during digestion, often accompany this disease.

In the *second* place, we have what may be called "atonic dyspepsia;" not implying that the first is *stenic*, for *it*, also, is atonic in its nature, but accompanied by more active symptoms, the latter being characterized by still greater debility and fewer severe symptoms. Indeed, in some cases, the patient is not aware of the nature of his disease, and, while he eats and drinks nearly as usually, though failing in strength, he can scarcely be made to believe he is troubled with indigestion. Generally, however, the patient finds no difficulty—by a variety of annoying symptoms, principally of a nervous character—in determining the seat of his disease. There is great prostration; the tongue is relaxed, of light color, showing the points of the teeth on the edges, and tremulous on protruding it; the appetite is variable, generally not very craving before eating, but is not appeased by food—the patient often eating much more than he at first intended to; digestion not often attended with actual pain, but slow, and yielding little strength to the frame. These distinctions, in the pathology of dyspepsia, are well founded, and require to be recognized in the treatment.

§ 48. Chronic gastritis, contrary to what its name implies, is really a disease of debility, the same as strumous ophthalmia is a disease of debility of another kind, or as atonic dyspepsia is a disease of debility; only the former is characterized by a debility of the *vessels*, while the latter is characterized by debility of the *nerves* and *muscles*. In chronic gastritis, there is venous congestion of the capillaries of the stomach, attended with turgescence and irritability of that organ. Dyspepsia is a constitutional disease, of which the so-called chronic gastritis is only an important symptom. But the difficulty of nutrition neither begins nor ends in the stomach. This is illustrated by

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the affection of the mucous membrane of the pharynx and larynx, in "minister's sore throat," which likewise results from constitutional causes. Even when the dyspepsia is brought on by improper habits of living, it is altogether probable that the constitution suffers before the gastric troubles manifest themselves. Indeed, such improper dietetic habits do not always cause disturbance of the organs immediately concerned in digestion, but beget other and far different diseases; thus effectually disposing of the common argument, that no food is injurious that does not "hurt the stomach" of the person using it.

§ 49. In the treatment of dyspepsia, of course, the first thing to do is to correct the habits—especially the dietetic habits—of the individual; and this should be done by insisting on general principles, rather than the giving of specific rules. Having done this, what are the indications of treatment in that form called chronic gastritis?

In this form of the disease, accompanying the gastric irritation and congestion, there is always great and most persistent coldness of the extremities, especially the lower extremities, which often remain blanched after the most persevering efforts to warm them. And does not the well-known fact that the gastric derangement is always in the inverse ratio of the circulation in the extremities, indicate the first step in the treatment of this disease? The first step, then, is to secure a peripheric circulation. All the principles laid down in treating of circulation (§ 29 to § 34 inclusive) are applicable here. At the same time, while the same means that secure a peripheric circulation relieve the gastric congestion, the interstitial processes, consequent on the muscular motions, promote a more healthful quality of the nutrient fluids, and, in the same measure, allay irritation and chronic inflammation.

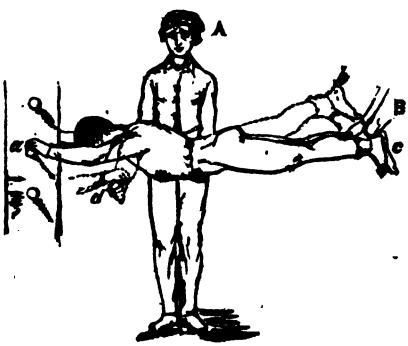
§ 50. The principles heretofore laid down must be strictly adhered to, but the manner of applying them must vary according to the peculiarities of each case. Great care should be taken that the patient be not fatigued by any of the movements given him. It is a peculiarity of this disease, that very frequently no amount of free, voluntary exercise, which the patient's strength allows him to take, is capable of thoroughly "warming up" the surface and extremities of the body. In other cases, however, where there is yet considerable muscular and nervous ability,

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the most distressing symptoms are often *immediately* relieved on the breaking out of a gentle perspiration, consequent on taking exercise. Sitting before a fire, or taking a warm bath—both securing a better peripheric circulation—will generally give the same temporary relief. In undoubted cases of chronic gastritis, accompanied by pretty severe gastric symptoms, such as tenderness at the pit of the stomach, &c., *there should be no movements given by which the trunk is bent through the centre*—especially sideways flexions, twistings, &c. Even when conjoined with constipation, great care should be taken that the movements intended to benefit the constipation do not aggravate the affection of the stomach. In such cases, it would be better to wait till the gastric symptoms are relieved, before treatment is specially directed to the constipation. It is probable, however, that in that case the constipation would, in most cases, yield with the dyspepsia, from general causes, without special treatment.

§ 51. After an equilibrium has been partially established in the circulation of the nutrient fluids, by some days or weeks of proper treatment to that end, then such movements may be given as combine a general action on the circulation, and a local stimulus to the stomach. Fig. XVI. is an illustrative one. The patient takes hold of the pins, each side of a post, at a convenient height, with the body suspended horizontally—one assistant (B) holding and making traction at the feet; another, (A) with both hands under the patient's abdomen, determines the force of the strain at that point—that is, the extent of the fulcrum over the stomach, for the weight of the body causes it to bend at that point—by the amount of assistance he gives the patient. The remaining in that position, causes a general compression of the peripheric capillaries, particularly along the *anterior* surface of the body, accumulating in force in the region of the stomach—a force that can be nicely proportioned by the amount of as-

Fig. XVI.




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sistance given by assistant A. The position itself, from the stretched position of the patient, acts principally eccentrically on the tissues, causes a genial warmth to pervade the whole, and especially the anterior surface of the body. At the same time, the stomach is gently compressed, in a proper manner to stimulate its functions without causing irritation. But if, in this position, the legs be separated, after the manner represented in Fig. X., the same quiet but persistent action of the muscular tissue is propagated along the patient's sides, and *increased* in the anterior surface. Or, if it be desirable to make the movement still more powerful, and at the same time act principally on one lateral half of the body, assistant B may hold by only one leg, while a third assistant makes a movement from *c* to *b*, in the direction of the dotted lines; the same may be done with the arm. On which side of the body this single movement (in distinction from the *double* movement, where both arms and both legs make the same movement) is made, will depend upon other complications, as the condition of the liver, spleen, one side of the chest, &c. Again, if it is necessary to act more powerfully upon the stomach and bowels, assistant A may cease to render aid, thus throwing the patient's whole weight upon the anterior muscles of the trunk, with contractions converging in the epigastrium. This movement is exceedingly agreeable, and, with plenty of assistants may be given to the most delicate.

§ 52. But it is not necessary, to carry out the principle here illustrated, to always employ this particular movement. In a variety of ways, the same idea can be approximatively carried out. For instance, if the patient, standing erect, grasp a pole as high as he can reach over his head, and then have his hips gently pressed forward, keeping the knees and arms stiff and resisting, the anterior half of the body and the upper and lower extemities will be acted upon. But, in the commencement of treatment, in the form of dyspepsia under consideration, the principal indication is to relieve the nervous depression, and the gastric congestion and irritability, through equalizing the general circulation; after which, the same means may be employed that are useful in atonic dyspepsia.

§ 53. In atonic dyspepsia, sometimes called *nervous* dyspepsia, the indications are, to invigorate the whole system, gene-

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rally, and the digestive organs, specially. There is a deficient quantity and poor quality of blood, but there is no marked gastric congestion. There is little ability to resist cold, which is more probably the cause of the cold extremities than the want of circulation in them. In atonic dyspepsia, the patient, if he suffers less pain, is yet more unvaryingly miserable. There is great debility of the nervous system, so much so that every movement is attended by an exhaustive effect, from which the individual is a long time in recovering. This debility extends to the mental-nervous system, producing, in many cases, hypochondriasis, with its miseries. The system needs nutrition—strength. The nervous energies may be increased, by acting through the muscular, in such a manner as not to employ too much of the former. The movements illustrated by Fig. VII., and the explanatory remarks are applicable here. Let the patient *be acted upon*—many passive movements given—flexions, extensions, rotations, &c., of the upper and lower extremities, while in a half-lying position, (Fig. VII.,) or in any manner that we can irritate the muscles with little effort on the patient's part. At the same time, mechanical stimuli (§ 38) can be applied, locally, with great benefit. Fig. XVII. represents the patient sitting (passive) while one assistant, standing behind, places one hand on each side over the short ribs, and another, standing before, places his hands over those of the first assistant; then, unitedly, a rapid vibration is imparted to the patient's sides. A general "shaking up" of the liver, spleen, and that portion of the viscera in the hypochondriac regions is the consequence.

FIG. XVII.



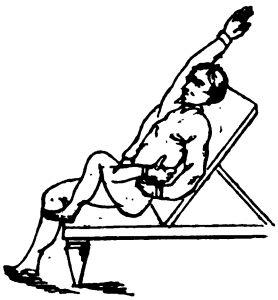
*Vibration thro' the Middle of the Trunk.*

Fig. XVIII. represents a method of acting still more directly upon the stomach. The patient sits, with the left leg drawn up, and the right arm extended over his head. The position is such, that by the tenseness of the right side, and the relaxing of the left side, the stomach is thrown far to the left. Now, if a hand be placed upon, or just below the floating ribs, as represented in the figure, by pressing up and inward, with a vibra-

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tory motion, we impart the same to the stomach at the large extremity. A perceptible increase in the quantity of the secretion of gastric fluid is the result. Another very good method of acting directly on the stomach, is this: Let the patient, lie as represented in Fig. IX., with the legs at the dotted lines, while the assistant, with the ulnar edge of the hand, passes across the abdomen, just under the diaphragm, and, with a sort of kneading motion, presses directly down upon the stomach. These manipulations are exceedingly agreeable to the patient, and he always arises from them with a great feeling of comfort and satisfaction.

Fig. XVIII.



*Vibrating the Large Extremity of the Stomach.*

§ 54. As the treatment advances, after the patient has gained some degree of muscular and nervous energy, then stronger and more general movements may be given. To act on the stomach and abdominal viscera, *rotations* of the trunk are very valuable. Fig. XIX. is a specimen illustration of such a rotation, though they may be given in many different ways. The patient is bound or held to a post, at the hips, while an assistant, grasping each of the patient's shoulders, swings him around, or "rotates" him, as represented in the cut. Ordinarily, it is better that the trunk should not be carried forward of the perpendicular; but where there is chronic diarrhœa, the rotation should not be carried back of the perpendicular. The nature of the movement is such that two purposes are accomplished—the lateral and anterior portions of the trunk, especially in the epigastric and hypochondriac regions, are put upon the alternate extreme and partial stretch, (eccentric movement); while the abdominal contents, particularly the stomach, have an effectual *churning* given to them by the peculiar motions of the body.

Fig. XIX.

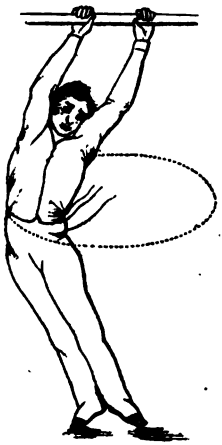


*Trunk Rotation, standing. It may also be given sitting.*

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Another movement, combining more purposes than the foregoing, is shown in Fig. XX. It consists of a rotation of the middle of the trunk, while the feet and hands remain fixed in their places, as shown in the figure. The patient takes hold of a pole, just above his head, in such a manner that when the arms are not flexed the trunk must be. The assistant then grasps him by the loins and whirls him around the circumference of a circle, indicated by the dotted lines, the only flexion being through the loins—forward, backward, and from side to side—the patient's face remaining in the same direction. This movement, while it gives a great deal of motion to the abdominal contents, and much exercise to all the muscles of all portions of the central part of the body, at the same time, from the contractions of the muscles of the upper and lower extremities, a very firm general peripheric circulation is established. It is useful in all derangements of the digestive organs. It would be too powerful for weak cases, especially in the beginning of the treatment.

FIG. XX.



*Rotation of the middle of the Trunk.*

§ 55. Already enough has been said to give the intelligent physician a sufficiently clear idea of the application of the movement cure in the treatment of a faulty circulation, constipation of the bowels, chronic diarrhœa, and simple dyspepsia in its various forms. The physiology of the treatment has, in a measure, been explained, and general principles illustrated and insisted on; but in practice, while the general principles will remove the same, we can seldom apply them to any disease in its simple uncomplicated form. Hence, no formulas can be given, but the physician must apply the principles to suit the indications of each case. But there can be no embarrassment, no mistake, if, perfectly understanding the apparatus with which we deal, we keep in view the great object of establishing an equilibrium among vital phenomena by means of physiological manifestations.

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CONSUMPTION.

§ 56. It is foreign to the design of these papers to enter into discussions of the chemical or microscopical nature of tubercle, or even to mention the more prominent symptoms attending phthisis pulmonalis in its various stages, for these are fully and clearly set forth in the various modern works with which every physician is supposed to be familiar; but to consider the relations of the *general pathology* of this disease—and the same of every other disease treated of in this work—to *physiology*, in its bearings on the treatment under consideration. It is not necessary to consider any of the various modes of treatment that have been and are now advocated by different members of the profession, for I take up the subject where they all leave it, carrying it beyond art into nature; adding, it is to be hoped, a certain amount to any and all other means that may be employed to stay the ravages of a disease that carries off one-fifth part of the human race. In its relations to physiology, the movement cure is a perfect system within itself, and need not be mystified by connecting it with other subjects, than the necessary investigations connected with the known and common facts of medical science.

§ 57. I believe that, at the present day, the profession are agreed—and the treatment adopted is in accordance with this general agreement—that the essence of consumption lies in a faulty nutrition, a condition of the whole system of which the pulmonary tubercular exudations are only a symptom; a faulty nutrition depending upon an imperfect plasma, and a low organizing power in cell-formations. Dr. John Hughes Bennett, Sir James Clark, and others, have noticed that in phthisis pulmonalis the digestive functions are deranged, and every one knows that the lungs, infiltrated with tubercles, are incapable of admitting the proper amount of air to secure the necessary purification of the blood. But, after both these highly important considerations have been attended to, what are the indications still? What is necessary to render available proper food and digestion and plenty of air and respiration?

Nutrition neither begins nor ends in the stomach or lungs. These are necessary, but still *preparatory* steps to nutrition, which takes place in the *tissues*. Dr. Bennett says: "In the

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first place, nutrition itself is more connected with proper exercise, and breathing fresh air, than many people imagine; it does not merely consist in stimulating the appetite and giving good things to eat. It requires, first, food in proper quantity and quality; second, proper digestion; third, healthy formation of blood; fourth, a certain exchange between the external air on the one hand, and between the blood and the tissues on the other; and fifth, it requires that there should be proper excretion, that is, separation of what has performed its allotted function and become useless. *All* these processes are necessary for nutrition, and not one or more of them, for they are all essentially connected with and dependent on one another. The means of preventing not only pulmonary tuberculosis, but tuberculosis in general, therefore consists in carrying out those hygienic regulations which secure these different nutritive acts. The most important of these, undoubtedly, are attention to climate, exercise, and diet."*

Hence it appears that all the accessories of proper nutrition may be present and still unavailing, until we can secure these perfect interstitial changes in the tissues; and, until this is done, the preparatory steps, digestion, respiration, sanguinification, &c., being controlled as to quantity and quality by the demands proceeding from the nutrition in the tissues, must take place imperfectly, in accordance with the imperfect tissue metamorphosis. How can there be proper digestion while the materials of nutrition passed into the blood, cannot be employed in tissue-making? and how can there be a normal introduction of oxygen by respiration, when there is less than a normal exchange between the tissues and the blood, (see § 3,) thus lowering the affinity of the blood for oxygen? How then, shall the system be placed in the most favorable condition for proper tissue transformation to take place, instead of the faulty manner connected with the disease under consideration?

§ 58. One of the most important indications is to produce tissue transformation (nutrition) by using the muscles. Hence, exercise has always been highly recommended in this disease, and often even unsystematic exercise is attended by the best results.

* "Pathology and Treatment of Pulmonary Tuberculosis," p. 68.

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But simply to "exercise," may neither improve the strength nor health; it *may* injure both. Weakness, as well as strength, may result from the employment of any function. We see in our streets, every day, both men and animals made weak and even diseased by too much exercise, as well as by improper kinds. How much more likely is this to be the case in a diseased condition.

§ 59. In consumption, there is great debility and consequent irritability of the nervous system, and this condition is one cause of the imperfect general nutrition—and it happens that the exercises ordinarily taken, are such as produce fatigue and exhaustion in the nervous system, out of all proportion to its effect upon the muscles; thus leaving the system in a condition where it is incapable of being profitted by the organization of tissue of a higher vitality than that broken down by the exercise. The *general* indications then, will be met by employing the muscles, in such a manner that, while *they* are made to act with more or less force, no greater demands shall be made upon the nervous system than can be easily and healthfully responded to.

§ 60. There are a variety of *special* indications that can be responded to with great physiological exactness by this treatment. *The first thing to be attended to, and never to be lost sight of for a moment,* is the circulation of the blood. Feebleness of the heart's action, imperfect respiration, imperfect quality and quantity of the blood, and especially want of proper affinity between the blood and the tissues, all conspire to produce the livid countenance, cold extremities, and consequent pectoral congestion and oppression so characteristic of pulmonary consumption. If the reader has carefully noted all that has been said on the subject of controlling the circulation, (§ 29 to § 35, inclusive,) he will be prepared to understand the principle to be applied in selecting movements for the treatment of consumption. We should act almost wholly, and very perseveringly on the extremities, (§ 29) by rotations of the feet, hands, arms, and legs, and by flexions and extensions of the same, after the manner previously described, (§ 29 to § 33); *but there should* NEVER *be any attempts to expand the chest till after the peripheric circulation has been much improved.* And, during the whole course of the treatment, the securing and maintaining of a healthy

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peripheric circulation should never, for a moment, be lost sight of. In practice, it is generally best to begin and end a prescription with movements having more or less reference to this indication, with two or three movements for special purposes in the middle. Insisting again on the importance of the foregoing, I pass on to illustrate more specific treatment in this disease.

§ 61. What was said under the title of "retraction and relaxation," (§ 20,) was published in August, 1858. These views have been strikingly confirmed by a paper read by Dr. J. W. Corson, at the session of the Academy of Medicine, held on December 1st and 11th, on "Management of the Shoulders in Examinations of the Chest," and reported in the *American Medical Monthly*, for January, 1859. I quote: "He had also an interesting and really useful sign to communicate, which had hitherto escaped notice. It was comparative *stiffness* in the movement of the shoulder *over the lung most diseased*, on short breathing, as watched carefully behind. For this, he gave the *sixth* 'position.' It was to face the back of the patient, a yard distant, near a window or white wall, and let him drop his arms, 'as if dead,' by his side, and breathe deeply, 'like a man a little out of breath.' The physician first 'takes aim,' like a rifleman, across the tips of the shoulders, and then draws nearer and watches the play of 'the inferior angles of the scapulæ in breathing, with a movement like the fins of a fish.' The *paralysis* might be either mainly 'acromial' or 'angular.' Curiously enough, this seemed to depend on the higher or lower location of the disease which *thus paralyzed the parts nearest.* A very elegant way of testing 'angular' stiffness, especially in a fully-clad lady, was to place the two index-fingers, as 'pointers,' lightly on the lower ends of the shoulder-blades, and watch their motion as she sighs. This stiffness was less in recent attacks. It varied most in *different stages* of phthisis, was slightest in pneumonia, and greatest in pleuritic affections." The same condition of the pectoral and intercostal muscles over diseased lungs, though not so readily *seen*, can be easily detected by the *touch*, after a little experience. It is reasonable to suppose that this condition of the muscles would be removed on a cessation of the pulmonary disease. But if a healthy condition of the *muscles* can be previously induced, why may it not have

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a salutary effect upon the disease in the lungs? I believe it does have this effect, and analogy sustains this view. This rigidity of the respiratory muscles must impede respiration, even beyond what it would be impeded from the simple condition of the lungs, at the same time contracting the thoracic cavity.

Fig. XXI. represents how the chest may be expanded, the ribs everted, the thoracic capacity increased, and the anterior respiratory muscles stretched, in very delicate cases, even where it is not proper for the patient to make any voluntary effort. The assistant places one knee between the shoulders, (protected by a cushion,) then placing his hands in each axilla, gently draws up the shoulders and chest by the pectorales, major, minor, and subclavii muscles, at the same time pressing forward gently with the knee; the patient, meantime, remaining perfectly passive. This may be repeated six or eight times, and is invariably followed by a feeling of great relief to the patient. The pectorales, major and minor, subclavii and intercostales, have been put upon the stretch, (eccentric movement,) the capacity of the chest enlarged, and respiration relieved. In this disease, forward flexions of the trunk should be avoided as much as possible.

FIG. XXI.



*"Passive" Expansion of the Chest, anteriorly.*

Fig. XXII. represents a more active movement. The assistant stands behind the patient, and then, leaning forward, takes hold of his hands, and, rising into the upright position again, stretches the patient's arms against the lat-

FIG. XXII.



*Drawing up the Arms, expanding the chest laterally, and promoting circulation in the upper extremities.*

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ter's resistance. The muscles of the entire upper extremities are put into action, the scapulæ are rolled outward and slid upward, the stiffened scapular muscles are thoroughly stretched, and the chest expanded laterally. After the assistant has made as strong traction upon the patient's extended arm for a moment as the case will bear, the patient gently draws them down again against resistance. Thus a most powerful action of the muscles of the superior portions of the trunk has been obtained with slight expenditure of the nervous force.

Fig. XXIII. represents a movement that gives more immediate comfort and satisfaction to the patient than, perhaps, any other. It shows the patient sitting astride a horse, with the feet resting on a ledge, and fixed in the stirrups, as seen in the cut. The position is such, that the lower part of the person is quite firmly fixed. The patient's hands rest on his hips. The assistant now places his hands just under the shoulder-blades, longitudinally, each side of the spine. The patient now bends backward, principally with the *upper* part of the trunk, bending it slightly *over* the hands, thus held (but not too firmly) against the back. Thus the patient's chest is expanded by *his own* effort, the posterior muscles contracting, and the anterior ones expanding, in counteraction to the sunken chest and protruding shoulders these subjects generally exhibit. To make it still more powerful, the arms may be crossed over the head. It should be repeated—after the patient, relaxing a little, has been pushed back to his first position—several times, very gently and slowly.

FIG. XXIII.




*Backward flexion of the upper part of the trunk—acting on the posterior muscles, and expanding the chest.*

Fig. XXIV. illustrates a compound movement, that accomplishes several purposes at the same time. The patient stands between two poles, the hands holding, and the elbows resting against them, the latter being at the height of the shoulders. The assistant then places his hands against the patient's back, and pushes him forward with some force, the patient at the same time rising on his toes, but not bending his knees or hips.

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The chest is expanded, both *longitudinally* and *laterally*, and the whole anterior surface of the body is made eccentric, while there are powerful contractions in the arms and legs. The chest is expanded, and a general peripheric circulation is secured at the same time. The patient settles back into his original position, and the movement is repeated a sufficient number of times. It is very excellent when properly given; but care must be taken not to use too much force with feeble patients, but it can be adapted to the strength of the most delicate.

FIG. XXIV.



*The whole body engaged in expanding the chest, promoting general circulation, and relieving pulmonary congestions.*

Fig. XXV. shows the manner of developing the scapular and pectoral muscles, and expanding the chest when it is not desirable to act on a number of muscles at the same time. The patient is partly reclining, (half lying,) with the arms extended forward, when they are brought back, from *a a* to *b b*, by the assistant, to act upon the pectorales, and by the patient, when it is desired to act upon the scapular muscles. The elbows should be kept stiff. Much can be done by variations of this simple movement, towards developing those respiratory that are concerned in any of the movements of the arm and shoulder—a development utterly impossible in ordinary exercise; for, in the easy, sustained position of the patient, while all other muscles are at rest, he is able to make an effort with the pectorales, for instance, of considerable force, which when the same effort is distributed over the whole muscular system, would effect it very feebly. Besides, a *local* effect is secured.

FIG. XXV.




*Acting upon the anterior or posterior muscles that move the arm—assistant respiratory muscles.*



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ARTICLE XXXIX.—*Provings of the Macrotys Racemosa, upon Forty Different Persons, including Six Females.* Made by Prof. B. L. HILL and Prof. J. S. DOUGLASS, of the Western Hom. College, Cleveland, Ohio.

CLEVELAND, OHIO, February 3, 1859.

DR. PETERS:—I herewith send you some "Provings of the Macrotys Racemosa," (Black Cohosh,) upon some forty men and six ladies. They are very valuable, particularly as the provers were medical students, and were entirely ignorant of what they were taking—the fact of what medicine it was being carefully concealed, until we got the provings from each. In at least ten different instances, the provings were so nearly alike that one would have supposed they were all copied from one, but from the fact that the style of expression was different in all. One remarkable fact is, that it produced nausea, vomiting, and much gastric irritation in the *females*, while in *males* it was hardly noticed, as affecting the stomach in the least. I have found it the best remedy for "morning sickness," of pregnant women. It is valuable in agues, and one of the best rheumatic remedies; is also a most important medicine for bronchial affections, as well as affections of the brain.

If worth publishing, please insert it. Truly, B. L. HILL.

*Mind and Sensorium.*—Not disposed to fix the attention. Vertigo, impaired vision, dizziness, dullness, with fulness and aching in the vertex. A sort of delirium, with an inclination to run over the subject on which he was reading. Mind clear, as a first effect. Miserable, dejected feeling; mind dull and heavy. Feels grieved and troubled, with sighing. Next day, a feeling of tremulous joy, with mirthfulness, playfulness, and clear intellect.

*Head.*—Heaviness, dulness, fulness, slight dull pain. Acute pain over the left eye; in forehead, occiput, vertex, &c., in paroxysms. Pain relieved by the open air. Head and eyes relieved from an existing pressure. Headache through the temples; head ache as if it would burst. In half an hour, a half-intoxicated feel ing, with swimming of the head. Sense of fullness and heaviness of the head; soon after, dull pain of forehead, heat of the face and slight sweat; pain in left temple. Awoke at two o'clock, A.M., with excruciating, though dull pain in forehead, extending to temples, with coldness of forehead; pain in eyeballs. After one hour, aching pain and soreness of vertex, increasing to great severity. After two or three hours, passing to the frontal part of the head; continuing all night and depriving him of sleep. Feeling of fullness, with headache; fullness on the left side; full feeling in the upper part of the brain, with dull feeling. Head feels too large. Dull pressive pain in the left side of the head

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Severe pain just over the right eye. Dull sensation throughout the head, as though he had been on a "spree," and was getting over the effects. Dull headache on getting up in the morning. Heat in the front part of the head. Brain felt too large for the cranium; brain feels compressed. After one hour, feeling of pressure in the head, and heat in the head and face. Pressure in the front part of the head and eyes. Pain in the front and top of the head. Redness of the face and eyes; eyes feel as if swollen; black specks before the eyes. Myopia increased. During the headache, the eyes were so congested as to attract the attention of every one, although there was no disagreeable feeling in them. Dull pain in the region of the moral organs; a pressing outward and upward, as if there was not room enough for the upper portion of the cerebrum. This pain was very oppressive and almost intolerable; it began about five o'clock, P. M., after taking the second dose, and continued unabated till morning, when it was relieved in thirty minutes, by a single dose of Bryonia. Heaviness; pain in the eyeballs; stinging and inflammation in the lids.

*Nose.*—At first dry. Stuffed condition of the nostrils, which was soon followed by an open, moist condition, with great sensitiveness to the cold air, as if the base of the brain were laid bare, and every inhalation brought the cold air in contact with it. This is exactly similar to that produced by a sudden change of weather in winter, from cold and dry, to damp thawing, as by a south wind which melts the snow. Smarting and burning coryza relieved. Sneezing; fluent coryza, copious, watery. Very profuse, greenish, and slightly sanguineous coryza.

*Face, Jaws, and Teeth.*—Severe pain in left jaw. Heat on left side of face, with lassitude all over. Very severe pains in the face, more in under jaw, lower teeth, and articulation of lower jaw. The pains in the head and face constant, and very severe. Pain in the right superior maxillary bone and teeth.

*Mouth, Throat, and Pharynx.*—Irritation of the throat, with expectoration of mucus for half an hour, resulting in the cure of an existing cold. Hoarseness, roughness, and scraping in the throat. Roughness and dryness of throat, with thirst. Hoarseness. Dry pharynx; fullness of pharynx, and inclination to swallow. Sore throat, when swallowing. Fullness of throat

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and vertex, and stiffness of neck. Sensation of rawness of the throat; hoarseness, more towards night. Palate and uvula red and inflamed. Dryness of the lips and mouth. Sensation as if the throat was partly filled, as low as the top of the sternum. Spitting of thick saliva, which seemed to stick to the mouth and throat, and to be detached with difficulty. Mouth dry in the morning. Swelling of back part of the tongue. Dryness and soreness of the throat on swallowing, and on pressure, worse on left side. Increased flow of saliva immediately. Roots of tongue and fauces swollen; throat dry. Offensive breath. Dry, sore lips; ulcer on the inner surface of the lower lip. Unpleasant taste; thick mucus on the teeth.

*Taste, Appetite, Stomach, &c.*—Eructations, nausea, and loss of appetite; nausea and vomiting. Feeling as if too much food had been taken. Tremor in the stomach; faintness and emptiness of the stomach. Slight nausea, with weak, trembling, exhausted feeling. Awful nausea, with tremors all over; perspiration, headache, similar to morning-sickness during pregnancy, &c. Thirst, but no desire to drink. Distention of stomach and upper part of abdomen. Violent eructations, but no relief; violent retching. In ten minutes, slight nausea, which increased with a sickening pain in the duodenum. Half an hour afterwards, flatulence, eructations, and more nausea. A second dose increased the symptoms, with general feeling of illness. Supper abated the bad feelings, but nausea returned soon after. Slight nausea, and burning of the stomach. All the foregoing stomach-symptoms were produced on females, the drug producing no disturbance in the stomachs of males.

*Abdomen and Stools.*—Flatus. Rumbling in lower abdomen; fullness, pressure. Acute cutting pains at the umbulicus. Flatulence; dull heavy pains in the abdomen. Constipation; fæces hard and dry. Dull pain in the region of the liver. Periodic colic, with inclination to bend forward, relieved after stool. Griping pains in the bowels, from the umbilicus down. After second dose, large, papescent stool, with general indisposition. Fourth dose, scanty diarrhœa, with tenesmus. Evacuations natural during provings, but alternate constipation and tendency to diarrhœa for a month after. Disposition to diarrhœa. Wandering pains in bowels, slight pain in left iliac region. After-

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wards severe pains in the bowels, mostly below the umbilicus, with weight and pain in lumbar and sacral regions. Soreness of abdominal muscles, on taking a full inspiration. Dull, griping, twisting at the umbilical region, more towards the *left*. Pain in the abdomen. Urging to stool, inclined to diarrhœa. Pain in the left hypochondraic region, worse on motion, and on taking a deep inspiration. Copious papescent stool in the morning; two copious papescent stools in the morning.

*Urine.*—Disposition to frequent urination; increased secretion. Retention of urine for eighteen hours, followed by frequent micturation. Profuse flow of clear, watery urine. Violent stitches in the urethra, in the morning.

*Larynx, Bronchia, and Chest.*—Hoarseness; constant inclination to cough, from tickling in the larynx, increased by speaking. Short dry cough. Hoarseness, with roughness and scraping in the throat. Dry cough, of long standing, cured after short irritation of the throat and expectoration. Slight pain in the chest. Decidedly quickened respiration on waking. Difficult respiration, after slight exertion, with general feeling of illness. Hoarseness and roughness of the throat. Stitches in the region of the heart, or in the heart. Pain in the left side of the chest. Pain in the head, continued ten days; followed by coryza, sore throat, and extension to bronchial mucous membranes. Dry, short, hacking cough, night and day, for two weeks. Acute pain in the right lung, from apex to base, to the right of the sternum, aggravated by inspiration. Lancinating pain along cartilages of false ribs, increased by inspiration. Soreness of the chest. Cold chills and prickings in the female mammæ.

*Male Genital Organs.*—Pain and retraction in the right spermatic cord. Drawing pain along the right spermatic cord. Pain and tenderness in the testicles.

*Female Genital Organs.*—Leucorrhœa, of long standing, cured during a week's proving. Menorrhagia. Suppression of menses. Leucorrhœa, and chronic inflammation and congestion of uterus, cured during the proving, while no other symptoms were observed on the provers, until disappearance of the uterine disease.

*Neck, Back, &c.*—Stiffness of the neck. In the morning, on bending the neck forward, he experienced a severe drawing,

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tensive pain, at the points of the spinous processes of the three upper dorsal vertebræ, which continued for several hours. Trembling and weakness in the back; weak trembling pain in the small of the back. Lame, tired feeling in the back, extending from the region of the kidneys to the sacrum, relieved by rest, and increased by motion. Dull, heavy aching in the small of the back, extending toward the sacrum. Dull pain behind the right scapula. Stitches in the back, a little below the right scapula and spine. Dull pain in the region of the lower dorsal and upper lumbar vertebræ. Pain below the left scapula. Symptoms of the back, &c., felt for several days. Pain as of boils in the back, and small of the back and extremities. Cramping in the muscles of the neck, on moving the head, first in the left, afterwards in the right side. Occasional slight pain in either scapula and right shoulder. Weight and pain in the lumbar and sacral regions, sometimes extending all around the body, somewhat below the crest of the ilium. Rheumatic pains in the muscles of the neck and back; a feeling of stiffness and contraction. Feeling of weight in the small of the back. Drawing pain in a single muscle, between the right scapula and spine for some hours.

*Superior and Inferior Extremities.*—Dull pain in the right arm, in the muscles, from the shoulder to the wrist. Itching and redness of the back of the hand. Single pimples on the back of the hand, with a little pus at the apex. Itching of the back of the hand and wrist. Small red papillæ first appeared, becoming a diffused redness. Pains in the wrist and right elbow, which had continued all day, were relieved. Trembling in the limbs, scarcely able to walk. Hands and fore-arms weak and trembling, cannot grasp anything firmly; later, hands and feet cold as death, with general chilliness. Dull, aching, burning pain in second joint of right great toe. Constriction of left sartorius muscle. Rheumatic pain in knee-joint. Excruciating pain in left external maleolus, and left fore-arm. Lameness and inability to flex the second finger of the left hand. Lameness of the left wrist. These rheumatic pains continued for several days. Rheumatic pains in the muscles of the arms and legs, of a drawing character. Pain in right arm, elbow, and wrist, and in the knee, extending down to the ancle. Feel-

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ing in the foot as if it had been compressed. Pain in the extremities and back, as of boils, with fullness of the head on left side. Restless, drawing sensation in the extremities. Rheumatic pain in left leg. After going to bed, jerking commenced on the side on which he was lying, obliging him to change his position; it began by a perceptible twitching in the left foot. Occasional slight pains in either scapula and left shoulder. Severe pains in the arms, with a numbing sensation, as if a nerve had been compressed. These pains were first felt in the shoulder, and passed down the arm, and then the fore-arm, producing a very peculiar, lame, numb, and sometimes cramping sensation. Similar pains in the legs, but more severe and constant in the upper part of the thigh, about the hip-joint and inguinal region. Slight rheumatic pains all next day.

*Sleep.*—Very restless; restless the latter part of the night; troublesome dreams. Frequent wakings during the night, and a copious, papescent stool in the morning. Frequent wakings during the night, during some of which there were flushes of heat, and desire to throw off the bed-clothes, when the thermometer was below zero.

*Febrile Symptoms.*—Chilliness in the forenoon. Coldness and chills, especially of the arms and feet. Soon after waking, in the morning, whole surface became cold. Slight cold perspiration, with lancing pain along the cartilages of the false ribs, increased by inspiration. Disposition to perspire at night, for three weeks. Pulse too slow—every third or fourth beat intermitting. In three-quarters of an hour, increased heat of face; slight inclination to sweat; pulse rather full, and 90 in the minute, it being nearly 80 before taking the drug. In three-quarters of an hour after taking the second dose, pulse weaker, and very irregular, and 80 in the minute. After the third dose, pulse very weak, with general feeling of lassitude and weakness, with heat and smarting of the face. At the end of an hour, pulse 70 or 80, *irregular*. Pulse quick and weak. Cold chilliness, with cold hands and feet. In the morning, pulse feeble, with weakness and trembling. Pulse feeble and accelerated. Drowsiness, with creeping chills upon the back, during the evening, followed by frequent wakings during the night, and desire to throw off the bed-clothes, although the thermometer was below zero.

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*General Symptoms.*—Feels tired. Nervous weakness, after noon. Sensitiveness to cold air. Restlessness after noon—moving about, not knowing what to do. General feeling of illness. Weak, trembling, exhausted, sinking feeling, with slight nausea. Easily fatigued, as after great exertion. Miserable, dejected feeling. Palpitation and faintness. After the third dose, tremors all over. Fourth dose, sick all over; so weak and trembling as not to be able to go out or study; believes the condition to be but one remove from *mania a potu.* Next morning, weak and trembling. Feeling of exhaustion, as from overexercise. Desire to lie down and close the eyes. General, bruised feeling, as if sore. A sensation as if from severe muscular exercise, especially in the small of the back. General feeling of weariness, weakness, and prostration, as if from overexercise. It affects the left side most. Feeling, which only those know who "spree," "court," or watch all night with the sick. Soreness and stiffness of the whole body, as after hard labor. Sensation in the head as though he had been on a "spree," and was getting over it. Uneasy feeling, hardly amounting to pain, in all parts, principally in the right side. In the morning, his joints felt, on motion, as if he had labored exceedingly hard the previous day; the joints felt stiff for a day after. In the morning, there was a general feeling of lameness, and many unenviable feelings, which, he thinks, the feelings on getting over a "spree" would hardly express, unless it was a pretty hard case.

Clinical Notes.—Dyspepsia, with pain of the forehead, and over the right eye, temple, and vertex, with fullness, heat, and throbbing. Coldness and chills, particularly in the arms and feet. Faintness in the epigastrium. Pain and regurgitation of food. Opthalmia, with pain in the eyeballs, and inflammation of the lids. Neuralgia at the "critical age." Severe pains in the head, especially in the forehead and eyeballs. Troublesome, hacking cough, of some month's standing. Long-standing, remittent headache. Chorea and periodical convulsions. Leucorrhœa; menorrhagia and suppression; leucorrhœa. Chronic inflammation and congestion of the uterus. Prolapsus of the vagina. Sterility. Nausea and vomiting of pregnant women, with headache and depression of spirits. Gleet. Variola, both as a prophylactic and as a remedy. Catarrhs and bronchial affections, with soreness of the throat and chest. Cough, with

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slight and difficult expectoration. Irritation of the spinal marrow, with great tenderness on pressure. Great general nervous irritability and severe palpitation of the heart, which has been taken for organic disease. Sub-acute and chronic rheumatism of the back and limbs. *Chorea.*

It often proved serviceable in pleurodynia of long standing. On allopathic authority, it is reported very successful in acute rheumatism, of the most severe character. Dr. Peters says it is most useful in articular rheumatism of the lower extremities, with much swelling, heat, and pain on moving the parts. Like Bryonia, it exerts special control over inflammations of serous membranes; but its range of action, and consequently its applicability to rheumatism are inferior to Bryonia. It is homœopathic to rheumatism affecting the dorsal muscles, and in some cases of chronic nephritis. Dr. Morrow used it, (Macrotys) with wonderful success, in leucorrhœa, menorrhagia, prolapsus uteri, threatened miscarriage, dysmenorrhœa, and sterility. He also used it, with great success, as a preparatory remedy, for weeks previous to parturition.

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## Article XL.—*Rights of the Clergy.** By James T. Alley, M. D., of New-York.

There is something "new under the sun," at least in development, if not in creation. The idea may have slumbered for ages; it may have been permitted to lay quiet, until the minds of the people were prepared for its reception; or, still more to the honor of its proclaimers, it may have been waiting for some bold and daring genius to drag it forth from oblivion, overwhelm science, and astonish the world. Whatever has so long retarded its discovery, the middle of the nineteenth century, north of Mason and Dixon's Line—the East and the West only sharing in the glory of the advent—the announcement has now gone forth that clergymen have not the rights of men! They have bodies, minds and faculties, as others have, but their judgment is perverted, by nature of their pursuits. Especially of the "intricacies" of medical science they are "profoundly ignorant;" therefore, they have no right to think for themselves, or change

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* Recommended by Dr. Marcy.

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their opinions, but must take the pills of their fathers, and drink the draughts of their grandfathers, if advised by "legitimate medicine." If, keeping pace with the new discoveries in all other departments of science, a new system of *healing* is developed, which, from practical results, is shown to be superior to others, they have no *right* to admit it; or, if a cannonade of "legitimate drugs" threatens their lives, they must quietly submit—for it is the established custom of ages, and that must ever be sacred from the innovation of modern novelties.

Such is the charming theory which Dr. Palmer sends from the West, and Dr. Reese reverberates from the East. They are both editors of what are called "leading journals;" the one, a teacher in a medical institution in Michigan, the other considers himself as indispensable in the medical societies of New-York. But, though they are firm in the faith, and wear the aspect of being "unterrified," yet they are really becoming troubled in spirit, and starving to death on hope. Still, with other illustrious worthies, they have worked faithfully and well—by turns, abusing and coaxing, fretting and exhorting, beating and patting; now appealing to conscience, and again to might; now resolving to annihilate, and again to quiet; now roaring in the thunder-tones of babbling eloquence, and again in smooth and silver sounds, which only they construe as argument. For more than fifty years, homœopathy has been "riding on prosperously," in this, as well as in other cities; yet, for many years, hardly a month has elapsed but the pages of the *Gazette* have borne testimony to the editor's discharge of duty, and probable relief of conscience, in villifying the truth. Truly, homœopathy must be a mighty giant, and have attained the very zenith of power, or her antagonist must be a puny Lilliputian, at the very nadir of weakness. With all their might and machination, they could not strangle the infant of more than fifty years ago; and now, under the appliance of their whole panoply of argument, ridicule, sarcasm, invective, envy, and contempt, she grows with increasing vigor, smiling with complacence under the severest castigation, whilst scandal and misrepresentation have scattered the information both far and wide, and wherever the truth has been made known it has been gladly received.

This is a perplexity for Palmer and Reese. "Patience has ceased to be a virtue," and they have now uttered their manda-

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tory pronunciamento: "That no man devoted to another profession, can obtain such a knowledge and take such a view of the subject as to entitle him to the expression of an opinion contrary to the weight of authority;" for it requires "such evidence as no clergyman, devoted to his profession, can be presumed to possess." According to these marvellous sages and eclectic philosophers, then, it is the height of presumption to suppose that clergymen, having eyes can see, having ears can hear, or having senses can know, by their fruits, of the comparative merits of two opposite systems of medicine. "Oh! judgment, thou art fled to brutish beasts, and (*clergy*-)men have lost their reason!" But, before examining their pitiable pleading, let us refer to that which has given the opportunity for this last attack upon the clergy. It is simply this:

In the Hull Infirmary of England, a large institution under the care of the first allopathists, one of their number, the Senior Physician, also Vice-President of the British Medical and Surgical Association, and who has always been "after the most straitest sect," a medical Pharisee, has lately been converted to the truths of homœopathy. "He asked that separate wards might be given him, for the purpose of practicing the system on some of the patients of the Institution. The Board requested him to resign, he refused to do so; a long discussion ensued, in which *the clergy* took a leading part, in favor of legitimate medicine." "The clergy" here means one man, the Rev. H. W. Kemp, of whom his cotemporaries had "never heard before" and we hate even to repeat that his speech consisted of "personalities, vulgarities, and sophistries," and was "distinguished for the fervid vein of bigotry and intolerance that pervaded it." This, however, furnishes Dr. Palmer an occasion to load this *one* with compliments, and, at the same time, insult the common sense of the thousands who have departed from the faith. Truly it is a subject for congratulation to these disconsolates, to know that there is yet one clergyman in England, who is not yet homœopathic. We are glad they have some consolation, in so mournful a case as the conversion of Dr. Horner. He has occupied a prominent position, as an accomplished scholar and thorough physician, and, although compelled to combat the prejudices of early education, and the steady and unchangeable habits of John

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Bull, like the immortal Sir Astley Cooper, "he hesitated not to change his opinions, when convinced by facts." He has been, at last, overpowered, and by partisan feeling removed from his position; but it were better to leave the Infirmary with scores of ignorant revilers, because of having been convinced of the truth, than to dabble in routinism, in all the institutions of England, Europe, or the world.

Let us now look at the reasons assigned for this wonderful proclamation, which, for the sake of convenience, we will separate into three propositions, and remark briefly upon each.

1st. "Clergymen have done wrong; they have done harm to the cause of truth, moral, and spiritual, as well as material," and, farther than this, they are on the road, and very near the gaol of "infidelity;" for "they must have seen that heterodoxy and infidelity have ever been, to a large extent, associated with the rejection of legitimate medicine." Must we believe, then, that in accordance with the quietude and submission which men show in taking *their* lengthy prescriptions, so is their orthodoxy, in regard to spiritual matters? This is a new method of testing the soundness of faith, and we hope it will not be carried into practical effect. We admit, that many of the allopathic measures do *relieve* disease; but that there is any science in the administration of their drugs, or anything more than the results of experience and observation we surely deny. In anatomy, physiology, pathology, chemistry, and surgery, very many of them are scientific, learned, and profound, and these we maintain in common with themselves; but that they ever had, or now have an exclusive law, which points to the adaptation of certain powers of drugs, to meet certain conditions of disease, is denied by all learned allopathists—they themselves admit there is no science in the application of remedies. What right then has Dr. P. to say, that any man "devoted to another profession" does injury to *science* by refusing to take his drugs? How can a science be injured which does not exist? Let the learned Doctor examine the platform on which he stands; for he will be driven to the conclusion that the imaginary being, whom he has supposed to be his mother, and whose honor he has so zealously defended, is nothing more than a naiad from the sea of experience. Never, until nature's law of "*similia similibus curantur*" was made

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known, was there an intelligible principle for the removal of disease, by the specific powers of a remedy. If, then, according to their own testimony, they have no truly exclusive system of medicine, and if this newly-discovered system gives such evidence of being the one long sought as to recommend itself, both by its attractive theory and corroborating practical operation, to the educated men of the age, who but Palmer and Reese shall dare to rise and stamp them as fools and infidels, because they embrace that which their enlightened judgment approves?

2d. The clerical profession must take no pills, but allopathic, for with these "rest the authority of our fathers, and the great mass of enlightened modern opinion." We have all due reverence for the doctrines of "our fathers," and, for whatever of truth we find in their teachings, we will acknowledge obligations and hold their memory in profound respect; but, in receiving a medical theory, we shall *never* ask the question, have our fathers acknowledged it, did their wisdom devise it, or would their spirits sanction it? but only, is it true? The experiments of "our fathers" have developed many things in medicine, which, though making no pretensions to theory, are of much practical value. Yet, though we had the unanimous and combined experience of all the physicians who have lived on the earth, from the dawn of creation until the present time, it would be an incomparably *miserable* substitute for a scientific principle. It is for this reason the progress of "legitimate medicine" has been so wofully slow, a fact of which all its followers complain. In the blind worship of experience, bound by the chains and trammels of the "authority of our fathers," and only daring to advance where the needle of antiquity pointed, it is no wonder that a modern "legitimate" has said, "in regard to the principles of medicine, we are standing on the ground where Hippocrates and Galen stood." Instead of investigating, examining, and arriving at conclusions independent of antecedents, they have been travelling "in the steps of their illustrious predecessors;" instead of being followers of the truth, they have felt under obligations to follow the "lights" of their profession. This is not only smothering progress, but is no compliment to the noblest ancestry. There are epochs in the pursuit of science, when all previous theories become lumber and rubbish, at least so far as their direct use is concerned.

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When Newton proclaimed his discovery of the laws of gravitation, though he was but one man, rising up against the nations of the earth, rebelling against the authorities of the past and the ingenious theories of ages, yet his plain demonstration buried the whole mass of preceding philosophy in the darkest oblivion. After Harvey had shown the fact of the circulation of the blood, of what use were all the dusty volumes, which had been written on the various theories which had prevailed?—they could only show the good intentions and honest devotion of unlucky pursuers. So the plain and simple law (for nature's laws are all plain and simple) which Hahnemann unfolded, is as far above experience as the east is from the west, and recognizing that law, and considering the progress of its principles, it requires no prophecy to conclude that, before another generation passes away, it will have trodden under foot all the dogmas of the long line of "legitimates." The opinions of our ancestors, then, are to be taken for just what they are worth—no more, no less.

With much admiration of the genius, honesty, and faithfulness of hundreds of predecessors of Newton, Harvey, Hahnemann, and others, we beg to say, that all the fruit of their labors were nothing more than the shadow of good things to come. Again, more to give his sentence a rhetorical beauty, than to add to its force, he says: "the mass of enlightened modern opinion" are in favor of his system of medication. In regard to enlightened opinion, this is untrue, for no man's opinion is enlightened when, in obeying the tradition of his fathers, he shuts his eyes to the light of truth, and, according to their own charges, they admit that the enlightened sentiments of the laity are in favor of "*similia.*" As for "the great mass of opinion," we care nothing for masses, and shall never shout because they hurrah, nor follow because they lead; in politics, religion, morals, science, or whatever problems are submitted to the disposition of men, a more abominable doctrine has never cursed the earth than that which declares that, disregarding evidences, we must follow the crowd.

3d. To decide against the majority, and with the few, "requires such evidence, as no clergymen devoted to his profession, can be presumed to possess. "We do not say, that no clergymen can have evidence satisfactory to his own mind; of that we shall not attempt to judge." Yes, the poor clergy may have evidence

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satisfactory to their own minds, yet they are not "entitled to the expression of an opinion contrary to the weight of authority." The duties of their profession so monopolize their time, and religious philosophies so disconcert their brains, that they cannot be presumed to judge. Although these Ciceros have presented this subject in a new form, this is not the first time these ideas have been advanced. In the absence of argument, and in the blindness of submitting so absurd a preposition to an intelligent public, it has been often repeated, as though it were evidence of the falsity of homœopathy, that literary men, and those of intellectual pursuits, were the first patrons of this "abominable heresy."

If, because the mind is cultivated and developed by a liberal education, by extensive intellectual acquirements, and by a discipline of mental labor, therefore it is not capable of judging upon any matter relating to science;—if clergymen, who, beside having become versed in current literature and general information, have devoted a portion of their time to the exalted theories and practical truths of the relation of God and man, have thereby lost all title to common sense, so far as not to be able to recognize the *modus operandi* of a plain law of nature, the operation of which is of the most vital importance to themselves and those by whom they are surrounded;—if poets, historians, lawyers, editors, philosophers, literateurs, and all educated men, so lose their powers of common observation as not to know what cures their diseases and what fails to cure them, whilst those to whom books are dry, and knowledge trash, stand as the unintelligible evidence of the truth and perpetuity of legitimate medicine, because they are willing to submit uninquiringly to the impositions which may be practiced upon them:—then we must either woo back the days of primeval darkness and blissful ignorance, or the ages yet to come, as they develop and mature their systems of philosophy, science, and art, and thus furnish new subjects for literary labor, will be compelled to appoint some Hippocratic umpire to be clerical director and medical thinker for all the savans of their time. And, as the enlightened nations of the earth seem to be progressing in knowledge, and in the discovery and perfection of every truth which God designed that man should know, we advise the young

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Palmers and Reeses to leave the land where the light of intelligence shines so brightly as to expose the imperfections of their craft, and seek some darkened portion of the earth where no theology crazes the brain, no maze of philosophy destroys the senses, and no scholastic enlightenment renders the people suspicious of "legitimate medicine." Or, if it is urged that a want of time is a cause of *their* incapacity, we submit whether it is not rather a grave charge against the moral character of *any* man to say that he is so absorbed in the discharge of professional duties as not to have *time* to attend to these affairs. If, within the sacred precincts of the domestic circle, there are not those whose claims of life and health are prior to the claims of the outer world, then we confess to have forgotten the first principles of a Christian benevolence and law of love. It is not to be expected that men in other pursuits or professions will have time to obtain a sufficient knowledge of medicine and disease, either to administer or dictate the administering of remedies—for this requires a lifetime of study, toil, observation, and experience—but the philosophy of the "healing art" is so plain, and, above all, practical results are so easy to observe, that it is every man's duty to be able to form a judgment for himself, and to give the reasons for the faith which dwelleth in him.

Again, if it be alleged that sedentary habits and literary occupations render them subject to nervous diseases only, and this is the reason why homœopathy answers in their case, we reply, first, that we were not aware that clergymen, from the nature of their calling, enjoyed immunity from any disease to which the human frame is liable; and second, even though this be true, there is no part of the animal economy which, when diseased, requires so perfect an adjustment in the administration of remedies as diseases of the nervous system. There is more science in acting upon a limited portion of nerve-disease, than in curing cholera, dysentery, or other mortal maladies; for the reason that, in the latter, the diseased action is located in parts where to cover it requires the selection of a remedy, the power of which is comparatively easily observed and understood, whilst, in the former, we have to exert remedial influence, not upon particular organs or tissues, but often upon isolated nerve-tracts. Let even the uneducated then judge whether a system of medicine which

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ascertains the specific action of each drug upon the healthy economy, so as with relative certainty to meet the varying manifestations of disease, is not superior to that other system which, aside from the chemical theory, administers because experiment is said to have cured.

We are happy to inform our Western friend that, as his "medical brethren seem to suppose" nearly all the clergymen of the East are becoming convinced of the truths of homœopathy, and, with all this change, we have not yet noticed that the pulpits have been given over to "heterodoxy and infidelity." They have had, and will, of course, have tempting bids from the long purses of "legitimates," to induce them to maintain at least the outward show of conforming to *their* dogmas; but the independent stand which they have taken, though subject to the revilings of the bigoted, will be in favor of true science, and for the benefit of themselves. It is only a short time since, in the city of Brooklyn, a celebrated clergyman graced by his presence and a speech the annual gathering of the American Institute of Homœopathy. A few days after, he attended, by invitation, the inauguration of an allopathic institution. When called upon for a speech he was met by shouts and hisses from well-instructed would-be officials. Of course, this is just what we might expect. It was an index to the character of this portion of the audience, for we judge of

"Geese and serpents, by their harmless hiss."

Besides, what right has a clergyman to form an opinion which would operate against the current price of "anti-bilious pills." It is wonderful presumption, and, perhaps, approaches "moral insanity." What say Parker and Gilman?

We respectfully petition Messrs. Palmer and Reese that they will not dictate the oath for clergymen to affirm. Let them "examine, compare, choose, reject," and only be influenced by incontrovertible evidence and undeniable facts. Admitting that homœopathy was against the "common sense" of the enlightenment of even the eighteenth century, yet many of the problems which were against the common sense of a later date, are already demonstrated facts. The waves of the Atlantic are now dancing with delight over the triumph of modern science, which, a few



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years ago would have been stamped as chimerical and heretical; yet this conquering of distance, and whispering of nations, is carried on by an agent invisible and imponderable as the highest dilution.

In conclusion, these passionate tirades and authoritative proclamations must be regarded as an unfavorable omen for "legitimate medicine." When that which has been so long called a science, shows such symptoms of decay as that, even in the societies of its professed followers, they need stringent resolutions and by-law restrictions, to keep their members from imbibing this "heresy." When they advance such nonsensical and insulting doctrine as that men have no right to arrive at conclusions, (although "they may have evidence satisfactory to themselves,") except it is in accordance with *their* Micawberish egotism;—when they endeavor to frighten and inveigle educated men into the belief that their dogmas are true, because they were born in the darker ages of antiquity, and because the "masses," since the days of Hippocrates, have paid ignorant obedience and heathenish devotion to the fancied goddess;—when, for the advancement of their mock philosophy, they consider it expedient to brand the enlightened men of the nineteenth century as "infi dels" and "Mormons," and endeavor to exhaust their inexhaustible stock of anathemas and denunciations against those whose sound judgment return their violent dealing upon their own pates;—when homœopathy courts examination, and asks for a fair and candid trial, side by side with her opponent, in the public hospitals, as well as in private practice, and in whatever disease they choose to name, and when that opponent, instead of grasping at this opportunity to expose a "medical delusion," defeats this end by all the lobbying influences of politics, by marred statistics, and the desperate extremity of falsified reports,—then we are compelled to infer that their system has not sufficient inherent power to maintain itself, except by a rattling panoply, which is ever the protection of conscious weakness and well-grounded fear.

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ARTICLE XLI.—*Poisoning by Phosphorus.* Read by Dr. J. O. MÜLLER, of Vienna, before the "*Central Verein für Homœopathie.*" Translated from the *Allgem. Hom. Zeitung*, by Dr. JAEGER, of Elgin, Ill.

ELGIN, Ill., Jan. 25, 1859.

DR. PETERS, DEAR SIR:—The article annexed may meet your approval, as an addendum to the two very interesting treatises on Phosphorus, in the November number of your Journal. The case cited here is certainly one of interest and value to the profession; its ætiology and the treatment give us sufficient cause to acknowledge the efficacy of minute doses in the treatment of the most dangerous diseases, if they are applied in accordance with the homœopathic law of cure. The case is still further of great value to our school, since its pathogenetic developments are invaluable additions to our materia medica, and this the more so, since the observations came from the pen of one of the most distinguished men of our school. Dr. Müller has ever been regarded as a close and thorough observer and diagnostician; he has labored with untiring zeal, for many years, for the improvement of our materia medica, and we can look with confidence upon all his observations.

We also can regard the successful treatment of such cases as legitimate trophies of rational medicine, since only very recently such authors as Geist, Schrader, Kreisig, Tenery, Lafargue, and many others, have given, as their opinion, that every case of poisoning by Phosphorus would terminate in death. This is, indeed, deplorable honesty, and very cold comfort to the medical practitioner; although he has many antidotes at hand, which chemistry has revealed to us during the past twenty-five years, yet he can do nothing. The leading authorities say: "It is of no use—we have seen every case of that kind of poisoning die."

We will now show that not "every case must die," but that even the most violent cases of poisoning by Phosphorus can be restored to health again. Yours, truly, DR. JAEGER.

A lady, about thirty-three years of age—strong, muscular, and well-developed frame—took *three grains* of Phosphorus, the scrapings of matches, in a wafer.

Dr. Müller saw the lady eight hours after her suffering had commenced. During the night she endured her sufferings, without informing the inmates of the house of her condition. The very violent vomiting, accompanied with a loud, ringing noise, (sound) awoke the inmates, who sent for Dr. M. On his arrival, the Doctor found the lady suffering with "a very highly-developed *gastro-enteritis.*" The patient laid there, sunk down in the bed, cold and pale; skin covered with cold, clammy perspiration, some parts of it waxy yellow; the countenance of a leaden hue; dark circles around the eyes, and resembling one that is dying. The mouth closed, lips pale; respiration retarded, short, and laborious; the heart's impulse weak, dilatory, and intermittent;

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radial pulse, small, rather hard, at times slow, unrythmical, and intermittent. Abdomen, and particularly the region of the stomach, distended in all its dimensions, highly irritable, and, by the least touch, violently painful. The patient could not bear the pressure of her chemise, and made automatic motions toward the epigastric region, to be freed from the clothes.

Before the arrival of Dr. M., the patient had vomited twelve times, with the utmost effort, and accompanied with a loud, ringing noise. At first, the vomiting was of a watery, slimy character, mixed with pieces of the epithelial and mucous membranes, which were followed by small quantities of coagulated blood, and bloody mucous matter. There were also diarrhœic stools, of the same character as the vomiting. Urine had not passed during this time, and yet the region of the bladder was not palpably distended; the region of the utero-vesicalis, however, was very sensitive to the touch. Otherwise, the patient was in a collapsed state; the limbs hanging down flaccid, almost ductile, like wax; sensorium and mental faculties were in a state of unconscious apathy. To arouse her from her bland delirium, it was necessary to make a loud noise, close to her ear.

Under such circumstances, continues Dr. M., where the gastro-enteritis was so highly developed, and where the whole nervous system, under the influence of the foreign substance, was in danger of succumbing without reaction, it was not difficult to prognosticate a fatal termination of the case. There was but little time to choose between the various recommended antidotes, since but little could be expected from their application, and the concrete case was at once treated, as it was before Dr. M., in accordance to the pure homœopathic principles.

Dr. M. administered *Aconitum*, first attenuation, in water, a tablespoonful every ten minutes, and ordered the patient to drink cold milk, which she was able to do, since deglutition was not much impaired. The happy result of this treatment was soon apparent. In the afternoon, reaction had taken place, the surface was moderately warm, the pulse fuller and more frequent; consciousness depressed only for short moments; indeed, she was able to speak of her condition, of her subjective feelings and sensations, although in a low, feeble voice, yet in articulated sentences. And now she related that she was suffering with an

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extremely violent burning pain in the lower part of the chest, (œsophagus?) the stomach, and abdomen; that every touch, and even the slightest change in her position, would aggravate her sufferings, in consequence of which she had to retain her once assumed position. Vomiting and diarrhœa had ceased, but retching and tenesmus, with burning sensation in the large intestines, quite frequently. Meanwhile, she had small emissions of urine, of a deep yellow hue, rather consistent, and garlic-like odor; the micturitions were very difficult, and caused violent burning. At the same time, the abdomen was distended in all its dimensions, as also the lumbar and inguinal regions, and the loins, and highly sensitive to the least touch.

During the evening, there was a high exacerbation. Every symptom of improvement had disappeared; the paroxysms of delirium were more frequent, and of longer duration; the voice feeble, expressing fear of death, &c., in incoherent sentences. Now and then the patient had spasmodic twitchings; cried out as if in distress; she labored hard to hold herself up over the the bed, which position she could not retain long, the upper part of her body being stiff, she soon sank, fainting, down in bed again; she made several such efforts during the night. Consciousness had left her entirely; medicine and drink had to be instilled drop by drop.

The complex of symptoms now were analogous with *Belladonna*, of which the first attenuation, four drops in four ounces of water, was given—a teaspoonful to be taken every hour, in alternation with *Aconite*. The effects of this remedy were very satisfactory, but a few hours after its application, the symptoms were materially alleviated. The patient now enjoyed good rest, for a longer interval than she had heretofore; the spasmodic paroxysms occurred less frequently, and less intense; sleeps quietly, even for hours, while previously she was restless and stupefied. Consciousness had returned again; the action of the heart more rhythmical and active; the pulse stronger, softer, and fuller; the temperature of the body of a pleasant warmth, and all parts of the surface covered with perspiration. The burning pain in the intestines, stomach, and peritoneum had considerably abated; she had less fear of being touched, and the meteoritic distention of the abdomen had nearly subsided.

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Under such favorable circumstances, Dr. M. could attempt, on the fourth day of her illness, to make a more circumspect examination of the abdominal region. The very accurate exploration of that region, however, did not disclose any symptoms of exudation, neither in the parietes, nor in the visceras of the peritoneal cavity. Percussion of the abdominal region returned a full tympanitic sound; the stomach and intestinal canal were filled to the fullest extent with gas, but more particularly so the ascending colon and the cœcum, in consequence of which, the right side of the abdomen was more distended, and the percussing sound more distinct. The liver, spleen, and kidneys did not manifest any palpable signs of hyperæmic swelling; the stomach, however, was much distended. Considerable borborygmus, rumbling, &c., was heard, during and after the manual examination, with occasional painful discharges of flatus. The bowels had not moved for three days, the small emissions of urine still indicated an inflammatory character.

After eight days ("the first, or inflammatory period") from the taking of the poison, the patient was comparatively convalescent. She had appetite, and gained finely; she only complained, now and then, of an irritability in the hypogastrium.

But, continues Dr. M., on the tenth day of the sickness, the patient complained of a new train of symptoms; the respiratory organism was now the seat of ailment. There was a drawing pain in the upper part of the right half of the chest, (right subcl. region?) which, after a short duration, assumed the character of a deep-seated burning, occupying the space of a child's hand, between the sixth and seventh ribs, disabling her to draw a deep inspiration. A constant inclination to cough accompanied the burning; it was difficult to prevent coughing. The symptoms had great analogy with lobular pneumonic congestion. *Bryonia*, third attenuation, (drop doses) for two nights, removed these symptoms speedily, and the patient was, on the twelfth day of her sickness, comparatively free from suffering again.

Not long, however, did she enjoy her comfortable condition; since on the fifteenth day, a new group of symptoms, evidently from the same cause, appeared, which indicated the passing from the acute form of the Phosphor.-poisoning into the chronic state, and also that the atoms of Phosphorus had been transmitted to the fluids

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of the organism, consequently the presence of a specific Phosphor.-cachexia (*Phosphor.-krasse*) was not now to be doubted.

From this time on, and continuing for two weeks, the patient complained of an extremely painful boring-burning pain in the bones, which was aggravated at night almost beyond endurance, allowing her but little sleep. The bones of the head and nose, the maxillaries, gums, and teeth, were the most severe. The pain in the teeth was increased by taking either something warm or cold in the mouth. Mastication also aggravated the pain, in such a measure that liquids and mucilaginous food only could be taken. Sometimes she had a sensation of brittleness in her jaws and teeth; she thought her teeth were loose, and would fall out. A burning soreness was also felt in the soft parts of the mouth, the fauces, and in the eustachian tube; these parts were considerably inflamed and slightly swollen, and she imagined them to be ulcerated. The interior ear, also, was very painful, and a stupefying, roaring, buzzing, and ringing noise before the ears; the external ear, the temporal region, and the upper maxillary of the right side being swollen. Soreness of the schneiderian membrane, which was covered with a bloody scab, near the nostrils. The nasal bones swollen, and discharges of bloody pus from the nose.

The discharges from the bowels, which were accompanied with burning pain and spasmodic tenesmus, consisted either of bloody mucus, or small fæcal discharges, streaked with blood; she had, all the time, tenesmus. Urinating was very painful; she said the pain in the kidneys and the uterus (probably the bladder?) was the cause of it. Urine passed drop by drop, each drop burned like fire, and at times the urine was bloody.

Dr. M. ordered *Mercurius*, first trituration, one grain every four hours, with but little effect. *Mezereum*, sixth attenuation, one drop in water, morning and night, acted more beneficially. After the first two doses of the Mezereum, the intensity of the suffering was considerably mitigated, the swelling of the bones much decreased, and, in fact, on the fourth day of this prescription, there were hardly any troublesome symptoms present. A speedy recovery was now anticipated.

The action of this powerful poison, however, had not yet ceased. At about the eighth week—after the patient had left

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her bed and room, and had been able to walk out in the open air, doing well and gaining strength—another group of symptoms made their appearance, being the third one. At this time, the nervous system, the joints, and the surface of the skin were the seat of the new disorder. There was a peculiar sensation felt, from the general relaxation of the muscular power, which the patient, however, could not describe as being a feeling of lassitude. She had no control of the muscles of the lower extremities, on going up-stairs, or stepping into a carriage; in that event, she had to be supported, otherwise she would fall down or backward.

Dr. M. continues: A general nervous apathy developed itself gradually; and there is an undescribable heavy feeling of the body, which, the patient said, again caused every motion to be painful and unpleasant. She was compelled to keep her bed more frequently, had an aversion to every employment, no matter how agreeable a pastime it was, and avoided all society. At times, great mental excitement, bordering almost on insanity, would follow this apathy; then she made use of passionate words and gesticulations, which she at times controlled, but, at other times, she could not restrain them. This mental excitement was quickly followed again by the former apathetic condition. During the daytime, she felt, several times, an irresistible desire to sleep, but scarcely had she slept for a few moments, when she began to twitch or talk, in a vivacious delirium, or fall into an erotic ecstasy, amusing herself, in a murmuring tone, with dreams of a libidinous character, and per-automatic touches would satisfy the sexual desire.

During her illness, the menses appeared twice, at regular periods, but rather scanty, and accompanied (as never before) with spasmodic pain in the uterus, and, as she said, also in the kidneys (ovaries, probably?) The last menstruation was followed by a burning leucorrhœa, causing soreness. Urine was discharged in copious quantities, clear and light-hued like water, with but little specific sediment.

Almost simultaneously with the nervous apathy, &c., appeared, as the patient expressed herself, an "affection of gout," in the knee and feet-joints, which rendered walking rather difficult; she had to be very careful in walking, else she would fall. It ap-

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peared to her as if a "rough fleshy mass (*salzige masse*) was lying between the joints, which was a very great obstacle to her when making the first attempt to walk. The soft parts of the joints were, in fact, a little swollen, without being much reddened, or painful to the touch. By any attempt to flex the limbs, one could distinctly perceive a high degree of rigidity; crepitation or fluctuation was not to be observed.

At last, the whole surface of the skin changed very materially in color. A peculiar paleness and flaccidity, and a diminished degree of the sub-acute adherence, had been present for a short period; but now a pale yellow was shining under the epidermis. The skin was turgent in some parts, and of a fallow hue, especially the face and eyelids; the pressure of the finger would leave but a slight impression. On other parts—as the neck, along the spine, &c.—one could draw the skin in large wrinkles and folds.

A peculiar exanthem, which only invested the joints, was the finale of this Phosphorus disease. The eruption was confined to small dimensions; the little pustules were closely grouped together, caused itching, formed thin scabs, got dry, and disappeared. In this way, several crops of them appeared. On the whole, the eruption much resembled the common eczema.

The symptoms now indicated *Sulphur*. The patient was directed to take, morning and evening, one drop of *Sulph.-spiritus*, in water. The effects of this remedy were very satisfactory. After taking it for ten days, the patient, who had suffered so much, could be considered as restored, and treatment was discontinued. Four months after the first dose of *Sulphur*, the patient was in the fullest enjoyment of good health—she being, at that time, on a visit to the country.

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ARTICLE XLII.—*Fragmentary Remarks on Biliary Calculi.* By JOHN C. PETERS, M. D., of New-York.

*Sex.*—Gall-stones are supposed to be much more frequent in women than in men. Prout and Budd say that they often saw five or six cases in women, to one in men. Hoffman, Haller, and Sommering found them more commonly in women. Of 112 cases, 84 occurred in females, and only 28 in males; of 40 other cases,

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no less than 37 in women, and only 3 in men. But this rule does not seem to be universal, as Walter found 44 cases in women, to 47 in men; and the celebrated Morgagni found the numbers nearly equal in the two sexes. Heim, in 620 cases, found 377 in women, and 243 in men.

*Age.*—Gall-stones are seldom found in persons under 30, although a large biliary calculus was taken from an infant, who died with jaundice and rupture of the cystic duct, on the fifth day after birth. The youngest person in whom Budd found a gall-stone was a girl, aged 24, who died of phthisis and fatty liver. In 91 cases, Walter had 1, aged 20 years; 27, between 30 and 40; 14 between 40 and 50; 19 between 50 and 60; 8 between 60 and 70; 13 between 70 and 80; 1 was 80, and another 90. I have records of 1 person aged 12; 1 aged 24; 3 aged 25; 3 at 26; 1 at 30; 1 at 32; 2 at 35; 1 at 37; 3 at 40; 1 at 43; 5 at 45; 1 at 46; 1 at 49; 15 at 50; 1 at 52; 4 at 60; 3 at 62; 1 at 65; 3 at 66; 3 at 67; 1 each at 70, 73, 75, and 81. Heim, in 395 cases, found only 15 under 25 years of age, and only 3 under 20 years.

*Number and Size.*—Morgagni found 3,645 gall-stones in one bladder; Parry, 2,654, weighing in all 438 grains Troy; of the smallest of these, however, it required 40 to weigh one grain Troy, while the largest weighed 62½ grains. In the Hunterian Museum, there is a gall-bladder with 1,000 gall-stones. In a lady, aged 66, no less than 506 rounded gall-stones were found; they had not caused much inconvenience, only occasional pain in the stomach, of short duration. Lord Bath had one weighing two drachms; Brayre had three, weighing 228, 176, and 159 grains each. In short, we may say that they vary from the size of a pin's head, to that of a hen's egg. Baillie found one as large as a pullet's egg, and Saye one as large as a hen's egg. Heberden took one, from a discharging tumor at the umbilicus, weighing 245 grains.

Fatty degeneration of the coats of the gall-bladder, or irritation of its mucous coat, are often associated with the presence of gall-stones. Inflammation or ulceration of the gall-bladder, by altering the quality of the mucus, or by leading to the effusion of a small clot of blood, or a flake of lymph, or by a change in the composition of the bile in the gall-bladder, may lead to the

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formation of gall-stones. Thus, mucus, according to Lehmann, will set up a process of decomposition in solutions of alkaline laurocholates; while cholesterine is present, in large quantities, in some disordered states of the bile, especially in disease of the gall-bladder.

As *Muriate of Ammonia* acts more specifically upon the mucous membranes of the gall-ducts than any other remedy at present known, it may be useful in inflammatory and catarrhal states of the mucous membrane of the gall-bladder.

### CHOLESTERINE.

But, to turn to the consideration of cholesterine. This is a white, crystallizable, fatty matter, somewhat like spermaceti, and free from taste or odor. It may be obtained by a chemical process, of no great complexity, from the serum of the blood, and is probably a modification of *serolin*, which is the natural non-saponifiable fat of the serum. This will account for the wide distribution of cholesterine in the animal body; small quantities occur in most of the animal fluids; it is a constant ingredient of the bile; it is a normal constituent of the blood; it always occurs in the brain; it is an integral constituent of pus; it is frequently found in dropsical exudations, especially in cysts, in the fluid of hydrocele, and in encysted tumors, &c., &c.

The solvents of cholesterine are:

1st. *Soap.* Wagner found that four parts of soap, solved in water, would dissolve one part of cholesterine.

2d. *Naphtha.*

3d. *Alcohol-sulphuris*, or *Carburet of Sulphur*, whose solvent powers are remarkable, and its specific action against flatulence, bilious derangement, bilious and flatulent colic, congestion of the liver, &c., well-marked. (See our "Materia Medica," pp. 200 and 201.)

4th. *Ether.* Twelve parts of cold ether will dissolve one part of cholesterine.

5th. *Fatty oils.*

6th. *Volatile oils.*

*Composition.*—There are said to be three varieties of gall-stones: 1st, composed almost wholly of *cholesterine;* 2d, composed of cholesterine and biliary matter; 3d, composed of inspis-

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sated bile only. Of these, those formed by *cholesterine*, or *bile-fat*, are by far the most frequent; but Budd says that it seems almost necessary to the formation of gall-stones that there should be a small mass of solid biliary matter, or inspissated bile, cemented by mucus or some other substance, about which the cholesterine may collect. An excess of cholesterine is, of itself, not sufficient for the formation of gall-stones, as almost all gall-stones have a nucleus, not of cholesterine, which must, of course, have existed before them.

Cholesterine is a normal constituent of the blood, the amount ranging from 0.025 to 0.200, the mean being 0.088; there is an augmentation of the cholesterine in the blood in old age, and in most acute diseases, especially in inflammations and jaundice. In the normal condition, it is dissolved so completely in the bile that it cannot be recognized under the microscope; even in bile removed from the dead body, we rarely find tablets of cholesterine, and, in those cases in which we do, we cannot tell whether it arises from an excess of cholesterine, or on its separation in consequence of the decomposition of *tauro-cholic-acid*, which substance was formerly known as *bilin*, and also as *cholere-acid.*

*Tauro-cholic-acid*, or *bilin*, dissolves fats, fatty acids, and cholesterine, in large quantities, and is probably the agent which holds cholesterine in such complete solution in healthy bile; and a simple deficiency or decomposition of tauro-cholic-acid in the bile is supposed to be sufficient to account for the precipitation of cholesterine and formation of biliary calculi. If this be the case, the administration of bilin or tauro-cholic-acid, obtained from the bile of some of the inferior animals, might suffice to dissolve gall-stones. It exists in the bile of the ox, sheep, dog, goat, birds, and fresh-water fish; it is almost entirely absent in the bile of the pig.

The great chemical peculiarity of tauro-cholic-acid, is the large quantity of *Sulphur* it contains, viz., rather more than six per-cent. This quantity of Sulphur seems necessary to its integrity; hence, a simple deficiency of Sulphur will render tauro-cholic-acid imperfect, probably incapable of holding the requisite amount of cholesterine in solution, and thus gall-stones may arise. This view gives great probability to Meurer's conclusion, that Sulphur is very useful against the disorders attendant on

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biliary calculi; the specific action of Sulphur on the liver and bile is well known, and the presence of a gall-stone may be regarded as positive evidence of an unnatural state of the bile.

7th. *Turpentine.* This dissolves cholesterine only moderately.

8th. *Hot alcohol.* This solves from eleven to eighteen per cent., which precipitates again when the alcohol becomes cold. In this connection, it may be allowable to add, that Prout and Budd say that gall-stones are rarely found in connection with disease of the liver, produced by spirit-drinking.

Some of the above remedies have obtained an empirical reputation against gall-stones and some of the consequent sufferings. Thus, the compound soap-pill has been used internally, and the soap-plaster externally. Ether and Turpentine have long been used as a specific; the so-called Durand's remedy, consists of three parts of Sulphuric-ether, and two parts of Oil of Turpentine, of which one-half to one drachm is to be taken every morning, for several weeks. Olive-oil, drank in large quantities, is much relied upon, especially by eclectic physicians. Some say that the Olive-oil itself coagulates into small masses, which are wilfully palmed off as gall-stones when they pass the bowels; but it is well known that cholesterine is soluble in the fatty oils.

It remains to be seen whether Naphtha, Alcohol-sulphuris, and Sulphur are equally or more useful.

It has been supposed that persons of a melancholic or bilious temperament, especially if sedentary and exposed to much mental disquiet, are most liable to gall-stones; fermented drinks are thought to be a frequent exciting cause. As stall-fed oxen are most subject to gall-stones, it has been conjectured that sedentary habits and vegetable diet are injurious, especially as gall-stones have been observed to be frequent among literary men, persons long bed-ridden, and prisoners. Also in persons of full habit, who live richly and lead indolent lives. The habits of sleeping long, and of long fasting, have also been blamed. Hence, much attention is required to exercise and diet; the patient should rise early, take plenty of exercise, on foot or on horseback, abstain as much as possible from gross food and heavy malt liquors.

The disease of the liver in which gall-stones are most fre-

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quent, is cancer; they are also frequently found in conjunction with cancer of other parts, so that they seem connected with the cancerous diathesis, rather than with cancer of the liver itself.

*Symptoms.*—Persons who have gall-stones frequently, have other ailments, which result from the faulty assimilation, or what not, that led to the formation of the gall-stones. These ailments are usually of a very vague and uncertain character; in some persons they are principally nervous, and consist in hypochondriasis, or depression of spirits, or other nervous disorder. *This nervous or hypochondriacal form of cholesterine disease,* may have its origin in the nervous system, and not be a mere sympathetic affection; for Carpenter suggests that one of the principal sources of the bile is the continual waste of nervous matter, which always contains a large proportion of cholesterine, and more nearly approaches bile in composition than any other substance. Freny asserts that the peculiar acids of the brain may be detected in the liver.

Gall-stones, while stationary in the gall-bladder, may give rise to no symptoms, unless they are so large or so numerous as to distend it, or unless there be irritation, inflammation, or ulceration of its coat. In such cases, there is a sense of weight or uneasiness in the region of the gall-bladder, or pain in that part, which is felt chiefly after meals, and which sometimes extends through to the right shoulder-blade, or even to the right arm; the pain or uneasiness is increased by a deep breath, or by certain movements of the body.

*Treatment.*—For this condition of things, Alcohol-sulphuris is the most homœopathic remedy; it may have to be aided by Aconite and Sulphur, or Bryonia and Phosphor. Rademacher recommends the Carduus-mariæ as an absolute specific. A notorious empiric, in this city, is in the habit of giving large doses of Sweet-oil, in many cases where no gall-stones are present; some of this oil is not digested, but is coàgulated by intestinal mucus and other matters, and is passed in masses, which are triumphantly proclaimed to be gall-stones. Some otherwise astute physicians have been led astray in this matter; others know the falsity of the process, yet use it to delude.'

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ARTICLE XLIII.—*Cases from Practice.* By Dr. R. LUDLAM, of Chicago, Ill. Marshall Hall's "Ready Method in Asphyxia of the Newly-Born."

CASE 1.—In July last, and after a very protracted natural labor, Mrs. D's., child was delivered in an asphyxiated state. The symptoms presented, were as follows: No pulsation of the cord, and no apparent evidence of remaining life. The lips and fingers were quite pallid and death-like. No cyanosis, but instead thereof, a bronzed cast of the whole surface. The cord had *not* been twisted about the neck.

Exposing the child's face to the air—while it was yet upon the bed, and without the mother's suspicion of anything being wrong—I placed my right hand expanded over the chest, and my left posteriorly beneath the axilla and across the scapulæ, and by this means rotated the body, alternately upon the side and chest, making meanwhile the proper contractions and expansions, artificially, in imitation of the normal respiratory process. Without any additional means whatever, the vital function was soon established; although, according to the by-standers, at least ten minutes must have elapsed, in the interim between its birth and its first faint cough and cry.

CASE 2.—Mrs. S., in consequence of a fall, experienced a premature delivery, at eight and a half months. Ushered into the world, after a brief labor, and with a lengthy cord wrapped about its neck, the child's body was covered with a thick brownish serum, giving it the appearance of mortification; the cord pulseless, and no signs of life to be observed. I remarked, to the mother and nurse, that their worst fears for the safety of the offspring had evidently been realized; nevertheless, we would try to save it, if possible. The same means as employed in the above case, sufficed to restore what has since become a very healthy and interesting child.

CASE 3.—*Hammamelis-vir. in Uterine Hæmorrhage.*—Was called to visit Mrs. R. H. W., hurriedly, at two o'clock, P.M., Friday, August 27, 1857. Found her upon the sofa and unable to move. Extremities, upper and lower, cold and clammy; face the same, and skin generally shrivelled and blue, as in the collapse of cholera. She said her tongue was also cold, and that it felt, like her hands and feet, "as though it were dead." Pulse

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feeble, thread-like, and almost imperceptible. Has no pain anywhere, and her respiration is but slightly labored. Flooding, very profusely, and has been for about *six* hours. The blood is, and has been since the first, of a bright arterial hue. From her accustomed profuseness at menstrual periods, she had, however, thought but little of her symptoms, attending so long as possible to her household duties. Was confident it could not be a miscarriage. In addition to the foregoing, she had likewise been suffering from a dysenteric diarrhœa, for a day or two past, and her greatest dread was of a return of that tenesmus, which she was confident would end her days.

Prescribed *Hammamelis-vir.*, ℥1, twelve drops in half a glass of water, *Coch.-parv.*, every ten minutes. Her head was placed upon a level with, or a little lower, perhaps, than her body, and the nurse forbidden to remove the coagula as she had been doing.

After taking three doses, the patient declared herself better, the natural temperature, sensation, &c., commenced returning to her body and extremities, and, under the same remedy, continued at longer intervals, during the remainder of the day and evening, she recovered entirely.

Case 4.—*Colica Pictonum.*—L. D., aged forty-five, is a strong healthy man, foreman in a white lead manufactory, and subject to occasional attacks of the before-named infirmity. For the last of these, the writer treated him, with the most signal relief, to the following symptoms: An excruciating pain "around the navel;" bowels feel as if in a vice; pain recurs at intervals of five to ten minutes; stomach excessively irritable, rejecting everything save a few drops of cold wator occasionally; retches awfully; bowels soundly costive, have not been open for five or six days; extremities, and especially the lower ones, cold, trembling, and nervous; protrudes his tongue like a patient in typhus, as if unable to retract it again, or perhaps indifferent regarding its whereabouts; pulse very irregular, slow, and wiry; skin covered with a moist, clammy sweat, and urine normal in quantity, but very highly colored.

When I first saw him, he was rolling on the floor, and had been all night, in his agony. His wife had administered every available cathartic, from Cassia to Croton-oil, of which latter she had given him from *six* to *ten* drops! but without being able

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to "*see through*" her case He had, in addition to the symptoms above enumerated, a constant and most distressing tenesmus.

Ordered a removal of the Camphor, hot cloths, &c., &c., from the surface of the abdomen, substituting for these a "batch" of simple raw cotton. I then gave of *Colocynthis*, 2, in solution, a dose whenever his pain came on—protracting the interval as he grew better.

Called again at *six*, P.M., of the same day. Found my patient quite comfortable. Has experienced no pain of any moment for some hours, and bids fair soon to recover. Continued the same medicine, once in three or four hours. Left a single dose of *Nux-vomica*, 3, to be taken in the morning, should his bowels remain costive.

Second day, Mr. D. had a natural stool early this morning, and is feeling quite well again. Subsequently, he did not experience anything akin to diarrhœa, or indeed any further alimentary trouble.

*Query.*—What became of the Croton-oil, and the other cathartics?

Case 5.—*Obstinate Night-Cough, supervening upon an attack of acute bronchitis.*

This patient, Mrs. S., aged seventy-two, fell ill with acute bronchitis. There was nothing peculiar in her case, which seemed to improve until the seventh day, under the appropriate remedies. At this period, she reported having been harassed, during the previous night, with an obstinate and incessant coughing, which entirely prevented her from sleeping. There was no apparent cause for this accession to her more legitimate symptoms. Her surroundings, the temperature of the room, and of the air without, her diet, nurse, and every circumstance, which could possibly influence her comfort and welfare—were identical with those to which she had been accustomed. The medicines had not been changed for twenty-five hours previous, and nothing could be found to which we might ascribe the origin of this peculiar and distressing symptom.

She had little or no fever, a good appetite, and a tolerable immunity from coughing during the day; was not thirsty, and could lie down without any acceleration, either of the respiration or the circulation. Respiratory sounds quite natural to a conva-



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lescent bronchitis; voice good, and spirits buoyant, as usual. Has never had the asthma, but experienced quite a severe attack of bronchitis twenty years ago, from which she recovered without any such symptom as the aforesaid, and since which time, until the present, she has enjoyed the most uninterrupted good health.

The *night*-cough is not asthmatic, not convulsive, neither paroxysmal, (during the night); but an *incessant* one, or, if it subsides for a little, there is a perpetual and imperative call to resume it again. This cough comes on at nine, P.M., and continues until *four* or *five* in the morning.

I gave *Acon.*, *Stram.*, *Hyos.*, *Ipecac.*, *Phos.*, and other remedies, the most certainly and clearly indicated of any I could find, but without the least perceptible benefit. Nothing would change the character of the cough, or seem to relieve it, in any sense whatever. On the evening of the fourth day, being the eleventh of her illness, I, half-empirically, prescribed *Apis-mellifica*, 3, in solution, a dose every two hours; this was after the cough had apparently set in for the night. She took a dose, and in a little while coughed less, sleeping a little before the time for its repetition. At the end of two hours, the medicine was repeated, and, with the exception of one or two slight paroxysms of coughing, she slept during the remainder of the night. Under the occasional administration of this remedy alone, she rapidly regained her former health, and, at the date of our writing, two years subsequent to the above, has experienced no symptom of the same or of any kindred infirmity.

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ARTICLE XLIV.—*Cases Reported by* G. W. RICHARDS, M.D., of the Newark Homœopathic Dispensary, No. 8 Bank-street, Newark, N. J.

CASE 1.—*Helminthiasis.* April 22, 1858.—Margaret, aged three, has been troubled, for several months, with symptoms indicating the presence of worms, viz.: short, dry cough; quite frequent, dark-colored stools; itching of the fundament; picking of the nose, and variable appetite, but no worms have at any time been expelled. Prescribed Viola-odorata, 6, four times a day.

April 30.—Is well. The diarrhœa, which had been the most unpleasant symptom, ceased in about four days.

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May 20.—Continues the same as at last report. We have employed this remedy, with prompt and striking benefit, in a number of cases in which we suspected the presence of ascarides lumbricoides.

Case 2.—*Leucorrhœa.* May 3, 1858.—Mrs. D., aged twenty-seven, dark eyes, black hair, of rather spare habit, and nervous-bilious temperament. Five months ago, had a miscarriage, since which time has had leucorrhœa. The discharge is white, thick, and tenacious, and is accompanied with pain in the back and left side. She is also much troubled with heartburn and sour stomach. Bowels confined. Nux-vom., 30, once a day.

May 24.—Striking improvement. Continued Nux.

May 31.—Has not felt so well in six months. Discharge nearly ceased; pain in the back and side very slight; derangement of the stomach completely relieved; bowels regular. Treatment the same.

June 9.—Feels quite well.

Case 3.—*Bronchitis.* May 13, 1858.—Mr. S., aged thirty-seven, of bilious temperament and strong constitution, states that during two years past he has had a cough. It is dry and spasmodic, and much worse immediately on lying down, and during active physical exercise. He has sought relief from six allopathic physicians, but without success. Rhus-tox., 1, four times a day.

May 27.—Cured.

Case 4.—*Cephalalgia.* May 24, 1858.—Mrs. G., aged twenty-five years, of sanguineo-lymphatic temperament, states that she has had headache every day, for six months. The parts involved are the vertex, forehead, and temples. The pain is sharp and piercing, attended with nausea, dizziness, and dimness of sight, and is worse morning and evening; bowels confined; appetite poor. Nux-vom., 30, three times a day.

May 29.—Has had no headache for two days. Appetite improving; bowels the same. Sacch.-lact.

June 8.—Still free from headache.

Sept. 1.—Head continues well.

Case 5.—*Bronchitis.* Oct. 16, 1858.—James, aged nine years, eyes blue, hair light, temperament sanguine. For four weeks past he has been troubled with a cough. Its character is

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rather dry and spasmodic; it is greatly aggravated, morning and evening, at which time he has paroxysms of coughing, which frequently continue for a half-hour or more, when he will succeed in expectorating considerable mucus. Nux-vom., 30, every three hours.

Oct. 20.—Improving. Continued Nux.

Oct. 30.—Well.

Case 6.—*Intermittent Fever.* Nov. 9., 1858.—Miss B., aged twenty three, black hair, dark eyes, of bilious-lymphatic temperament, has been affected with intermittent fever, of a quotidian character, for one week past. Three years ago, had it for three months. The paroxysms are imperfectly developed, having no sweating stage. They commence at noon, and continue about five hours; the first stage lasting one hour, and the second four. The cold stage is not regular; a sensation of internal heat and external chilliness is experienced in alternation. Has, during this stage, headache, pain in the extremities, and an oppressed feeling in the chest. Ars., 30, every three hours.

Nov. 13.—Feels well. Had one chill the next day, after commencing treatment, but none since.

Feb. 9, 1859.—No return of the chills.

Case 7.—*Eczema Impetiginodes.* Dec. 2, 1858.—Sarah, aged thirteen, of bilious temperament, has an eruption on the back of the head and neck, of four weeks standing. It is characterized by rather thick, soft, yellowish incrustations, and a sero-purulent discharge. She was affected with a similar eruption on the same part, six months and a half ago, which disappeared under the use of Rhus-tox., 1, and Sulph., 1. Prescribed Rhus-tox., 30, and Sulph., 30, in alternation, twice a day.

Dec. 7.—Marked amendment. Treatment the same.

Dec. 14.—Nearly well. Continued Rhus and Sulph.

Dec. 27.—Scabs have fallen off, and the surface presents a healthy appearance.

Case 8.—*Cephalalgia.* Feb. 9, 1859.—John, aged fifteen years, of sanguine temperament, has been troubled with headache, for about one hour every morning, for two weeks. The pain affects the forehead and temples. It is sharp, worse in the open air, and attended with considerable feeling of heaviness of the head. Nux-vom., 30, morning and evening.

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Feb. 14.—Took the first dose of the remedy on the evening of the ninth, and has had no headache since.

Case 9.—*Inflammation of the Lachrymal Sac.* Feb. 2, 1859.—Mrs. L., aged sixty, of nervo-sanguine temperament, has inflammation of the right lachrymal sac. It commenced six days ago, and has been steadily getting worse. The part is hot and considerably swollen. The pain in it and around the eye is very intense, particularly at night. The communication between the sac and the nose appears to be entirely closed. In the morning, there is mutual adhesion of the lids. Pulse 100. Twenty years ago, she had the same affection of the sac, on the opposite side, which terminated in suppuration and fistula-lachrymalis, notwithstanding the employment of leeches, blisters, poultices, and purgatives. Acon., 1, and Apis-mell., 3, in alternation, every two hours.

Feb. 3.—Marked improvement. Slept better last night than for several nights previous. The part is less inflamed, and the pain in it greatly diminished. Pulse still a little accelerated. Acon., 1, and Apis-mell., 3, once in three hours.

Feb. 4.—Improving rapidly. Has no fever, and but slight pain or swelling of the part. The eyelids no longer adhere together. Apis., 3, four times a day.

Feb. 7.—Feels quite well, but experiences a little pain when pressure is made over the sac.

In the Newark Homœopathic Dispensary, during the year ending November 1, 1858, there were 423 cases treated, and 180 vaccinated.

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Article XLV.—*Case of Irreducible Oblique Inguinal Hernia of the Right Side.* By Leonard Pratt, M. D., of Rock Creek, Carroll Co., Ill.

Rock Creek, Carroll Co., Ill.

John C. Peters, M. D., Dear Doctor:—The enclosed report of a case which fell into my hands, appears to me to have some peculiar features, which may make it of some interest to the profession. Please examine it, and, if such is your conclusion, insert it in the Journal.

Some of its peculiarities are, as you will perceive, its *very* peculiar treatment, and her escape from its effects. The history of the case, previous to the last attack, the length of time after the strangulation, before relief was obtained, without death as the result, &c., &c., all of which you will not fail to observe.

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I leave the interesting points in the case for you to notice in the Journal, by calling the attention of physicians to them, in such a manner as you think will best promote the object. I have not the pleasure of a personal acquaintance with you, or your associates in conducting the Journal, yet I am not a stranger to some of the uses you have performed for the profession.

Truly yours, LEONARD PRATT.

Mrs. C., aged thirty-seven, had been affected for nearly four years, with irreducible oblique inguinal hernia of the right side, and troubled with occasional symptoms of strangulation, such as attacks of severe vomiting, increase in the size of the tumor, with tenderness and cutting pains in the parts, lasting from one to four hours.

These attacks gradually increased in frequency and severity, until May 3, 1858, when one of them was ushered in by a diarrhœa, lasting two or three hours, followed by extreme pain, tension, and tenderness in the protruded part, with vomiting and other symptoms of strangulation. This history of the case I obtained from the patient and her friends. At this stage of the attack, a physician was called in, (allopathic,) who treated her four days, by taxis, cold applications, Morphine, &c. Another practitioner was called, in consultation, and advised renewed efforts to replace the viscera, the administration of Turpentine, enemas, and, strange to say, a few doses of *Croton-oil.* The patient had not passed any fæces since about three hours after the first symptoms appeared. Finding these means ineffectual in relieving her, they decided that she was beyond the reach of medical and surgical skill, and must soon die. During all this time, (five days,) she had frequently vomited, sometimes fæcal matter, and, for about two days, had almost continual singultus. Her physician now informed the friends that she would not probably live more than six hours, and could not possibly survive twenty four hours. He said it was too late to save her life by an operation, because the bowels were in a gangrenous state. I was called to visit her immediately after. Dr. J. C. Burbank, of Polo, Ogle Co., Ill., who happened to be at my office at the time, went with me to see the patient. This was on Sabbath evening, May 9, the sixth day after the commencement of the attack. Her countenance seemed cadaverous; pulse small, quick, and at times intermittent; limbs cold, continual hiccough, with frequent vomiting of fæcal matter. I prescribed

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Ars. and Nux-vom., alternately, every half hour. After having administered the Arsenicum every fifteen minutes, for an hour, I ordered finely-pulverized charcoal, in a sack, to be kept applied to the protruded part, as hot as the patient could easily endure it. I then left, promising to visit her again the next morning, with directions to lengthen the intervals between the doses of medicine, whenever the symptoms improved.

May 10, 8 o'clock, A.M.—She had very little hiccough, no more vomiting, and her extremities were warmer. The hernial tumor had been bruised, by too powerful efforts to reduce it, therefore I prescribed Arnica, to be applied externally, and continued the same remedies at longer intervals.

May 11.—Symptoms similar to what they were yesterday, except there was a little more tenderness of the peritoneum. I omitted the Nux-vom., and gave Belladonna, alternately with Ars., at intervals of two hours between the doses. The pulse, during this time, had become less frequent and more full, but was still above 110 beats per minute, for most of the time. No evacuation from the bowels yet. Tumor a little less tense, and not so hot.

I now proposed an operation, to reduce the hernia, and requested a consultation. J. L. Hostetter, M D., (allopathic,) and Dr. McAffee, (homœopathic,) of Mt. Carroll, were sent for.

It was decided to make renewed efforts to get an evacuation from the bowels, by means of injections, and Dr. Hostetter wished a trial of the local application of ice, for a short time, in hopes yet to be able to reduce it by taxis. As long as no unpleasant symptoms occurred to demand an immediate operation, I considered delay "not dangerous," and consented, although there did not appear to me to be the slightest reason for concluding that a reduction would be possible except by an operation. The ice was applied, and frequent enemas administered for three days longer, with no change in the symptoms.

May 14.—Found the patient laboring under severe parotitis of both sides, causing complete inability to open the mouth, and considerable fever. I prescribed Aconite and Merc.-sol., and omitted the Ars. and Bell.

May 15, 16, and 17.—During this time, her catamenia came on, attended with gradual improvement of the parotid

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glands; the inflammatory symptoms had subsided so much that, on the 18th, I again urged the necessity of an operation for the hernia.

On the 19th, the bowels appeared a little distended, and the pain and soreness of the tumor were increasing, and the patient was more restless. By placing the hand upon the abdomen, an inverted peristaltic motion could be felt. At times, it produced severe griping pains. After a consultation, it was decided that she could not possibly survive much longer, except an operation was performed. She had now been sixteen days without a stool, and the dangerous symptoms of strangulated hernia were returning, and delay was now thought to be dangerous. The patient had not taken any nourishment except a small quantity of rice-water, not more than perhaps a gill since the attack commenced. Every possible chance for relief, except the *one*, i. e., an operation, had failed to remove the strangulation. The patient's friends, many of them, violently opposed the idea of having an operation performed, and it was difficult even to get *her* consent.

After that was obtained, she was placed in a proper position, and the sac laid open, in the usual manner. The bowels, and a large quantity of omentum were exposed to view, completely adherent to the sac. I dissected, very slowly and cautiously, the bowel from its adhesions; yet there was considerable hæmorrhage from the dissected surface of the intestine, so much that it could not safely be immediately replaced. We found the stricture to be situated at the abdominal ring; it was divided by Dr. Hostetter directly upward. Adhesions had formed at the ring, between the sac and bowel, and the sac was also adherent to the edge of the transversalis muscle. After the adhesions and stricture were removed, the bowel was easily returned. The omentum was very much thickened and indurated; it also appeared in such a morbid state that we concluded it unsafe to return it, and removed, with the scalpel, four ounces of it. (I afterwards weighed it.)

The wound was dressed, and the patient placed in bed. Prescribed Aconitum, four drops of the third dilution in a tumbler of water, a dessert-spoonful to be taken every three hours, or oftener, if there appeared to be much heat about the parts or

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general fever. I also applied Calendula to the wound—two drops of mother-tincture to about a hundred of water. Within two hours after the wound was dressed, she had three evacuations of liquid fæces from the bowels.

May 20.—The patient complained of pain and tenderness in the peritoneum, and some thirst; tongue dry, pulse 100, rather tense. Prescribed Bell., alternately with the Acon., a dose every two hours, to be omitted when better.

For several successive days, the patient slowly improved. There was much purulent and dark offensive discharge from the wound, which, however, gradually diminished, until the eighth day, when it entirely ceased. A stool was obtained every forty-eight hours, by means of tepid-water injections. Acon. and Bell. were continued until all signs of inflammation had disappeared; also a dose of Sulphur, twelfth dilution, was given every morning.

On the tenth day (May 29) after the operation, I was suddenly summoned to visit the patient. The incision had almost healed over, but, on that day, an opening had appeared near the lower end, from which a discharge of nearly half a pint of what had every appearance of being liquid fæces, had taken place. She had felt no pain, nor swelling, or any increased tenderness. I ordered perfect rest, abstinence from all liquid food or drink (except occasionally a very little water to moisten the mouth,) and gave Ars., third trituration, a dose every two hours. After thirty-six hours had elapsed, there was no more of the fæcal discharge from the opening; she had an easy, natural stool daily. The Ars. was continued for three days, and from that time she recovered rapidly, and, on the 7th of June, I discharged the case cured. The wound had entirely healed, and the patient was able to walk about the house.

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## Article XLVI.—*Animal Magnetism in Cerebral Pneumonic Typhoid Fever.* By Dr. Verdi.

Washington, D. C., September, 1858.

My Dear Dr. Peters:—I avail myself of this opportunity to congratulate you and your coöperators in the great works of "*Materia Medica*" and its "*Index Raisonné*," which you are bringing before the profession.

I am of the opinion of those who think there should be a monthly number issued, independently of the quarterly Journal, as we all wish to collect and bind them into books of suitable size, both for study and reference.

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Do not economize time, fatigue, or patience, in your "Index Raisonné;" let it abound in *pathology*. Fear not to borrow from those who have preceded us in the profession; prejudice should never interfere with the diffusion of knowledge. Speak freely of ancient and modern theories upon physiology, pathology, and therapeutics. Great men have come upon the stage of science, and have disappeared, and, although many of their theories have been overrated, and consigned with their authors to the sepulchral vaults of oblivion, do not object to take notice of them; for, although they may not be of tangible advantage to us now, yet they will satisfy the mind of those who, in their solitude, think and reason upon the same subjects which they, the old authors, have exploded long ago. In fact, let your work be a literario-scientifico-medico-dictionary.

Give the names of the originators of new theories, methods, and practice. I would like to hear something of Giacomini, Spalanzani, Rasori, Panizza, Scarpsa, Mateucci, and others, who have shone with glory in the Italian medical universities. Italians are great philosophers and indefatigable searchers after the truth—they are not mystical, like the Germans; they are logical, and as clear as the sky above their heads.

Man ought to be cosmopolitan in his search after knowledge. If your "Index Raisonné" becomes a medical encyclopedia, it will in no way destroy the object for which it is intended. Since you have commenced this work, let it be full and complete; we have too much of the namby-pamby literature, too many books that are moulding in our libraries. Let yours be prominent and "unique," and honor will be done to you for your energy, for your love of science, and for your philanthropy.

We may ask too much of you, for, indeed, were you alone to carry out my ideas, you would have to make a hermit of yourself, a devotee to your work, and you would have to give up not only your practice, but the usual cares and natural enjoyments as a man, a husband, and a father.

There are, however, many talented and learned men in our ranks, many of them have ambition and heart; secure their support, engage them to give you help in this great work, and let each one choose the subject he prefers to write upon. Each one, then, will give due attention, and will do full justice to the subject he treats of. If any of the essays is believed incomplete, make those additions which you think necessary. A committee of censors should review these treatises before they are published in your work; then you can arrange the revised articles according to the method you have already brought before the public.

I concur with the idea of Dr. Geary, in regard to our materia medica. If we do not make it logical, scientific, and practical, we will always be in a chaos, and have to smother our thirst for knowledge and inquiry, in order to listen to the egotism of would-be philosophers or imaginary discoverers. This would cast us into that darkness of mysticism, from which those, who are not endowed by nature with superior talents and powers to rise above, will remain blind instruments of unexplained doctrines and creeds.

You, however, give a very satisfactory history of each medicine in your "Materia Medica," and for this you deserve much credit; for, to conquer logically and practically a system which, for centuries, has been adopted by the world, and by men of indisputable renown, we must not only use our own resources, but have a perfect knowledge of the resources of our opponents. Then, and only then, we will give the decisive battle, and shroud our brow with the emblems of glory which we deserve.

I hope you will not see pedantry in my suggestions, or depreciation of your noble efforts; for, on the contrary, I extend to you my earnest thanks for your liberal and difficult undertaking. Your work will never be repaid,

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in a financial point of view; but, through it, you will increase the unlimited degree of respect, esteem, and gratitude we have always professed for you and for your invaluable contributions to the development of our science.

When I commenced this letter, it was not my intention to give you this lengthy panegyric; I merely intended to extend you my thanks and congratulations, and give you the report of a case, where the efficacy of animal magnetism in some forms of disease was so evident as to be interesting to me, and, I hope, not valueless to the profession. Whether it is worth publishing or not, I resign it to your judgment.

Miss W. was spending the summer at Newport, when she was taken with cerebral pneumonic typhoid fever. It was evident, from her preceding history, that disappointments of a sad nature had made ravages in that mind which now yielded to purely physical laws. Soon after she fell sick, she became delirious, and continued in the same state for nearly two weeks; then the delirium increased, and totally deprived her of any sleep or rest for ten days. Her eyes were glistening and fixed, her pupils widely dilated; her jaws were masticating the saliva which appeared like foam out of her mouth; her lips, gums, and tongue were crusted over with a dark brown coating. On the nineteenth day she began to sink rapidly, and was given up by the consulting physicians. She had been kept on a stimulating diet, and now I ordered claret wine. As she lived six miles from Newport, I was obliged to leave her, and returned only the next day.

When, next day, I arrived at her house, I was met by her sisters and lady friends, who seemed to be very much frightened, and very glad I had come. On inquiring what was the cause of their excitement, I was told the following story: "As soon as our sister took the first glass of wine, she became maniacal about wine, and wanted to drink it all the time; we gave to her as much of it as we dared, but no quantity would satisfy her longing. We had given nearly a bottlefull, and then we were naturally afraid to give any more. We tried to dissuade her, and coax her, but all in vain; when we delayed or refused to comply with her imperious requests, she became frantic, and would even jump at us. Finally, when we conscientiously felt we could not satisfy her wish, she became almost unmanageable, and ordered us all out of the room. We feared she would die during the night, yet she is still alive, but quite as frantic."

I went up-stairs, and found the patient sitting on her bed, looking wildly around. When I entered, she asked who I was. I

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calmly answered, "The doctor." "Then," said she, "I am safe; give me wine—give me wine!" I then endeavored to humor and soothe her. I said she could have as much wine as she wanted, of course; meantime I gave her a tea-spoonful, but she wanted more and more. Her eyes were widely open, and her jaws were at work masticating. I fixed my eyes upon hers, and kept her under my gaze steadily, without winking, telling her at the same time that there was no wine in the house, but that I would send for some; that she must be patient and wait. For a few minutes she was willing to wait—she kept her eyes fixed on mine, and talked incoherently about wine; then she became very boisterous, and broke out with insulting expressions and threats. I coaxed her, assuring her she would have the wine in a few minutes, (a pretext to gain time). But she became so excited that I resolved to adopt the following stratagem: I caused a bottle of wine to be brought, showed it to her, but burst out with indignation against the servant, saying that that was not the kind of wine I wanted, that it was not good enough for the patient. My eyes were all the time fixed upon the patient's. My excitement about the wrong bottle of wine seemed to have a sedative effect upon her, so that, for a few minutes, she was more tranquil. But this did not last long; she soon returned to the old subject, but did not seem quite so much excited. Still her eyes were fierce, her jaws spasmodically masticating. For three-quarters of an hour I had kept my position, and my eyes were fixed upon hers, when she gave symptoms of relaxation, and, in a few seconds, drawing a long breath, she dropped on her pillow. "How strong you are!" she exclaimed. From that moment she was quiet, and *never more asked for wine.*

I saw then she was under magnetic influence, and spoke to her kindly, and told her the reasons why she should have no more wine than I prescribed. She seemed to be intently listening, and, when her sisters and friends surrounded her bed, she muttered words of regret for having ill-treated them. I left them, and with them medicines and directions.

Next day, I was welcomed by the smiling faces of her sisters, who said she had not only been quiet ever since, but had slept six hours, and that she would never take anything from them, unless they assured her that the doctor had so ordered.

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From that moment she rallied; slept regularly every night. In her waking intervals, her mind became more and more lucid, and on the third day, I declared her out of danger.

Now allow me to say a few words about her convalescence, which is quite as interesting. I used to be puzzled in finding that, after every two or three days of gradual amelioration, she would have a little relapse. I could, at first sight, tell this unfavorable change; her expression was sad and desponding, and her features were sunken. On inquiring, she would tell me she had not slept, and was very nervous. I then became convinced that there must be reasons hidden and deeply buried. I resolved to make some investigations. On the next day, I sat by her, and discharged every one who was in the room. I commenced a conversation on abstract subjects—religion, society, love; she answered religiously, learnedly, and philosophically. But, nevertheless I could perceive that much thought had been bestowed on the subject of love. My discretion prevented me from asking questions tending to snatch her secret from her; on the contrary, I avoided even treading upon grounds which might have made her suspect my purpose. I talked most encouragingly of disappointed lovers; that these were worldly things, unworthy of minds of high ambitions; that there were things of a higher nature for us, to devote ourselves to, &c., &c. She listened with interest, and her features would brighten as I went along. When I saw I had made a healthful impression upon her, I left her with a friendly shake of the hand. Next night she slept, and for several days she was more cheerful and gaining.

A few days after, as I entered her room, I saw the reflection of her face in the mirror—her expression was sad. Without waiting for her to turn around, I said to her: "You are not well to-day; you have not kept your promise—you have dwelt on improper thoughts." She turned around, and with an acknowledging blush, said: "How could you tell?" I had another conversation with her, respecting her secret, and the same salutary effect resulted.

Her sisters would laughingly say, I was a magician; but I never unveiled to them the secret of their sister's change, for I wanted them to maintain the expression of perfect ignorance, as I perceived that the patient was jealous of her secret.

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Through a convalescence of two months, I saw that these conversations would assuage her sorrows, and obtain those physical results that could not be obtained by medicines. Her system was very much shattered; but she gradually recovered, and is no now in a tolerably good state of health.

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ARTICLE XLVII.—*On Collinsonia-Canadensis in Pulmonary Hæmorrhage.* By C. TH. LIEBOLD, of Newark, N.J.

The following case seems to me worthy of notice, therefore I take the liberty to offer it to you for your Journal. Acceptance or rejection is at your liberty.

On the evening of the 11th of August last, I was called, in haste, to the bedside of Mr. G., a musician, about forty years of age, who had just the third attack of pulmonary hæmorrhage under allopathic medication. In the space of four days, he had lost about a pint of moderately fresh-looking blood each time, but this time more than previously. The history of the case was, that he had had "inflammation of the lungs" two years ago, treated allopathically. Up to this day he was comparatively well, and could assign no cause for his present sickness. On the first day he got sick, he passed blood *per anum* too, but not subsequently. With a short, hacking cough, he raised almost without intermission, and spat very tough and dark coagula of blood, as large as a bean, enveloped in viscid phlegm. Of course he felt somewhat uneasy in his chest, but had no pain. I put him on *Hammamelis-virginica* for the next three days, but the hæmorrhage returned twice, on the 12th and 14th, although diminished; the spitting of blood remained about the same. Then I gave Ferrum-aceticum, 1, for twenty-four hours; some hæmorrhage. Lycopus-virginicus for twenty-four hours.

August 16.—No better. Complains of great inconvenience from constipation. Gave *Collinsonia-canadensis*, one-fourth, one powder every three hours, (having only in view its gentle laxative power). The next morning I was greeted, "Well, Doctor, that is the right remedy that will cure me!" and so it did, almost. I say almost, then, notwithstanding he took it up to the 25th, (by and by at longer intervals); there still appeared, for the last four days, two or three times, blood in his sputa.

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The cure was completed by Conium, 1, in two days. Saw him well to-day; said he had made music twice since. The Coll. can. acted in this case not in the least on the bowels, more on the kidneys, but developed an admirable carminative power. So also said a lady, who took it for dysmenorrhœa, and who called them only by the name of "wind-powders." Mr. G. never had *hæmorrhoids.*

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ARTICLE XLVIII.—*Case of Ulceration of the Parotid Gland.* By GEORGE F. FORBES, M. D., of Palmer, Mass.

A somewhat anomalous case occurred here, lately, which is different from anything I have ever seen or read about, and the other medical gentlemen of this town declare themselves equally ignorant regarding any previous knowledge of a case similar to this; and, trusting you, in your large experience, may have seen or heard of similar instances, I am induced to give you a few of the details, and if found worthy of publication, a part or all of it, you will have the kindness to place it before the readers of the Journal.

Last October, eight months ago, J. S., male, dark complexion, aged sixty-seven, and previously enjoying good health, discovered a slight redness and swelling over the left submaxillary gland. No notice was taken of this at the time, but as the swelling increased, attended with some dull pains, he was induced to try various "domestic remedies;" liniments, extracts, &c., were also applied externally, with no good result. In the course of two months more, the swelling and pain extended to the whole side of the neck and face, and he then applied to a regular physician, who gave him "salts and physic to cleanse his blood." He continued to grow worse, however, until about six months from the time the enlargement commenced, when the lower portion of the parotid gland became enormously swollen and pointed, the size of a half-dollar, one inch below the ear. The skin then burst over this prominence, and a portion of the gland, as was supposed, *protruded, to the length of two and a half inches from the surrounding swollen parts;* its base was about two inches in diameter, and one inch in width at the extremity. The pain was now much relieved, for a short time; but it returned again, and other places about the neck began to swell, in the same way as the other began. This largest protuberance continually emitted

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a thin, sanious matter from its sides and point, and, when pressed upon suddenly, a quantity of this fluid would be ejected the dis tance of a yard or two, through what appeared to be a partially closed orifice.

He continued in this state till about the first of May last, when he made a visit to his friends in this place, and then came under my notice. He now grew rapidly worse, deglutition of solid food being impossible on account of the great internal swelling of the fauces; he grew weaker and worse every day, until he became unable to swallow liquids, from fear of strangulation. The swollen parts became purple, and, finally, black, and he died June 29.

Now what was that disease? Some called it "rose cancer," for the want of a better name, but I am of opinion that it was not carcinomatous; still I do not know what to call it. He was unwilling to trust to homœopathic treatment *entirely*, after I saw him, but I cannot say that anything gave him any relief.

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## *Our Journal.*

In accordance with the simple and impartial rule which has governed the management of this Journal, viz., that of appointing the most earnest, truthful, and assiduous contributors as associate editors, Drs. H. L. H. HOFFENDAHL, of Boston, E. M. HALE, of Jonesville, Michigan, and R. LUDLAM, of Chicago, have been induced to lend their valuable aid to our enterprize. As has been frequently announced, it has long been the wish of the publisher to have every section of this glorious country well represented in our pages; these intentions have been thwarted repeatedly, by influences which it is unnecessary to allude to now. We hope that the great States of Pennsylvania, Ohio, Missouri, Kentucky, Tennessee, Georgia, North and South Carolina, Alabama, &c., &c., one, or several, or all, will soon join with us. It is not intended to make this Journal a sectarian homœopathic one, but one liberal and fair to both low and high dilutionists; and every attempt to make it the exclusive organ of a small or large division of our school will be regretted. It is intended for all who have faithfully studied homœopathy, and essay to practice it; all parties shall have an equal and impartial hearing. Many cases of disease are cured or palliated with difficulty; let all take counsel from each other, as brothers—what one lacks the other may be possessed of. If a good cure has been effected with low dilutions and crude medicines, let the high dilutionists prove that they can do equally well or better; if either party meet with ill success, let them learn from their colleagues. We wish the experience of all parties—of all honest men and good physicians; we wish toleration for all, and good temper and charity, and as few bursts of childish pique and bigotry as possible. Each can remain in the honest belief in his own practice, until a larger experience conducts him to a better.

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# Reviews and Bibliographical Notices.

1. *Electro-Dynamisme Vital; ou les Relations Physiologiques de l'Esprit et de la Matière.* Par A. J. P. PHILIPS, Professeur d'Electro-Biologie. One volume, octavo, pp. 833. Paris: J. B. Bailliere. New-York: H. Bailliere, 1855. (From the Author.)

M. Philips, the author of the above work, as he informs the reader in the introduction, has become identified upon the Continent with the science of "electro-biology," through numerous *sceances*, and a course or two of lectures, held at Geneva and Marseilles. This science he defines to be "the usurping of the control of the animal and vegetative functions, by a process which combines all the electrical forces, and in modifying, at pleasure, their operations, be they healthy or morbid; in producing temporarily any pathological condition, or to cause the same to disappear, and to reëstablish in the economy the equilibrium of health."

These very startling results he affirms that he has repeatedly produced, and the eager reader hurries on, naturally impatient to obtain some clue as to the mode of producing these extraordinary phenomena, and thereby some insight into their nature. In this, however, he will be disappointed. M. Philips gives no hint as to *how* he produces these astonishing results—this information he refrains from imparting, and, denying the reader the benefit of experiment, leaves him to depend upon simple assertion and its consequent deductions.

It strikes us as singular, and—shall we confess it?—as unfavorable, that the author should preserve this silence. In a work of this nature, the first thing naturally asked for is proof, and an intelligent account of the means by which the phenomena are called forth. Instead of a full, complete, and satisfactory report of the meetings at which these startling developments have occurred, we find only the most meagre references and vague accounts of what has taken place. The only satisfaction which we can get is from such reports as the following, which we translate from the book:

"The success has been complete—all the experiments have succeeded. Thus, a cane has been taken for a serpent; a silk handkerchief for a crow; the lecture-hall has been transformed into a smiling landscape; a glass of water has been drunk for wine, and produced intoxication. Mutism, deafness, paralysis, &c., have been produced at will." *But not a word of the process.*

Again, "M. Philips held last Tuesday a *sceance*, of a semi-public character, in the presence of about forty persons, in which he produced, in the person of M. G., a well-known citizen of Geneva, some most remarkable manifestations. M. G., without losing consciousness, was by turns rendered blind, deaf, mute, drunk, paralytic, a stammerer, inert, and idiotic, to the extent of forgetting his own name. M. Philip also asserts that, by the same means by which he calls up these abnormal manifestations, he can cure the similar manifestations of disease."

And we have vague hints of sundry cures, as of rheumatism, stammering, deafness, &c., dispatched in a few pages, without a hint of the mode or means of cure, and not at all elaborated, as one would expect such startling discoveries to be. Only in one place, from the report of a by-stander (necessarily incorrect) do we get a hint of the procedure.



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"Arriving at the appointed time, we found eighteen spectators, disposed about the room, with their faces to the wall, to avoid distraction—each having received from M. Philips a disc, formed of zinc and another metal, which they were to hold in their hands, and regard with exclusive attention. An absolute silence of twenty-five minutes was enjoined upon spectators and actors! At the end of this time, M. Philips successively touched the heads of the different subjects (*fait des attouchements sur la tête*). This operation being over, he led one of the actors toward the estrade, and, regarding him fixedly, closed his (the subject's) eyes, and, after certain touches, withdrew his hands, and informed him that he could not open his eyes."

The usual series of experiments followed. From all this, we gather, however, that the end is accomplished through a series of mesmeric movements or passes, combined with a direct impression upon one or another phrenological organ, by means of the nervous force; thus calling up at pleasure anger or malice, insanity or intoxication, pain or paralysis.

Predicated upon this science, in which he has become an adept, we have the above work undertaken to elucidate the phenomenon of life; arguing, from his experiments, that the vital principle or element of life is electricity. But not one of these experiments does he bring to the support of his theory. He nowhere analyses them, or submits them to the reader for comparison with the theory. One would suppose, that having been led to his conviction of the identity of electricity with the vital element by means of these very experiments, that the most cogent and convincing means of proving it to another would be through their agency; but we find, throughout the book, mere bold assertion and induction, which completely fails to carry conviction. How, with so vast a field of proof at hand, as his alleged experiences, the author can have neglected them, is to us inconceivable.

The book is stamped with the impress of a most original mind, and it bears the marks of deep thought and earnest investigation; yet we are conscious of a want of balance, a deficiency of controlling "force," if we may borrow from our author, which seems ever about to permit him to flit off into the utter void of theoretical space. He fails, too, in modesty, in view of the grandeur of his subject, and complacently speaks of "*the solution which* WE *have given of this grand problem.*" He finds a grand and harmonious whole termed human life, and, in seeking to cover this infinite system with a finite theory of his own, it strikes us that the author is endeavoring to blanket an elephant with a horse-cloth.

When, however, casting aside the delusive theories and vain speculations of the mesmerist, he confines himself to the physiological relations of the vital element, and the phenomenon of nervous force, we have a close and cogent reasoner, a clear and subtle intellect, and an aptness of illustration, and facility of induction, which enchains in spite of ourselves. In the clearest and most methodical manner, he arranges his work in the order which will present to the reader the fewest difficulties, and the readiest mode of comprehending its drift. Each function, law, or relation of the nervous system is taken up systematically, argued at length, and assigned its appropriate place, in the grand system of electricity which he is endeavoring to establish. His views are original, novel and ingenious; his exposition of them scholarly, forcible, and earnest, and were it not for the fatal want of illustrative demonstration we should be carried forward upon the smooth current of logical induction to the inevitable conclusion:—Are we wrong in cherishing the idea that a work of this nature should base itself upon anatomy and physiology, as its ground-work and foundation, and hold fast by those anchors of truth throughout its whole course? Surely, to abandon these stays and guides, is to cast ourselves headlong into a boundless sea of conjecture and vain speculation. We humbly submit that every proposition which is advanced as a truth, should have its appro-

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priate illustration in anatomical or physiological demonstration. M. Philips puts before us, without proof, as startling a proposition as the mind of man can well conceive, and, complacently expecting our belief in it, he goes on to elaborate from this a theory of his own, which, however ingenious or beautiful in its mechanism, wants the first principle of stability. He omits the first step.

Still, with this exception, the book is a step in the right direction. It takes up a series of phenomena which have been too much neglected by medical men, and treats them with a masterly ingenuity and power of deduction which we seldom see displayed. We would wish to make copious extracts from it, both for the intrinsic value of much of the matter, and to display the peculiar happiness of diction and argumentative force of the author, but our space forbids. We cordially recommend the book, however, to the profession, confident that its earnestness and intrinsic merit will win for it a hearing.

Let us not be misunderstood in our strictures upon this work. There have been, perhaps, few works presented to the medical profession more profound, acute, or ingenious than this; but it is our very eager interest in the subject, our anxiety that so grand and magnificent a theme shall be similarly treated, which makes us so painfully alive to defects, which, in a lighter work, upon a less important subject, it would indeed be hypercriticism to enlarge upon. SNELLING.

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## 2. *Proceedings of the Fourteenth Annual Meeting of the American Institute of Homœopathy.* Held in Chicago, June 3, 1857.

This ought to be, and doubtless is, in some respects, our leading periodical; it has made its appearance annually for fourteen years. From Dr. Douglass' able Address, we select the following:

"We must glance briefly at some causes existing within ourselves to retard our progress. And first, the imperfections of our materia medica. I would refer especially to two—the one as an error, the other as a deficiency. Rich, priceless as it is, with but half a century of existence, compared with which, in practical value, the materia medica of the previous two thousand years dwindles into insignificance; yet it has its serious imperfections. The error consists in the arrangement of its symptoms—the want of chronological character in our pathogenetic records

"All are agreed that, to acquire a correct knowledge of a natural disease, we must have its chronological history. Natural and drug-diseases are alike in this respect; they both have, alike, a succession of symptoms, characterising their invasion, progress, acme, and decline. To obtain a correct knowledge of either, we must have this chronological history; and we must have the image of the drug-diseases in order to make a correct application of the drugs on the principle of "*similia similibus.*" A drug is not homœopathic to a disease unless, besides exhibiting similar pathogenetic symptoms, these symptoms have a similar order of occurrence. In other words, it must correspond chronologically, as well as symptomatically. It is known to us all that our pathogenetic records consist, mainly, in a tedious catalogue of symptoms, with very little reference to their order of occurrence. We all feel and regret this deficient arrangement. Encouraging progress is being made in its removal. When this is accomplished, the treatment of disease will become vastly more easy, simple, definite, and successful.

"The *deficiency* consists in a want of provings of a large number of *indigenous* remedies, known to be of great value, at least in our Western diseases. It is, doubtless, a general truth, that a beneficent Providence has supplied each country and climate with the most appropriate remedies for its own diseases. This country—especially the West—has its distinguishing diseases; but how few of our *known* valuable indigenous productions have had a proving! I cannot but regard this as the most important desideratum of our

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materia medica. This deficiency has been a source of serious mortification to many of our best practitioners. It may be humiliating to acknowledge the facts in the case, but, *fiat justitia ruat cœlum*. It is salutary to hear the truth, even when it is against ourselves, if it incites us to supply a deficiency which that truth discloses. *The truth is, that some of our best practitioners have been mortified to find themselves comparing unfavorably with their neighboring eclectics in the treatment of a considerable number of important and formidable diseases.* Now, Western homœopaths are not the men to sit quietly down and see themselves outdone by the indefinite and clumsy practice of eclecticism; nor to submit to the frequent repetition of their incurable patients resorting to eclectics and being cured. Rightly believing that this success must be owing to the employment of indigenous remedies unknown to our materia medica, they have sought information from their always communicative neighbors, and found what they expected Fortunately, we have no laws enacted for the purpose of shutting out light, by forbidding professional intercourse with any source of light and information. The remedies proved to be so successful in certain diseases, in eclectic hands, having been ascertained, they have been employed homœopathically with equal or greater success. Partial provings have been made of many of these, and the cures performed by them found fully justified by their pathogenesis.

"We must accord great credit to our friends, the eclectics, for bringing into notice and successful use so large a number of valuable indigenous remedies. This has been the special field of their labors. If we had full provings of all these successful remedies, our materia medica would be greatly enriched, and the odium of inferior success in a variety of diseases removed. With the same materials, properly proved, guided by our unerring law of cure, it cannot be for a moment doubted that our success would be much greater than that of the eclectics, with only clinical experience for a guide, even in their most boasted diseases. I do not know a work so much needed or so important to our school *as the provings of indigenous drugs*. I must be allowed a moment's digression, to say that the use of drugs whose virtues had been demonstrated by eclectic experience has subjected some of our Western practitioners to the mistaken charge of a mixed practice – a mixture of homœopathy and eclecticism. It has even been charged that this mixed practice is taught in our Western Homœopathic College. From a somewhat extended and intimate knowledge of Western practice, and the teachings in that school, I am happy to be able to correct this misapprehension. I am wholly unaware of any such mixture. I do not know a single physician, acknowledged as belonging to our ranks, who does not fully endorse and practically act upon, nor a teacher who does not earnestly teach and manfully defend the great law of "*similia similibus curantur*" as the only guide in practice. And no less so when he employs a drug suggested by the clinical experience of an eclectic, than when he employs one suggested by the same experience of a homœopath.

"Another obstacle to progress consists in the differences of opinion existing among ourselves on a variety of points of minor importance, which have been magnified much beyond their real merits. While all the members of our school of medicine are agreed in all the great and essential principles of our science, some latitude must be mutually conceded to individual opinion. We cannot bring all minds to the same standard of thinking, on every minor point connected with medicine or anything else. In the midst of universal diversity in the individual creations of nature, mental uniformity would be an anomaly in the Creator's works. We have, perhaps, sought too much to bring about such uniformity. The worst effect of this is, that these diversities of opinion have been understood, by our opponents, as disagreements on radical and fundamental doctrines They say we are not agreed among ourselves as to what the doctrines of homœopathy are. Though this is a perversion of the truth, yet, while these disagreements exist, and are suffered to assume an apparent and prominent importance among ourselves, they cannot but retard the progress of homœopathy.

"For example, there are differences of opinion on the question of high and low dilutions – of comparatively small and large doses. One has found his success satisfactory with the use of only the lowest dilutions. That of another has been equally so with the uniform use of the thirtieth, and that of a third with the two-hundredth, or higher. Each has been tenacious of his successful method, and sometimes a little uncharitable, perhaps, toward those in an opposite extreme. The convert from the old dispensation often brings some of his ancient grossness with him, as the early Jewish convert to Christianity still clung to some of the grossness of Judaism. He commences, of course, with low dilutions, and finds himself so much more successful than ever before that he is perfectly satisfied, and unwilling to risk a change. Another, with more ethereal mental constitution, with a little more of the marvellous in its structure, equally satisfied with a trial of the thirtieth, or two-hundredth, or higher, continues their use, and perhaps charges his grosser neighbor with allopathic tendencies. Our allopathic friends are eager to seize upon this charge, and,

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upon the strength of it, proclaim that one-half of us repudiate our own principles by prescribing appreciable doses. The only idea which most of these objectors have of the principles or peculiarities of homœopathy is, that they consist in giving infinitesimal doses, and if the dose is anything above this, it is, in their estimation, allopathic. This idea is unfortunately favored by ourselves, and the erroneous impression is thus kept up, that we do not believe in or practice upon our professed principles. It has been more than once said, when you agree among yourselves in regard to your own principles, it will be time for us to examine them. The true reply is, we do perfectly agree in regard to our principles, and only differ in regard to some minor details of their application. But the objector replies, that such a homœopath says of such another, that he is more allopathic than homœopathic, for he gives doses of one or several drops of the lowest dilutions—a practice disallowed by every true homœopath. This belief in the old school, of our disagreement in regard to principles, is unfortunate, and certainly an obstacle to the progress of the great truths of our system.

"Doubtless, much the greater number in our ranks recognize the propriety and necessity of employing both the high and low dilutions under different circumstances and conditions. Guided by my own experience and observation, I am obliged to infer that the susceptibilities of the human organism to remedial agents have a range sufficiently wide to correspond to the entire range of dilutions, from the first to the two-thousandth, and that he who employs either extreme, or anything intermediate, exclusively, will often fail of effecting a cure, when he might have succeeded by adapting his remedies to the particular susceptibility of his patient.

"But I have no disposition to give our profession a bad name, by denouncing those who disagree with me. If they will always prescribe in obedience to the great law of cure, I must leave to their individual judgments to regulate the precise quantity they may deem most efficient."

From Dr. Dake's Report on the "Present State of the Homœopathic Materia Medica," we select the following:

"'The New Materia Medica.'—This work promises to surpass any one of the kind ever published. From what we have seen, we believe that it will present our materia medica as clearly as the present state of our provings will allow, and save our practitioners the trouble of wading through Pereira, Orfila, Frank's Magazine, &c., in addition to the huge volumes of Jahr, in order to gain a knowledge of drugs."

We believe that Dr. Dake ranks among the stricter class of homœopathists, and this simple and manly appreciation of the value of some of our labors does credit both to his heart and head, especially when contrasted with the contemptible conduct of some, who have never written a line or made an attempt to aid their colleagues in any way. We have most frequently and earnestly requested aid, counsel, or criticism, in our endeavors to improve the materia medica, with comparatively little success. To some, we could most respectfully repeat the words of Dr. Joslin:

"If any one has in his mind a classification radically different from those that have appeared, and feels compelled, by a sense of duty, to condemn them severely, we commend for his imitation the example of all these medical philosophers, in giving to the world an actual materia medica. The chief duty of man is to perform his part of the work. In doing this, he will find it easier to recommend labors than to perform them; to detect errors than to avoid them; to discover desiderata than to supply them; and all this will be conducive to personal improvement in wisdom and charity."

We have been much less exacting than Dr. Joslin; we have repeatedly stated that we do not object to fault-finding, if it be done in a manly and honorable way; we rather court criticism from honest and sensible men, confident that, although we may not be flattered, we will be improved thereby.

The Report of Dr. Hering, on "Medical Education," deserves attention. It will be seen that some of his ideas have already been carried into practice by the American College of Medical Sciences.

Dr. Payne's Report on the "Repetition of Medicines," Dr. Gallupe's "Carcinomatous Tumors," and Dr. Dake's on "Mechanical Support," are practically important, and quite interesting. Peters.

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3. *Proceedings of the Fifteenth Annual Meeting of the American Institute of Homœopathy.* Held in Brooklyn, N. Y., June 2 and 3, 1858.

The promptness and correct manner with which this annual volume has been published, reflects much credit upon the General Secretary, Wm. E. Payne, M.D. As has been previously stated, this publication should be regarded as the leading periodical of the school it represents. The best fruits, and the most mature, should be found in its pages. It is, of course, impossible for us, and it should be unnecessary, to give an analysis of its contents, for we presume that the work itself has long been in the hands of the whole fraternity. The discussion on the treatment of fever and ague is peculiarly interesting, and would have been much more so if accompanied with a faithful written detail of cases treated with the high dilutions, or with any dilutions, the length of time required in the treatment, how much and what kind of improvement is to be expected from them, how much time and patience is required, &c., &c. Dr. Donovan states, that "miasmatic intermittents cannot always be so promptly cured with the high dilutions as one could wish, and believes that these cases depend upon a poison in the blood, which it is necessary for the system to expel, or become accustomed to." Dr. Watson, of Utica, strongly recommends Nitric-acid, in reasonable doses.

Dr. Dake's Address, on "Charity," is peculiarly seasonable; if charity commences at home, it should also extend abroad, to our opponents. The selfish and bitter manner in which the war is carried on between the prevalent schools of medicine is disgraceful to men, gentlemen, and Christians. I most sincerely wish that the dominant school would be more charitable to the homœopathic, although it is almost impossible that it should have any sympathy or even toleration for the excessively high-dilution treatment. I also most sincerely wish that more of the homœopathic school were well and thoroughly acquainted with the great works of Rokitansky, West, Todd, Bennett, Graves, Stokes, Mackenzie, Wilde, Pereira, Christison, Simpson, Johnson, and a host of other able pathological writers. I, for one, am unwilling to take my stand as the constant and systematic slanderer, and detractor and calumniator of these men, or their works, and even of some of their practice. We can never expect charitable and kindly treatment from others unless we exhibit it ourselves. In short, the whole volume will repay a careful perusal; but we hope that more cases of severe diseases, such as epilepsy, tumors, dropsies, &c., will be reported in the journals. There must be an immense mass of successful cases which are never reported or published. Every case of severe disease, especially those generally regarded as incurable, should be published. Our cause demands it—science demands it—humanity demands it. Many physicians never publish a case; a few publish one occasionally. We hope for better things. Payne, Dake, Joslin, Gardiner, Warner, Bartlett, Ellis, Cate, Ludlam, Douglass, Smith, McMurray, and many others, have set a good example in this volume; may they continue in the same path, and may their example induce many others to follow. PETERS.

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4. *Repertory of the Materia Medica Pura.* Printed for the Hahnemann Society, London.

We have only time to barely notice this most pains-taking volume. Its plan is intricate; its execution most faithful. Drs. Dudgeon, Drysdale, and

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Stokes certainly deserve a large share of commendation from their colleagues, on this and the other side of the ocean. Our strict and faithful flag-bearers, Drs. Bolles, Joslin, Bayard, Perkins, Wells, and others, should turn their attention to this volume, and introduce it more fully to the notice of the school.

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5. *Additions to the Homœopathic Materia Medica.* By HENRY THOMAS, M.D., Manchester.

The paramount influence which our "New Materia Medica" is exerting, on the homœopathic medical public abroad, is evident on almost every line and page of this work.

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6. *Lectures on Obstetrics.* By TYLER SMITH, M.D., of London. Edited by A. K. GARDNER, M.D., New-York. Published by R. M. DeWitt, 160 Nassau-street, N.-Y.; pp. 760.

We can safely say, that a better work on the subject of which it treats can scarcely be placed in the hands of the student or junior practitioner, or even in those of most seniors. The treatise is fully up to the times. But a short time ago, Dr. Tyler Smith seemed to have bounded his investigations too much by the hackneyed "reflex actions" of Marshall Hall; material changes and diseases were underrated in his paramount attention to the subtle and ingenious abstractions about the nervous system which characterized the investigations of that most speculative and monotonous physiologist, who twanged upon nervous chords and "reflex actions" with equal pertinacity, if not with equal skill and harmony that Paganini played upon his one string to his violin, until the words almost became a nuisance and a disgust to the pathologist. In this volume, all this is changed, or, at least, all that is necessary is added; humoral and material pathology has assumed its rightful prominent position, and the nervous and dynamical pathology receives more full and just attention than in the majority of similar works. The careful student of this volume will almost necessarily become an expert and judicious manipulator, and a wise, thoughtful, humane, yet bold accoucheur. Rational anatomy, physiology, and pathology, as applied to the structure, functions, and diseases of the uterine system, are well taught. If the British and Foreign Medico-chirurgical cordially "congratulates the English medical profession upon having the matured opinions of so able an accoucheur as Dr. Tyler Smith within reach, and the English publisher upon having secured a valuable addition to his manuals," we may well congratulate not only our medical public, and the New-York publisher, but the American editor, for introducing so valuable a manual to our public, to say nothing of the numerous, valuable, ingenious, and learned additions which have been made by him. With this treatise, and that of West on "Diseases of the Womb," republished by Lea & Blanchard, of Philadelphia, the general practitioner may be regarded as well armed against the greater majority of diseases, accidents, and normal functions of the uterine organs. PETERS.

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7. *West on Diseases of Females.* Phila.: Lea & Blanchard.

This is undoubtedly the best treatise on diseases of the womb and its appendages in any language; above all, it is an honest book, based on

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abundant experience, without self-seeking, clap-trap, plagiarism, bigotry, or nonsense of any kind. Any physician who does not possess this volume, should obtain it speedily; for, when he once has it, he will regret every day which has passed by without being acquainted with its contents.—PETERS.

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8. *Valedictory Address to the Graduating Class of the Western Homœopathic College*, Cleveland, Ohio. By EDWARD A. GUILBERT, M. D.

It is almost needless to say that this, like everything else which issues from the pen of Professor Guilbert, is worthy of attention; earnestness, rectitude, well-tempered but glowing enthusiasm mark every line of it. Doubtless, other but not more important avocations prevent Dr. Guilbert from being a more frequent contributor to the medical press; his professorship and his opportunities for practice must have given him a large hoard of practical and theoretical information, for the reception of which our pages will ever be open. Good writers and sterling men owe a duty to their profession which they should fulfil; a few spare moments, now and then, will suffice to enable a ready writer and experienced and educated man to prepare much practical matter for publication. PETERS.

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9. *Clinical Lectures on the Principles and Practice of Medicine.* By JOHN HUGHES BENNETT, M. D., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh. Second edition, with 468 wood-cuts; pp. 951. Samuel S. & William Wood, 389 Broadway, New-York.

It is scarcely necessary to call attention to this most valuable work; the reputation of Bennett (not the uterus-man) is familiar to every well-read physician, and his volume has reached its second edition so rapidly that almost every medical man has had an opportunity of hearing of it. Whoever has not heard of it before, should procure it now. I feel heartily ashamed to call attention to this work in such a hasty and careless manner, but, for the present, no other way is left for me, as time and space do not allow of more. In point of originality and value, it is fully equal to the clinical lectures of Andral, Graves, or Schoenlein, and the bare fact that it is so much newer, makes it more useful than the former volumes. The student of clinical chemistry and microscopy will find it especially attractive. Bennett is a fine specimen of a hopeful and truthful physician; he looks forward with confidence to the time when cancer and consumption will rank among the curable disorders, yet he is not an officious intermeddler in all diseases, but rightly appreciates the powers of nature in many formidable affections, such as erysipelas, pneumonia, &c. Thus, he tells us, on page 894: "There can be no doubt that erysipelas is occasionally a fatal disease, yet, even when the scalp is extensively invaded, death from erysipelas is a *rare* occurrence. On going the rounds of the wards of the Hotel Dieu in 1831, with M. Louis, I (Bennett) saw several severe cases of erysipelas of the scalp which were under *no* treatment. Louis said, in his experience, erysipelas of the scalp was *never* fatal, unless it occurred in individuals of bad constitution, or was associated with some complication." In accordance with this belief, Bennett uses little or no active treatment, even in severe cases of erysipelas. Again, in pneumonia, he has adopted the treatment of Skoda and Dietl—essentially allowing the disease to go through its natural course; during

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the stage of fever, the diet is light, and cold water allowed for drink, remedies being given to meet occasional symptoms. He opposes blood-letting, believing that one in five die under the antiphlogistic treatment; one in 5.22, when much Tartar-emetic is given, while only one in 13½ are lost under the dietetic. Under homœopathic treatment, Fleischmann, of Vienna, lost but four cases in 514 of erysipelas, and only forty-eight cases out of 1,058 of pneumonia.

The new expectant allopathic school of practice originated with Skoda and Dietl, in Vienna; it is well known that both these great physicians often visited the Homœopathic Hospital in Vienna. Skoda, in the early part of his career, often used to examine cases of disease of the chest for Fleischmann. I personally have seen both Skoda and Dietl in the Homœopathic Hospital, in 1841 and 1842. Fleischmann's results led Skoda and Dietl to abandon the heroic allopathic treatment, and adopt the expectant; it would not do for them to adopt the homœopathic treatment, but, as they were convinced that it was better than the ordinary heroic method, and could not believe in infinitesimal doses, they concluded to try the do-nothing plan. Dietl carried the new expectant method from Vienna to Prague; from thence it has spread to Edinburgh, with Bennett for its champion, and to New-York, with Metcalfe for its advocate. Some of these men would hardly be willing to admit that homœopathy has led to their change of practice; but so it is.

The cliniques of our Caspar, of Vienna, and Clotar Müller, of Leipzig, are fully as valuable in their way as those of Bennett. These men are as scientific and as honest as Bennett; they give their results, both favorable and unfavorable, as frankly as Bennett does; and we trust that the time will soon come when these able, experienced, and truthful men will exert a reciprocal influence upon each other. The excessively enthusiastic, bigoted, or one-sided partizans of either school only breed feuds and mischief, and carry on a war of words and personalities, while true science suffers; these men seem utterly incapable of recognizing any good, except when it belongs to their sect or school. At the risk of giving offence to all parties, we venture the opinion that there is some truth in each of the great schools of medicine which prevail in this country. The study of disease, as conducted by the better class of allopathic physicians, is magnificent; the eclectics use many indigenous remedies very adroitly; and the homœopathic method needs no defence at my hands. But all of these schools refuse to admit the good which is in the others. The folly of the eclectics, in refusing to use mineral remedies, is only equalled by the pride and stupidity of the old school in refusing to use the many invaluable indigenous and other remedies which have been brought to notice by the homœopathists and so-called eclectics.

By the way, an eclectic physician should be one who culls good from all quarters, and a mere botanic physician, it seems to me, ought to be the last one to appropriate that grand and noble name, eclectic. PETERS.

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10. *A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine.* By JOHN C. DALTON, M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New-York. With 254 illustrations. Philadelphia: Blanchard & Lea; pp. 608.

This is a truly original and valuable work—one of genuine merit, written in plain, straight-forward, and simple language. It is not a compilation, but everywhere we can see the eye, the hand, the microscope, the chemical test, the balance, trying the received opinion, which is well weighed before it is adopted. Not much time or space is given to hypothesis, for it is a classified record of facts, and, on the authority of the *Boston Medical and Surgical Journal*, it is stated that "the large number of illustrations are almost all from his own pencil, which makes his

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pages so refreshing, after those old wood-cuts, which have gone harlotting so long, up and down the pages of English, French, German, and American treatises, until they are declared only fit for the printers' house of correction, as common *type-walkers.*"

The work brings nothing but credit to the author, the school of medicine he adorns, the publishers who have been astute enough to print it, and will yield nothing but true science and sound doctrine to its readers. PETERS.

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# General Chronicle of Medical Science.

## MATERIA MEDICA.

### *Epitome of the Foreign Homœopathic Journals.*

Prepared by H. L. H. HOFFENDAHL, M.D., of Boston.

### 1. *Allgemeine Homœopathische Zeitung.* Edited by Dr. V. Meyer. Vol. 56.

I. ON DIGITALIS-PURPUREA. *A Prize Essay, by Dr. Bähr, of Hannover.*—An extract from a work by Dr. Bähr, which obtained the prize instituted by the *Hom. Central Society* of Germany. We hope soon to see an English translation of this most valuable paper.

The following is a brief summary of the physiological effects of Digitalis, as observed and collated by the author:

1. *Effect upon the Circulation.*—A single dose, of medium size, (three to four grains per diem,) constantly manifests an exciting and accelerating action upon the circulation. The pulsation of the heart is quicker and fuller. The beat of the pulse is also more rapid, rarely fuller, generally weaker and smaller. At the same time, there are symptoms of heart-affection, such as palpitation, a sensation as if the action of the heart was arrested or restrained, great anxiety, and distressing pain in the region of the heart. There is also a tendency to congestion to the head and chest. Occasionally, the first effect of a small dose is the retardation of the pulse by one or two beats, lasting for about an hour. The author never noticed a steady retardation after an acceleration, but irregularities of the pulse were frequent.

Small doses, frequently repeated, generally induced, first, symptoms of more active circulation, followed, sooner or later, by retardation, (generally one or two, never more than four or eight beats below the minimum of the normal pulse). Alternations of the two extremes are frequent; at the same time, the irregularity of the pulse, and the symptoms referrible to the heart, become more intense and lasting. When the beat of the heart and pulse is slower, it also becomes fuller and stronger.

Large and very large doses cause an increase of all the preceding symptoms, particularly of the acceleration of the pulse, (*Hutchinson*). But the period of excitement is followed, sooner or later, by great de-

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pression, the pulse sinking much below the normal standard. Sometimes this last condition seems to be an immediate consequence of large doses.

The experiments of *Stannius* and *Orfila* justify the author in the following conclusion: In animals, (especially cats and dogs,) poisonous doses of *Digitalis* cause complete paralysis of the heart, more rapidly and decidedly than any other drug, and the right heart loses its motor power more rapidly than the left. The author, moreover, believes that the drug has the same effect on human subjects. Its peculiar effect on the human heart may be justly denominated a state of *irritable weakness.* This proposition is confirmed by the fact that the slightest bodily motion exerts an instantaneous accelerating influence upon the pulse. This peculiarity was strikingly manifested during the author's experiments, and was observed on healthy and diseased subjects by *Baidon* and *Beddoes.*

As regards the *side* of the heart, which is principally affected, observations on the living and dead subject show that the ultimate effect of Digitalis is *hypertrophy, with dilatation of the right ventricle.* As disease of one side of the heart almost invariably induces an affection of the other side, therefore an abnormal state of the *left* ventricle may follow the use of Digitalis, as a consecutive affection.

As regards the *rhythm* of the heart, the author is inclined to adopt the opinions of *Traube,* who considers the nerves passing from the medulla-oblongata through the par-vagum as the regulators of the heart's action. The par-vagum would therefore transmit those influences of Digitalis which cause irregularity of the pulse. Still, this point is not yet agreed upon by authors. But the fact remains certain that irregularities of the pulse are developed after small doses, and that large doses cause irregular intermissions of usually one beat, occurring after five, six, or seven, or even after fifteen, sixteen, or eighteen regular pulsations.

The author considers an *acceleration* of the pulse as a characteristic effect of Digitalis. This fact is confirmed by the results obtained by *Sanders, Hutchinson, Jörg, Schrön, Orfila, Joret,* and *Piper,* who all experimented on themselves, or on other healthy subjects. The contrary results obtained by *Homolle* and *Quevenne* are considered of little weight, because the statistical method they employed gives an imperfect and unreliable idea of the real effects of a remedy.

It is not denied that a retardation of the pulse may occur. It may even occur as an *apparently primary* symptom, after a fresh dose of Digitalis, when the same remedy has been administered several weeks before. The experiments of *Hutchinson, Schrön,* and *Homolle* testify to this fact. But it is very rarely that medium, not *poisonous* doses, cause an immediate and constant diminution of the pulse. It is worthy of particular notice, that most of the adherents of the primary sedative effect made their observations at the sick-bed, and therefore observed the *curative,* and not the *primary* effects of the remedy. The author makes a similar objection to the provings of Hahnemann, that

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most of his symptoms were collected at the sick-bed, and that they were not sufficiently numerous to authorize an opinion of the real effects of the remedy.

The author finally mentions the following peculiarities, which he noticed during his experiments: There was very often an exacerbation of the symptoms towards night, affecting not only the rapidity of the pulse, but also the other manifestations.

A peculiarity which Digitalis shares with few other drugs is that, after long-continued large doses, the most powerful effect, particularly upon the heart, is manifested only after the remedy has been discontinued. This is owing, in part, to the cumulative action of the drug, and partly to the fact that new doses continue to exert an excitant action, while the real paralyzing influence is not fully developed until the remedy has been discontinued and all irritation has ceased. So decided a contrast between primary and secondary effects will rarely be observed with other remedies.

Observations made principally upon the sick, but also occasionally upon the healthy, show a frequent alternation between retarded and accelerated pulse. This peculiarity cannot be called characteristic, because it occurs but rarely, and after frequently-repeated doses. To be characteristic, it should show itself after a single dose, or after a few doses repeated in rapid succession.

Finally, the author directs attention to a point which has of late been frequently noticed by practitioners. This is the connection between disease of the heart and Bright's disease of the kidneys. This same relation is manifested, vaguely to be sure, in the abnormal condition produced by Digitalis. This point is worthy of attention, as it may help to give us valuable indications for treatment.

2. *Effect upon the Temperature.*—Observations upon this point are but few and insufficient. Most of those who experimented upon the healthy, noticed an increase of temperature and perspiration, and, after intoxication, coldness of the body and cold sweats.

3. *The Respiratory Organs.*—On this point, observations are also deficient and contradictory. Experiments on animals show, first, a considerable increase, then a great decrease, and, shortly before death, again an increase in the rapidity of the respiration. The breathing is also panting and intermittent, in correspondence with the intermittent pulsation.

The other symptoms observed by the author—the slight pain and oppression, the dry cough, with occasional lumpy expectoration, the shortness of breath, first continuous and afterwards in accesses—all these symptoms correspond entirely with those noted by *Hahnemann.* The author also mentions a considerable catarrh of the nasal mucous membrane and occasional hoarseness, as very constant symptoms.

4. *The Digestive Organs.*—Experiments upon the healthy show that Digitalis exerts a characteristic influence upon the stomach and the other digestive organs. These effects are constantly observed,

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whether the remedy is administered by the mouth, injected into the veins, or introduced through the skin, in the form of an ointment.

The abnormal symptoms generally appear in the following order: There is first a feeling of fullness in the stomach, accompanied by pressure, more or less pain, borborygmi, distention, heart-burn, and feeling of hunger. These symptoms either disappear, or are combined with nausea, disturbed appetite, or pain, increasing to a regular colic. Then follows retching and vomiting, non-retention of food, and total loss of appetite; the abdomen and epigastrium become sensitive to the touch; there is violent præcordial pain, and rumbling and distention of the abdomen. The ejecta consist first of food; later, they contain bile, and are usually mucous, whitish, stringy, chocolate-colored, and offensive.

The salivary secretion is, at first, often suspended or diminished; afterwards it is increased, becomes tough, and is accompanied by a disagreeable dryness of the mouth. Sometimes the salivary secretion is increased from the beginning, but a regular salivation is rarely observed.

The discharges are at first generally restrained, or entirely absent for several days, (*Homolle*); they are rarely loose after small doses. When the remedy acts more powerfully, the discharges are more frequent, soft, generally dark, and mixed with mucus. Dysenteric appearances occur exceptionally.

*Post-mortem* dissections reveal an inflammatory affection of the stomach and descending colon, but only when the remedy has been administered by the stomach.

These phenomena correspond with the symptoms related by *Hahnemann*, in every respect, except as regards the discharges, since his twenty-five symptoms only refer to diarrhœa. But the author's experiments with large and small doses, and the observations of others, show conclusively that *Hahnemann's* chapter on the discharges is unreliable.

The author finally states that no observed fact indicates retention of the bile in the liver and gall-bladder, as would appear from *Hahnemann's* proving. On the contrary, a large number of symptoms show that an excess of bile is poured into the stomach.

5. *Urine and Urinary Organs.*—The author does not discuss the question whether Digitalis is a diuretic, because he believes there is no such thing as a remedy which acts as a diuretic in all cases; because, if a remedy unfolds the most powerful diuretic action upon the healthy, it may, under certain circumstances, cause a diminution of the urine in a patient, and *vice versa*.

*a. The Quantity of the Urine.*—The results of the author's experiments are, that the first and most constant effect of Digitalis is a decrease in the quantity of the urine; and there may be a complete suspension of the urinary secretion, if the dose of the remedy is sufficiently large. An increase of the amount of urine is rarely observed after the primary diminution caused by small doses, more frequently after the more or less complete retention caused by large doses.

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Exceptionally small doses cause an immediate increase; more frequently there is an alternation between increase and diminution.

*b. The Specific Gravity of the Urine.*—The variations observed by the author, in his experiments, did not allow him to arrive at a definite conclusion, but he is justified in proposing the following maxim: That sometimes the specific gravity is increased considerably above the normal standard.

*c. Other Conditions of the Urine.*—Digitalis has little influence upon the chemical reaction of the urine; the color and smell were not changed. That the remedy acts upon the kidneys and bladder is shown by the symptoms of pain in the region of the kidneys, smarting when urinating, &c. We cannot yet decide upon the nature of this affection. From the state of the urine, we can arrive at the negative conclusion that the affection is not catarrhal, while the absence of violent pain shows that there is no inflammation. Decided symptoms of inflammation appear only after very large doses.

In conclusion, the author refers to the opinions of *Newmann, Vassel, Strahl, Sanders,* and many others, who think that Digitalis acts as a diuretic only where there is a dropsical accumulation. The author coïncides in this opinion, but adds the further restriction that the remedy will act only when it is applied in accordance with the law of similarity.

6. *The Male Genital Organs.*—The author's experiments confirm the symptoms of excitement of the sexual instinct, pollutions, &c., observed by *Hahnemann* and *Jörg*. The remedy causes a transient excitement, followed by a corresponding debility, giving a picture closely resembling *spermatorrhœa*. The experiments of *Brughmans*, who used large doses, give a good idea of the secondary weakness.

7. *Brain and Nervous System.*—Digitalis exerts a remarkable influence upon this system. The first effects are dizziness, feeling of drunkenness, and headache; and the symptoms increase, in proportion to the dose, to sopor, coma, and delirium. Dissections reveal, uniformly, great injection of the brain and its membranes.

The author's conclusions are, that the effects of Digitalis are very similar to those of alcohol. There are appearances of great congestion, and even inflammation of the brain. There is probably a great tendency to acute exudation, and consequent convulsions and maniacal conditions.

8. *The Eyes.*—Many of the symptoms manifested by these organs belong to the brain, while others indicate a direct influence upon the optic nerve. *Hahnemann* is the only one who records many symptoms of this class. The pupil may be dilated or contracted. According to *Stannius*, the affection of the pupil does not follow the local application of the remedy, but is part of the general affection. Whether the pupil is contracted or dilated, it is generally quite insensible to light. This condition serves to distinguish the effects of Digitalis from those of Belladonna.

9. *General Observations.*—After small doses of Digitalis, the *sleep*

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is generally unquiet, disturbed by dreams and frequent waking. Somnolence is rare.

*Toothache* was observed by the author, and one of Hahnemann's symptoms refers to it. But these observations are as yet insufficient.

The *skin* is not generally affected. *Traube* is the only one who speaks of the appearance of an exanthema.

A remarkable symptom, after larger doses, is the rapid *emaciation*, out of all proportion to the amount of the excreta.

The author has little faith in the reality of the *cumulative* action of Digitalis. He thinks rather that the effects of the remedy last a long time, and that they have the peculiarity of causing the organism to react more powerfully after the later doses, than after the early ones. The system will, in time, become accustomed to almost every other remedy, but the reverse is the case with Digitalis.

The *long-continued action* of Digitalis (sometimes as long as eight or nine weeks) helped to give rise to the doctrine of the cumulative action.

A regular *exacerbation* was never observed. The author only noticed that his pulse was usually accelerated in the evening. Others observed that vomiting was most frequent in the morning, while the night was usually the period of greatest excitement. Occasionally, the author noticed that fresh air alleviated the symptoms.

*Opium* is often recommended as an *antidote*, but its value has not been confirmed. *Homolle* and *Quevenne* found all possible palliatives and antidotes useless after decided symptoms of intoxication had appeared. *Haase* and *Geyser* recommend *lemon-juice*, in sugar-water. Diluted *Nitric-acid* had no effect. There is no substantial proof that *Nux-vomica* is more efficacious than the other remedies.

II. Physiological Provings of Certain Poisons. *By Dr. J. M. Schlosser, after Prof. A. Kölliker.*—This paper is based upon the experiments of *Prof. Kölliker*, published in *Virchow's Archiv.*, vol. x. We shall here only submit the following general conclusions:

*A. Affections of the Muscular System.*—1. Some poisons (*Urari, Coniin,*) paralyze the nerves of the muscles, but leave the muscular irritability unchanged.

2. Other poisons (*Veratrine, Helleborus,*) do not affect the nerves, but destroy the vitality of the muscles.

3. Other poisons (*Prussic-acid*) exert a paralyzing action upon muscles and nerves.

4. Muscles that have been paralyzed by *Urari*, often undergo local tetanic contractions when irritants are applied locally.

5. Muscles that have been excessively fatigued by violent tetanic contractions, after the administration of *Opium, Strychnine*, or *electricity*, are less irritable, and lose their irritability more rapidly than other muscles.

*B. On the Action of the Blood-vessels and Lymphatics.*—1. The poisons which paralyze the nerves have little effect upon the activity of the heart.

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2. The muscle-poisons also paralyze the heart, and make it rigid. *Prussic-acid* causes great dilatation.

3. The tetanizing poisons exert but little influence upon the heart.

4. The lymphatics are paralyzed by the same poisons that paralyze the peripheral nerves. Therefore, the cause of their power of motion is not contained within themselves.

5. In tetanus, they are contracted during every access.

6. Irritation of the spinal cord, by a constant electrical current, produces a single slow contraction of the lymphatics.

*C. On the Functions of the Nervous System.*—1. The fact that *Urari* paralyzes only the motor, and not the sensitive nerves, shows that there is a difference between the two kinds of nervous fibres.

2. Nerves paralyzed by such a poison as *Urari* may recover entirely.

3. Poisons producing tetanus can produce complete paralysis of the motor nerves by over-excitation.

4. Other poisons (*Urari*, *Coniin*, *Nicotine*, *Prussic-acid*,) paralyze the motor nerves through the blood. The action of the three first begins at the peripheral terminations; the action of *Prussic-acid* commences at the trunk.

5. Nerve-cylinders with coagulated medullary portion can, under certain circumstances, completely retain their power of conduction. This shows that the cylindrical portion is the only active constituent. (?)

Hyosciamus as an Antidote of Belladonna. *By Dr. Schlosser.*—In an article on the physiological effects of *Belladonna*, *Stramonium*, and *Hyosciamus*, the author relates a number of experiments performed upon himself, to show the power of *Hyosciamus* as an antidote to *Belladonna*. He arrived at the following conclusions:

1. *Hyosciamus* neutralizes the paralytic and excitant affection of the dilated pupil which is caused by *Belladonna*.

2. *Hyosciamus* has this effect when given in doses equal to the amount of *Belladonna* which has been used, and also when given in smaller doses, which do not correspond to the quantity of *Belladonna* or *Atropine* administered.

3. *Coffee* stands in the first rank as an antidote of *Belladonna*. But he found that, after taking it, the size of the pupil was not diminished, but rather increased. He thinks that the vegetable poisons exert a peculiar local specific action, and that *Hyosciamus* acts as an antidote on account of its relation to the ciliary nervous system. It is possible that Coffee would act as an antidote to *Belladonna*-poisoning, if there was increased activity of all the sensitive nerves and the organs of special sense.

III. Eruptions produced by Arsenic. *By Prof. Imbert Gourbeyre. From L'Art Medical.*—The following is a summary of th *Arsenic*-eruptions observed by the author and others:

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1. *Petechiæ or Ecchymosis.* (*Schulze, M. Léod, Mean, Franque, Hahnemann, Christison.*)—This form of eruption occurs principally upon the trunk and genitals. It was not observed by the author during his physiological experiments.

2. *Papular Eruptions.* (*Hahnemann, Christison*).—These papules have been compared to the eruption of measles by some authors; but they have a greater resemblance to the well-known syphilide of the face, although they are less copper-colored. Their favorite location is on the face and neck, where they appear in small numbers. The author also observed them upon the hands, and noticed that they appeared in small groups of papules, of the size of the head of a pin; afterwards they coälesced, and reached the size of a lentil. They remain for six or eight days, and disappear with furfuraceous desquamation. Occasionally, the author noticed a few scattered spots upon the neck and extremities.

3. *Urticaria.* (*Fowler, Hahnemann, Gendrin, Orfila, &c.*)—This is one of the most common forms, and it was frequently seen by the author. A girl, who was taking Arsenite of Iron, had a confluent eruption of this kind, covering all the extremities.

4. *Vesicular Eruptions.* (*Boerhaave, Guilbert, Bouteille, Hahnemann, Barrier, Desgranges, Hohnbaum, Christison, Brämer, &c.*)—A common form. It has been compared to scabies, miliaria-alba and rubra, and eczema.

5. *Erysipelatous Eruptions.* (*Desgranges, Schulze, Kellie, Horst, Spengler, &c.*)—The Arsenic-erysipelas often appears in the form of bullæ. The author often saw it on a part of the face, particularly on the eyelids.

6. *Pustular Eruptions.* (*Dehenne, Christison, Schindler, Horst, Orfila, &c.*)—This form has been compared to variola. It ends by the formation of crusts, or by ulcerations which leave scars.

7. *Ulcerations.* (*Guilbert, Scheffler, Hahnemann, Schulze, Klinge, Christison, Schindler, Franque, Spendler, Orfila, &c.*)—Observed on the head, limbs, scrotum, tongue, lips, and throat. They commence as pustules, burst, and form ulcers. (*Schindler.*)

8. *Gangrene.* (*Bachmann, Sonderland, Kaiser, Horst, Franque, &c.,*) —Occurs mostly on the genitals.

The last three forms were not observed by the author during his physiological experiments. They seem to occur only after poisonous doses. The peculiar relation of *Arsenic* to the genitals was already noticed by *Stahl:* "*Deinde accedit fere in viris specialissima repentina sphacelatio, et post mortem præceps putredo in genitalibus.* (*Opuscula chymica.*)

The editor remarks that, at the Hôpital St. Louis, the favorite and most effectual prescriptions for cutaneous diseases consist of arsenical preparations, such as *Fowler's* and *Pearson's* solutions. Another example of *Homœopathia involuntaria.*



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## PATHOLOGY AND THERAPEUTICS.

I. Cases from Oculistic Practice. *By Dr. J. M. Schlosser.*

Case 1.—*Scrofulous Ophthalmia, with danger of Perforation of the Cornea.*—The patient, a girl seven years of age, of scrofulous constitution, has been frequently troubled with cutaneous eruptions and inflammations of the eye, since her vaccination. Already, in 1855, I attended her for sydesmokeratitis phlyctænulosa and hypertrophy of several lymphatic glands. When the patient was seen, in December, 1856, she had already been suffering for six weeks from pain and photophobia, and inability to open the eyes, even in the dark. An examination was made with much difficulty, and revealed an ulceration of the right cornea, with a deep, transparent base, threatening perforation. There was great hyperæmia of the lids, of the conjunctiva, and of the epithelial layer of the cornea. The scrofulous diathesis was manifested by the engorgement of a sub-maxillary gland, and by a moist vesicular eruption on the back of the head.

*Clematis*, 3, and *Graphites*, 12 were given, without much effect. One dose of Silicea, 30, was then prescribed, and, on the evening of the same day, the patient already complained less of pain. During the night, an eruption of small, red papules, resembling measles, made its appearance over the whole body, and the next day the patient could already open her eyes. The ulcer of the cornea healed rapidly, from the bottom and edges, and the conjunctivitis diminished in proportion. The eruption disappeared by desquamation, in sixteen or eighteen days, and the patient recovered completely.

Case 2.—*Sclero-Capsulo-Iritis, with partial Choroiditis and Chronic Inflammation of the Membrana Descemeti.**—The patient is a woman, thirty-six years of age, married, but childless. She is tall and thin, of a somewhat cachectic, anæmic constitution, with lax muscular fibre, and pale, yellowish coloration, and lives in comfortable circumstances. She denies all syphilitic infection, and an objective examination showed no traces of this disease. She had frequently suffered from muscular rheumatism, and had once had a similar inflammatory attack of the other eye.

When first seen, she had already been troubled, for four weeks, with a slow inflammatory affection of the right eye. The pain gradually increased, especially at night, and the power of sight gradually diminished. When the writer was called, examination revealed the following symptoms: The eye executed irregular motions, to avoid the direct reflection of the light; there was no pronounced hyperæmia of the conjunctiva, but there was an œdematous swelling of its external segment, and, at the outer edge of the cornea, a portion of the sclerotic, about three lines in breadth, was loosened, and traversed by several

* Described as *Keratitis-punctata*, (*Kératite-pointillée*,) by *Desmarres*, (*Desmarres, Malad des Yeux*,) and more recently by his assistant, *Raph. Castorani*, (*De la Keratite et de ses Suites, Paris*, 1856).

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layers of delicate vessels. The iris, naturally of a light blue color, had turned to a dim grey, in its external half, particularly at the inner circle, owing to the cloudiness of the membrana-descemeti. The pupil reacted slowly, and its external border had contracted adhesions with the capsule of the lens. The lens and capsule showed a white discoloration, from exudation of fibrine, of the size of a pin's head, at the outer edge of the pupil, above the horizontal centre of the eye. Seen from the front, the cornea appeared clear, but a profile view showed that the posterior surface of the membrana-descemeti was covered with the peculiar small, white, opaque points, which daily increased in number.

*Acon.*, 3, *Bellad*, 3, *Calc.*, 6, *Colch.*, 3, *Sepia.*, 6, *Sulph.*, 12, were prescribed without any effect. For three weeks, the disease steadily increased, the pain became more violent, and the globe of the eye appeared more distended on palpation. The patient then complained of burning pains in the eye and the upper part of the orbit, increasing at night, and accompanied by copious secretion of tears. These new symptoms led the writer to prescribe *Arsenic*, 6. This was followed by immediate relief and a speedy cure. There is still partial adhesion between the iris and capsule, but the pupil is clear and the cornea transparent, and the patient sees with the right eye nearly as well as with the healthy one.

Case 3.—*Parenchymatous Iritis, terminating in Suppuration, Complete Resorption of the Pus, Restoration of the Sight.*—The patient is a married woman, forty-four years of age. She is of medium stature and weak constitution, has a light complexion, and still menstruates regularly. At former periods, she had already been treated successfully for a catarrhal affection of the throat and stomach, and for psoriasis-diffusa.

On August 13th, of last year, she demanded treatment for a disease of the eyes. Examination revealed a trachoma of the conjunctiva of the right eye, hyperæmia and swelling of the conjunctiva, and copious secretion of tears and mucus. *Euphras.*, 3, five drops every three hours.

On August 18th, the patient was seen again, and appeared much worse. The inflammation had increased, from exposure to a violent storm, and, by the advice of a friend, the patient had applied a camphor-plaster, which was retained for a day and a half. Examination revealed a violent parenchymatous iritis, besides the previous affection of the conjunctiva. Prescription: *Bellad.*, 2, rest, and an unirritating diet.

On August 22d, the condition was as follows: Cloudiness of the lenticular capsule; horizontal oval dilatation of the pupil; violent supra-orbital pain by night and day. The urine had a strong ammoniacal odor, deposited a yellowish sediment, and contained a large amount of albumen. The power of sight was very much diminished, and there was a copious muco-serous secretion from the conjunctiva. *Hyos.*, 3, *Spigel.*, 2, *and Acon.*, 3, were successively prescribed, without much improvement. After an absence of some duration, the writer

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saw the patient again, on September 9th, and discovered an abscess, arising from the upper part of the iris, having a yellowish-red coloration, and covering the whole pupil. He was at first tempted to perform corneotomy, to give exit to the pus, but finally determined to wait and prescribe *Silicia*, 3, three doses per diem. The pains diminished after the second dose, and, for the first time for three weeks, the patient enjoyed quiet sleep. On September 11th the abscess was rather larger, but the symdesmitis had improved, and the pain was very slight. On September 14th, the resorption of the purulent deposit had commenced, the pupil was dim, but the patient could distinguish light from darkness. On September 15th, a small drop of pus was discovered in the anterior chamber, but it had disappeared the next day. From this time the improvement was rapid. In eight days the patient could tell the time, by a watch with small figures, at the distance of twelve inches. The diseased eye regained its functional integrity, the only remaining sign of disease being a slight trace of exudation on the border of the iris, and a slight diminution of the mobility of the pupil.

II. Treatment of Pseudo-erysipelas, (Phlegmonous Erysipelas) and Dermatitis, at the Homœopathic Poli-clinique, in Leipsic. Reported by the Assistant Physician, Dr. Kleinert.—According to the modern physiological school, phlegmonous erysipelas frequently terminates in gangrene, or gangrenous separation of shreds of the affected tissues, also in callous induration and shrivelling of the cellular tissue. When this callus is considerable, it leads to atrophy and contraction of the subjacent muscles, and anchylosis of the joints. *Dermatitis*, according to the same school, may terminate in *resolution*, the skin remaining for a long time thin, bluish-red and sensitive to changes of temparature; or there may be *suppuration*, moist *gangrene*, and finally thickening and induration of the skin, with adhesions to the subjacent parts.

The results obtained at the Policlinique were more favorable, the disease always terminating in resolution, when seen at an early period. The remedies generally used were *Bellad.* and *Arsenic.* At the same time, dry warmth was applied, by means of cotton wadding, or hot, dry bran. At a later period, steady pressure was maintained by bandages, in addition to the warm applications. If the cases were so far advanced that incisions were necessary to evacuate pus, or if abscesses had already been opened by the previous attendant, then *Hepar-sulph.* and *Silicea* were given, according to the well-known indications in addition to the mechanical applications already mentioned.

III. An Epidemic of Dysentery. By Dr. Gauwerky.—A description of an epidemic, which raged at *Soest*, and in its vicinity, from the middle of September to the end of December of last year. Of three hundred and twelve cases treated by the writer, twenty-four died. Many of the patients were not seen personally, on account of the distance at which they lived. The usual remedies were given. At

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first *Acon.*, if there was fever; then generally *Merc.-corr.*, 3. When there was violent *burning* pain, *Canth.* acted better than *Arsen.* Passing over a number of other remedies, which were applied according to well-known indications, we would direct our readers' attention to the use of *Nitrum.* The writer was led to its use by the symptoms contained in its physiological proving, and by the fact that *Rademacher*, who used Saltpetre, so universally *avoided* it in dysentery, on account of its violent action (in large doses) upon the intestinal canal. The remedy was generally given in the third attenuation, and was most effectual when cutting pain, cold extremities, and great thirst were prominent symptoms.

IV. Periodical Headache cured with Arnica. By the Editor, Dr. V. Meyer.—The writer had for twelve years been subject to a peculiar form of headache, which occurred once, if not twice a week. The attack commenced early in the morning, with a fullness of the head, soon followed by a flickering before the eyes, which was increased by reading or writing. This was followed in about an hour by a slight pain in the forehead, which gradually increased in intensity, extended to the temples and occiput, and reached its height towards evening. The suffering was so intense that all occupation had to be relinquished for the time. There were no objective or subjective symptoms of congestion. The pulse was not full or rapid, the temparature not increased, the face rather pale, and there was a sensation of chilliness rather than of heat. The appetite was disturbed, and eating increased the pain. Every exertion, such as walking, stooping, talking also increased the pain to an almost insufferable extent. An undisturbed horizontal posture caused some alleviation, and, if a few hours' sleep could be obtained, the headache would disappear. On the following day, there was only a feeling of weight in the head, and, on making any exertion, a sensation as if a liquid was fluctuating in the brain.

No predisposing cause could be ascertained, the thoracic and abdominal organs being perfectly healthy. Two circumstances seemed frequently to be the occasion of the headache. If the writer was suddenly aroused by his night-bell, and hurried out of bed, he generally had his headache the next day. Also, if he exerted his eyes by reading or writing, immediately after rising in the morning, the pain would also be excited. Mental emotions also sometimes exerted an influence.

A large number of remedies, in all potencies, were tried without effect. A careful investigation finally led the writer to the use of *Arnica.* At the beginning of one of his attacks, he took a drop of the sixth dilution. In half an hour the flickering and the fullness of the head had ceased, and the real headache did not appear. Every new attack was treated with the same favorable result, the remedy failing only when it was not taken until the pain had reached a certain height. *Arnica* acted not only as a palliative, but as a curative; since, during

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the last year, the writer has only twice had slight indications of an attack, which were at once removed by the remedy. The writer also used the *Arnica* successfully in a number of similar headaches, occurring in *men*. The hemicrania of women was not affected by the remedy.

V. Neuralgia of the Transverse and Descending Colon. By Dr. Elb.—The patient, a tall man, fifty-nine years of age, of powerful constitution and choleric temperament, was seen on March 12th, 1855, having been suffering for six weeks with violent abdominal pains, with considerable exacerbation every night. The pains commence at the right side, in the region of the liver, and extend downwards and to the left. The attacks generally begin about midnight, and last until six in the morning. During the following day there is a disagreeable feeling of pressure, which prevents the wearing of tight clothes. At night, the patient cannot lie on the right side, and every motion increases the pain. The appetite is moderate, sometimes there is a bitter taste in the mouth, and the patient has conceived an aversion to tobacco, to the use of which he is accustomed. The discharges were not voluntary, but had been obtained by means of purgatives. Discharge of flatus caused but a momentary alleviation; there was no fever. On examination, the abdomen was found tense, but not hard, the amount of contained air was not great. The left lobe of the liver was somewhat enlarged, and sensitive to strong pressure, but the whole intestinal canal was insensible to the roughest palpation.

The patient had hitherto been treated by two allopathic physicians, who declared the disease to be chronic enteritis, with abnormal secretion of bile. Their prescription was *Calomel*, combined at various times with a number of purgatives. *Opium* was also administered to allay pain.

The writer could not coïncide in this diagnosis, but considered the disease a neuralgia of the transverse and descending colon, for the following reasons: The direction of the pain followed exactly the situation of the intestine, and ceased at the sigmoid flexure. The want of pain in this region, the entire absence of fever, and the periodic return of the pain, with almost perfect intermission, showed that there could be no inflammation. The assumption of a common flatulent colic was unjustifiable, in spite of the momentary alleviation after the passage of flatus, because the amount of collected gas was not sufficient to cause such excessive pain, and because such colics very rarely occur in regular paroxysms.

The writer prescribed *Nux-vom.*, 3, two drops three times a day. That night there was no pain, the next morning there was a natural, though rather difficult dejection, and there was less oppression during the day. During the next night there occurred a slight attack of two hours duration; there was a discharge the next morning, and great alleviation during the day. But, during the night of the 14th, the attack returned with its former intensity. *Pulsat.* and *Colocynth* were next given, without effect.

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The regular recurrence of the pain, which had now taken on a tertian type, but more particularly the similarity of the symptoms manifested during the physiological provings of *Sulphate of Quinine*, led the writer to prescribe this remedy. A drop of the second dilution was given, three times a day, and from this time no further attack occurred, while the oppression during the day also disappeared. On examining the patient on the 25th, it was found that the abdomen was no longer tense; the left lobe of the liver was still enlarged, and the *Quinine* was therefore continued. On the 31st, the pains had not returned, the appetite was good, the patient relished his tobacco, and had a daily normal discharge. The liver was no longer sensitive to pressure, and the enlargement of the left lobe had diminished. The patient was now discharged as well, and had no return of his trouble.

## *Extracts from Foreign Journals.*

Among the extracts from the French journals, we notice abstracts of the following cases: *Pseudo-membranous croup* cured with *Bromine*, 4. *Traumatic pleuritis* cured with *Arnica*, 12. Frequently recurring *abscesses of the tonsils* cured by *Hep.-sulph.*, 30. *Congenital dysuria* treated with *Capsic.*, *Bellad.*, *Rhus-tox.*, *Sulph.*, *Amnon.-carb.*, and finally cured with *Causticum*, in various potencies. Two cases of *struma*, improved by *Cistus.-can.*, and cured with *Sulph.*, *Silic.*, *Calc.-c.*, and *Kali.-carb.*, the last remedy being most effectual.

From our *N. A. Journal* are taken reports of cases treated with *Hammam.-virg.*, *Collins.-can.*, and *Ac.-nitr.* A full translation is also given of the article by Holcombe, on "*The Nature and Limits of the Homœopathic Law.*"

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# Miscellaneous Items.

FROM NEW-YORK TO DELHI; BY WAY OF RIO, AUSTRALIA, AND CHINA. By Robt. B. Minturn, Jr. New-York: D. Appleton & Co. pp. 488. From the Author.

As a relief from dryer and more strictly professional reading, we can recommend this fresh little volume of Mr. Minturn's. Its perusal has been to us one of the pleasantest reliefs from the routine and monotony of practice which we have had for a long time. It is written in a pleasant, easy strain, with nothing of the professional sight-seer about it; but overflowing with the good temper, happiness, and ready observation of a cheerful and happy temperament. Indeed, we have met with but few books where *so much* is told, with so little feeling of burden to the mind: the narrative flows easily on from one incident or train of thought to another—one anecdote suggesting the next, with no abrupt transitions, but naturally and easily.

Even to the traveller, who may have passed through the very scenes and places described by the author, it cannot fail to be singularly interesting, from the recollections and reminiscences which it will call up; but how much more so to the busy professional man, whose only acquaintance with those distant, and to him strange lands must be through the medium of just such fresh, unhackneyed, and vivid notes of travel.

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We extend to the author our most cordial thanks for the gratification it has afforded us personally, and our sincere congratulations upon the manner in which his task has been achieved.

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THE WORKS OF WILLIAM SHAKESPEARE. By RICHARD GRANT WHITE. Vols. II., III., IV., and V. Boston: LITTLE, BROWN & Co., 1857.

The above work is another which needs no apology for its introduction in a medical periodical. Perhaps the works of William Shakespeare are more universally possessed and read than those of any other single writer; and a work such as the above has long been needed—one which will stamp itself, by internal evidence, as authoritative and trustworthy. Perhaps the advertisement gives a more just idea than could be otherwise obtained of the immense labor and erudition implied in its publication. He says: "This edition of Shakespeare's works is not based upon any other modern impression—and by modern is meant every one since and including Rowe's (1709). The present edition is founded exclusively upon the first folio, and the text has, in the first instance, been prepared as if no other edition had appeared since that was published; although afterwards the readings of every editor, and the notes of every commentator, have been carefully examined, adopted when they appeared admissible, and recorded when they appeared worthy of preservation. The editor believes that this can be said of but two editions published in the present century, Mr. Knight's and Mr. Collier's. The text of the first folio alone having the stamp of authenticity, some other reason than the editor's opinion or his preference has been deemed necessary to justify *any* deviation from the text, in favor of the readings of editions of either an earlier or later date."

It may be gathered from this how many years of unremitting toil have been, and are yet to be, devoted to the task—a task severe indeed, but to the author, as we have reason to know, a labor of love. But, whatever reward Mr. White may eventually receive for his devotion to this subject, he must and will receive the lasting acknowledgments of all those who love to "browse upon the wholesome pasturage of English literature."

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THE SCIENCE AND ART, OR THE PRINCIPLES AND PRACTICE OF MEDICINE. By J. C. PETERS, M.D. Nos. I., and II. New-York: WILLIAM RADDE, 1859. From the Publisher.

The first and second numbers of this work are now published, containing a succinct and condensed sketch of the rise and progress of medical science from the earliest times; the succeeding number will contain articles upon the tongue, pulse, and urine, and the commencement of the zymotic diseases. We subjoin an extract or two from letters which have been received in regard to it.

A gentleman writing from the West says: "I have just read your 'Sketches from the History of Medicine,' contained in the 'Principles and Practice of Medicine.' It is the best *resumé* I ever saw, and will be of invaluable service to our profession."

In another letter, a postscript adds: "I am greatly pleased with the initial number of the 'Theory and Practice.' I shall look anxiously for its successors. The work will fill a hiatus in both my own and a great many other libraries. *Que tes plumes soient bénies, monsieur le docteur.*" The third number will shortly appear.

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VALEDICTORY ADDRESS; DELIVERED AT THE ELEVENTH ANNUAL COMMENCEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA. By JOHN REDMAN COXE, M.D. Philadelphia: KING & BAIRD. From the Author.

We have received this valedictory address from the author, and are pleased to see how successfully the College progresses Twenty-six students took their

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degree of Doctor of Medicine at the Commencement, and we are assured, from the character of the professors, that they graduated well prepared. The titles of the theses show a decided spirit of investigation and thought.

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THE HISTORY OF PROSTITUTION. By Wm. W. Sanger, M. D. New-York: Harper & Bros., 1858. pp. 676. From the Publishers.

We have received the above work from the publishers, and hope soon to give it full notice.

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A SYSTEM OF HUMAN ANATOMY. By Erasmus Wilson, F. R. S. Edited by Wm. Gobrecht, M.D. Philadelphia: Blanchard & Lea, 1859. From the Publishers.

In the next number we will give an extended notice of the above work. Our space forbids it—much to our regret—in this number.

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## *A Word to our Readers.*

Many of our subscribers were no doubt greatly surprised, on the receipt of our February issue, at the sudden withdrawal of Drs. Marcy and Preston from our editorial corps. We regret their departure; we thank them for the services they have rendered in time past; and our columns will be always open to their communications in future. Gentlemen of high professional standing and ability will fill their places, and the Journal go on as heretofore.

The reason assigned by our late talented colleagues for sundering our pleasant, and we trust useful connection, was, that this Journal has ceased to be an organ of pure Hahnemannism and has recognized several curative methods. If Drs. Marcy and Preston are pure Hahnemannians, we respect the motives and admire the promptness of their course. Had this Journal ever occupied the stand-point which those gentlemen deem the proper and desirable one, our own labors in its behalf had long ago ceased.

We call attention to the following paragraph which is to be found in the prospectus of our worthy and liberal publisher, Mr. William Radde:

"Every endeavor will be made to make the Journal cosmopolitan, liberal, and fair towards every shade of scientific opinion, entirely independent of, and above all factions, cliques, and mere private interests. Pure Hahnemannian Homœopathy, Progressive Homœopathy, and Allopathic Medicine will be honorably and fairly represented—never misrepresented."

In the spirit of this position, which has been commended by the best European organs of our school, we welcome all the transitional phases of thought, which indicate *progress* from the stagnation of past towards the perfection of future science. Whilst we are glad to detect traces of the homœopathic law in the grossest measures of allopathic empiricism, we will give a most cordial reception to articles which prove the value of the thousandth and ten-thousandth attenuations. We have made no fore-gone conclusions; we are committed to no special issues;—we invite a searching analysis of every medical question.

"No pent up Utica confines our powers,
The whole unbounded continent is ours!"

We do not believe that an organ expressly devoted to high dilutionism would represent the true state of medical science, or advance the legitimate interests of homœopathy proper.

We yield to none in our adhesion to the two fundamental principles of homœopathy—experiment and observation on the healthy for the genuine effect of drugs, and the application to practice of the great therapeutic formula, "*similia similibus curantur.*" Faith in these two principles has already inaugurated a new era in medical science, and it shall be our chief aim to illustrate and corroborate them.

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Nevertheless, we believe that, at the present juncture, there are many facts, valuable, perhaps indispensable to the great healing art, which lie in the domains of mechanics, chemistry, electricity, magnetism, mesmerism, biology, hydropathy, motorpathy, antipathy, allopathy, and empiricism, which we deem it our duty to collect, classify, and make available to use. These are the collateral and auxilliary sciences; not identical with homœopathy, but subservient to it, and revolving around it like the planets about a great central sun.

Upon this broad and liberal platform, and no other, we continue our editorial duties, and consecrate our energies, feeble though they be, to the interests and advancement of the new school of medical thought and practice, of which Hahnemann was the illustrious founder. WM. H. HOLCOMBE, M.D.

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## *The Homœopathic Fair, at Boston.*

This demonstration of the disciples of the new system of medicine, which has verified in its progress the prophecy of Scripture, that a little one should become a thousand, and a small one a strong nation, commenced on Tuesday, at the Music Hall. There was an unfavorable manifestation of the weather, which was decidedly hydropathic in its tendency; but the most summerish feeling prevailed within, among the fair saleswómen and the masters of ceremonies, who availed themselves of the opportunity afforded them of completing arrangements, which a great crowd at the opening would have prevented. After the first day, the weather behaved in the most respectable manner, for three days; but to-day it has been somewhat pluvious, though the attendance has been large.

From the moment of the opening, the hall presented an animated scene, and for a merely denominational gathering—a family party so to speak—the occasion was, in all its details of matter and manner, perhaps as successful as any that ever transpired in Boston. There was more than allopathic redundance in the variety and quantity of articles exhibited and sold, the hearts of the contributors having warmed with a benevolence in keeping with that which inspired the great founder of homœopathy, in seeking for its truth, and which led to so important a revolution in materia medica. The saleswomen seemed imbued with unwonted enthusiasm, as though the great German were indeed present in spirit, as hinted in the vision on the first page, to inspire and cheer them in the effort they were making for the promulgation of his faith. And the enthusiasm was enkindled by a grateful sense of benefits received. The mothers who participated had seen their children restored by the salutary operations of homœopathy, while the younger people acknowledged its claim, because a brother or sister had been benefitted through its agency.

The arrangement of the decorations had been entrusted to the care of R. M. Yale, who was assisted in his labors by the general committee having the Fair in charge, and some very fine effects were produced through their combined tastes The balconies were gracefully festooned, and, in the middle of the ceiling, a large, black, star-shaped ground was placed, studded with golden stars, from around which depended gay bannerols, and from the centre radiated pennons, forming a canopy for the busy scene below, while, at intervals along the balconies, flags were suspended, the whole presenting a *tout ensemble* of great beauty.

The floor was divided into five grand compartments, in the form that has been selected by other fairs, as best tending to picturesqueness of effect and convenience. The centre table was octagonal shaped, likewise canopied by streamers, descending to the top of the posts that marked the sections of the octagon, from a central staff surmounted by flags, while festoons of pennants surrounded the tent, forming a fitting base for the gay canopy of flags. The four other tents, or booths, occupied positions in harmony with the centre. They were oblong, and ranged diagonally with the corners, and presented a fine appearance from the galleries, with their parti-colored roofs, and their gay array of merchandize. The scene wore so foreign a look, that it needed scarcely an effort of the imagination to believe one's self in Bagdad, on some grand market-day—so far as the scene went—but no further, for no imagination could be ungallant enough to present the Christian dames, whose voices made melody below, in the guise of a soulless Mahommedan.

On the front of the platform, a bronze bust of Hahnemann was an object of attraction. The massive forehead, the care depicted on the face, in whose deep lines one could read the struggles that had tried his soul, the stooped head expressive of reflection, rendered it a most interesting study. Hahnemann must be regarded as a great man by all who recognize fidelity to principle as a test of greatness. His fidelity was maintained at an immense sacrifice. His trials were of the kind that try men the severest. His foes were those of his own household, as well as of the world, and it was literally in the depth of an agony

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of soul, like that which fell upon the Master in Gethsemane, that the light broke upon him. It was an answer to a prayer as fervent as ever went up to heaven from a human heart. In the rear of the bust was a beautiful booth, that might have been patterned in Jeddo, so Japanish was it in form, and formed the centre of three—those on either side being simple temples, draped in the red, white, and blue of our own national insignia. In the rear of the hall, beneath the gallery, was the refreshment room.

Such were the features of the exhibition as met the eye of the visitor, that made the cold picture, unanimated by the association with those who tended the tables, to mingle with whom was to feel the charm which gives potency at fairs to draw dimes from otherwise reluctant pockets. There are so many things to see and admire, and so many to shake hands with, and so many chances to win small fortunes by raffles, or otherwise to *avoid*, that one feels after a perigrination through the intervals of a fair like an exhausted receiver. It was our pleasant duty to ascertain the names of those engaged in the fair, that brought us under the battery of hundreds of bright eyes—not masked batteries by any means—and a thousand, at least, of curious inquisitions regarding the nature of use to which the names we were collecting was to be put, some so painfully anxious lest their names should get in print! While pursuing this duty, it was vain to think of anything else, and when this or that beautiful thing was thrust across our vision, we could but say, "Here's mettle more attractive," and left the curiosities till next day. The names that we find in our note-book—comprising, as near as we could learn, all who took part in the sales—we have placed, according to their numbers, with such specific allusion to their respective tables as the subsequent days' minutes suggest:

No. 1.—(Roxbury)—Mrs. Thos Thatcher, Mrs. R. W. Newton, Mrs. Henry Stanwood, Mrs. E. Hook, Mrs. J W. Walcott, Mrs. P. Atwell, Mrs. G W. Pierce, Mrs. Dr. W. F. Jackson, Mrs. J. Morrill, Mrs. J. Cushman, Miss L. Champney, Miss Lizzie Nash, Miss C. Thacher, Miss M. Simmons.

An entire suit of infant's clothes, elegantly embroidered by ladies of Roxbury, attracted at this stand deserved attention. It was prized at $200. There were besides some superb embroideries that demanded especial mention The useful and ornamental were very equally represented.

No. 2.—Mrs. B. F. Brown, Mrs. S. P. Whittem, Mrs. White, Mrs. J. Luce, Miss Carrie Fairbanks, Miss L. Newcomb.

There were moss baskets of rare beauty sold here, and some fine embroidery, among which was an infant's cloak, valued at $50, from Mrs. S. C. Bliss.

No. 3.—Mrs. Caleb Pratt, Jr., Mrs. Daniel Pratt, Mrs. Homer Silsbee, Mrs. G. L. Goodwin, Miss Sarah Leach, Miss Sampson.

A child's dress, exceedingly beautiful, contributed by Mrs. Frederick Hooper, was a feature of this table, as was an infant's skirt, from Mrs. Caleb Pratt, Jr. A toilet cushion, (worked by Mrs Milton Daggett,) sixty-five years old, and very elegant, was another speciality that was much admired.

No. 4.—(Newburyport)—Mrs. Wm. Ashby, Mrs. Geo. Lyford, Misses Elizabeth and Annie Ashby.

This stand, under charge of ladies of Newburyport, contained many tasty and elegant articles. Of the most beautiful of these were paintings of autumn leaves and flowers, respectively by Mrs. Professor Emerson, Miss Curson, and Miss Ashby, that were greatly admired. Besides these, were some tiny baskets of wax fruit and flowers, of admirable fidelity to nature. There were also the beautiful crayon studies of "*Evangeline*" and "*Beatrice Cenci*," and between these, a little elevated, the new and much admired copy, drawn by Grozelier, of Corregio's famous "*Madonna Della Scala*." Neat placards modestly stated that these pictures were presented to the Fair by the publishers, Messrs. J. E. Tilton & Co., 161 Washington street, and if they saw the crowd of admiring gazers, and heard the universal praise bestowed, they would have felt more than compensated for their generosity.

No. 5.—(Chelsea)—Mrs. Horatio Jenkins, Mrs. S. B. Haskell, Mrs. R. S. Frost, Mrs. Wm L. Libby, Mrs. J. H. Osgood, Mrs. V. B. Mansfield, Mrs J. C. Hubbard, Miss Nellie Gibson, Miss Lizzie Peirce, Mrs Frank B Fay, and Miss Lizzie May. Connected with this department was a museum of foreign curiosities, under charge of Mrs. Fanny Carlton, assisted by Miss Emma Miller, and Miss Mary A. Lane.

A pair of twins, in a stately bed, intended, we suppose, to represent the healthy growth of Chelsea, were objects of great admiration, and we doubt not the exhibition will tend to encourage emigration in that direction. A case of wax flowers, contributed by Dr. John-

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son, of Chelsea, received a large share of regard, as did a moss cottage, made by Miss Mary Ann Osgood, of Chelsea, but eleven years old. An embroidered blanket, by Mrs. Geo. B. Swasey, of Chelsea, was scarcely surpassed by any in the fair. The Chelsea table was conspicuous, and its keepers very zealous. The Museum connected with this department, deserves more than a merely careless notice There was a basin in which five Presidents, including Washington, had washed their hands; a goblet that once was Washington's, a cup and saucer authentically his, and a pair of black satin small-clothes that were worn by A. Bishop, of Medford, in 1783. at a levee in honor of Washington; a pot, waiter, and andirons from the Mayflower; a bit of the rock on which Capt. Cook was killed, water from the Pool of Siloam, books of the dates of 1667 and 1629, old shoe-buckles, a shoe worn by a bride a hundred years ago, and hundreds of other things that we have not room to mention.

No. 6—(Newton)—Mrs. H. L. Hazeltine, Mrs. Dr. F. M. Palmer, Mrs. G. W. Badger, Mrs. F. A. Dusen, Mrs. Wm. Lane, Mrs. Israel Lombard, Miss Lucy Pratt, Miss M. F. Hazeltine.

Newton made a very pretty display, and some wax flowers, by a lady of West Newton, whose name was withheld, were especially beautiful.

No. 7.—Mrs. Emory B. Fay, Miss Delia Fay.

This table was distinguished for its elegant embroideries, and for a baby which seemed to possess the quality of breathing, so admirably was it prepared.

No. 8.—Mrs. Dr. S. Gregg, Mrs. E. G. Tileston, Mrs. W. R. Stockbridge, Mrs. Jos. Bishop, Miss Mary Brooks, Miss S. Carter.

This was a bustling and busy table, and it required much skill in navigation to arrive at it, through the waves of silk that circled round it. Among the many pretty things that were to be found here, were a canopied crib, a donation from Chase Brothers, and an elegant carved chair, from Croome, delicate moss baskets, and a miniature bedstead and clothing of great beauty.

No 9.—(Not represented)

No. 10.—Mrs. F. A. Rich, Mrs. J. W. Foster, Mrs. Charles Canterbury, Mrs. Chas. D. Nutter, Miss C. E. Taylor, Miss J. A. Taylor, Miss C. Smith, Miss Mary Ingraham.

A miscellaneous array of everything, where the beautiful and the useful found hundreds of elegant representatives, in articles of embroidery or of dress. It was remarked of this stand, if you have children, here is just the place where you may be suited, which we thought was very true.

No. 11.—Miss Abby W. May.

A Memorial of the late Dr. Wesselhoeft was for sale at this table, and found many buyers. More attention was here paid to useful articles than to those of an ornamental character.

No. 12.—(Lynn)—Mrs. Dr. Josiah Brown, Miss Abby Wright, Miss Pamelia Chase, Miss Lotta Farnsworth.

Lynn presented a noble table of choice articles, and it was served in a manner denoting tact and ability on the part of the fair provincials. A shell frame, enclosing a bouquet of sea-moss, by Mrs. Micajah C. Pratt, sixty-five years old; a feather wreath, by Mrs. Josiah Bennett; a picture of the cat and lobster, by Dr. Holder, and a piece of oriental painting, in a pine-cone frame, by Miss Maria Moore, were the principal attractions—of course excepting those who exhibited them.

No. 13.—Mrs. A. W. Farrar, Mrs. J. M. Wright, Mrs. Elisha Atkins, Miss S. Maria Freeman, Miss Carrie Freeman, Miss Emily Cobb.

This table was filled with a fine assortment of goods. Among the many things sold was a fine view of Lake Winnipiseogee, by Bradford Freeman, elegant wax fruit, an elegant sofa cushion, by Mrs. Sydney Morse, a lady's crotchet talma, by Mrs. John M. Wright, and some tidies by Mrs. S. M. Freeman.

No. 14.—Mrs. Frank Sayles, Mrs. John C. Putnam, Miss Abby Putnam, Miss Nelly Putnam, Miss Emma Scudder, Miss Netty Wade, Miss Anna Vinal.

A skating scene, at this stand, restored in a miniature degree the reality of the past winter; it was the work of Mrs. E. H. Wade. A representation of Oberon and Titania, by Mrs. H L. Hallett, in a tiny scene, done in moss, was very beautiful. The figures were of the true fairy standard, and it needed but a figure of Puck, flitting like a gnat in

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the moonlight, to make the picture complete. There was a neat little cabinet of minerals, and a number of paintings by a lady amateur that were very charming. Some baskets of artificial flowers were exceedingly deserving, and children's dresses that displayed great taste in needle-work.

No. 15.—Mrs. E. V. Gregory, Miss Kate B. Perkins, Miss Kate B. Jones, Miss A. Snow.

This table was ornamented by a fine bronze bust of Hahnemann. We observed here an opera sack of much beauty, the work of Miss Eliza Gregory, and infant's flannels, designed for the usual purposes, elegantly embroidered. Much zeal was here displayed by the young homœopathists, who proved their ability to trade in a marked degree. One that encountered us, almost brought us in our own despite to put down for a dressing-gown, when all our money was invested in the carriage-blanket at No. 16, and in the stuffed crocodile.

No. 16.—(Jamaica Plain)—Mrs. Dr. C. M. Weld, Mrs. Carmi E. King, Mrs. S. R. Spaulding, Mrs. E. T. Farrington.

Jamaica Plain made a fine show. Prominent among the articles was a complete house, divided into four rooms, elegantly furnished, and just ready to be occupied, valued at $100. It was contributed by Mrs. David Greenough. There was a table with a worked top that was very superior, and a carriage-blanket, by Mrs. A. Bigelow, the latter pronounced by all to be very elegant. Some fine drawings were much admired at this stand.

No. 17.—(South Boston)—Mrs G. H. Emerson, Mrs. S Adams, Mrs. E. Briggs, Mrs. A. H. Jarvis, Mrs. Edwin Tilden, Mrs. J. D. Richardson, Mrs. R. Winter.

Many very tasty articles made this stand exceedingly attractive. One feature was a beautiful doll, dressed like a bride, the costume of which indicated great taste. Some of the finest dolls in the hall were at this table. Some elegant cushions, and contributions of wax fruits and baskets of wax flowers, were also specialities to be numbered among hundreds of others.

No. 18.—(East Boston)—Mrs. J. H. Woodbury, Mrs. Asa Cottrell, Miss Mary E. Lasher, Miss Anna Jones, Miss Anna Cudworth, Miss Mary Moore.

The East Boston ladies deserve great credit for the admirable manner in which they supplied their table. There was a profusion of beautiful things, among which floral taste was represented in a fine bouquet and wreath, formed of shells, by Mrs. Howe, of East Boston. A pagoda of shells, by Mrs. Crosby, of East Boston, was an object of admiration and curiosity. A feather wreath, by Mrs. Robert Jackson, of East Boston, and a basket of fruit, most naturally, though artificially, produced, by Mrs. Talbot, of East Boston, we would particularly speak of, though much more space would be necessary to do the whole justice.

No. 19.—Mrs. J. C Johnson, Mrs. Warren Bowles, Mrs. R. P. Wood, Mrs. J. M. Lincoln, Miss Abby Bellows, Miss M. Peck, Miss Elizabeth Bowles.

Here baskets of artificial flowers made one think of summer. And there were many beautiful things at this table, denoting patience, industry, and taste. A figure dressed like a Quakeress—resembling Mrs. Elizabeth Fry, was a very prominent and neat feature, and was greatly admired.

No. 20.—Mrs. D. L. Macfarland, Mrs. Geo. Harrington, Mrs. A. A. Foster, Mrs. F. A. Hall, Miss Sarah Tinkham, Miss Theresa Tileston, Miss Julia C. Crane, Miss Caroline Southard.

Here Mrs. Macfarland's taste, skill, industry, and tact had collected a small world of pretty things, and her enthusiasm regarding the Fair and its objects knew no bounds. At her table was the most beautiful doll that was in the Fair. Here were elegant bridal cologne cushions and bridal baskets, and almost everything that brides wish, but a husband, elegant screens, sofa cushions, and an infinite variety of pretties, ranging from the costly to the cheaper, but none cheap in the mean sense. Her table was wide spread. She had assistants in many directions. "Whose table is this?" we asked, where humming-birds were hopping life-like in the branches of beautiful trees; "Mrs. Macfarland's," was the reply. "Whose is this?" we asked of two beautiful ladies who were in charge of sixty pounds of cake, with four real gold rings in it; "Mrs. Macfarland's," was the reply. This cake, by the way, was made by Mrs. Geo. B. Dennett, of South Boston, and it was divided into 136 slices. Mrs. Macfarland was a busy and a cheerful spirit in the Fair.

No. 21.—Mrs. A. Crosswell, Mrs. J. J. Bigelow, Mrs. R. Messenger, Miss Delia Tarbell, Miss Mary Crosswell, Miss Kitty Tarbell, Miss Elizabeth Swift, Miss Mary Messenger.

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It was not very difficult to ascertain why so many gentlemen lingered around this table, and as the crowd passed by, more than one susceptible young man asked his companion if he thought there were any chances left in that prize. A glance from the matron, however, dispelled all hopes, and we found a specimen of hair-work to admire, contributed by Miss Lizzie Cutter, of Medford, whose ingenuity and patience must be commendable traits in her character. The "guess cake," presented by Mrs. P. J Meyer, was a source of large income. It was a splendid wedding cake, and derives its title from the guesses which for a slight fee the visitors were allowed to make regarding its exact weight, the most accurate to receive the cake. To show that opinions will differ in regard to weight, as well as post-offices, we would state that the guesses varied from ten to sixty.

No. 22.—Mrs W. W. Clapp, Jr., Mrs. W. W. Baker, Miss Sophie T. Dennie, Miss Josephine H. Ellis, Mrs. P. S. Fiske.

There were many evidences at this table of the skilful handiwork of the ladies; but the leading article was a beautiful gold watch, presented by the Waltham Watch manufactory, one of the best specimens of their work, and fully equal to any foreign importation. Its beauty attracted many to become subscribers, and a hundred dollars was thus obtained by dollar contributions, the watch becoming the property by lot of Mr. Henry Tolman. A sunset scene at Newport, R. I., by Joseph Ames, the well-known artist, and an original sketch of sheep, by C. A. Barry, were much admired. The "blue and gold series," donated by Messrs. Ticknor & Fields, found ready purchasers, and many little people were convinced that the "grab bag" was not a sham. One of the most attractive articles to many, was an embroidered skirt, the work of a lady who has nearly two score grand-children and several great-grand-children.

No. 23.—Mrs. Dr. J. T. Talbot, Mrs. G. W. Tuxbury. Mrs. J. A. Norris, Mrs. Josephine Allen, Mrs. Isaac Kendall, Miss Anna Haven, Miss Jenny Morse, Miss M. A. Chandler, Miss Mary Adams, Miss Augusta Palmer, Miss Mary Chandler.

The carved chair element was generally prevalent in the Fair, and a superb specimen was here exhibited, with block-work seat, very neatly made. Some potichomanie vases, by a Boston lady, were very fine, as was a fan, most exquisitely painted by a lady of Watertown. There were dressing-gowns of most luxurious seeming, and a Paris-made infant's dress, that appeared, to our inexperienced eyes, to be the very ultimate of needle-craft. A basket of artificial fruit, that resembled nature so closely as to make the mouth water to look upon it, also graced the table. This table was one of the most elegant in the room.

No. 24.—(Dorchester)—Mrs. Geo. A. Phillips, Mrs. H. J. Nazro, Mrs. Wm. R. Austin, Mrs. J. H. B. Lang, Mrs. J. W. Tuttle, Mrs. Minna Otto, Miss J. T. Nazro, Miss Carrie Clark.

Dorchester made a fine display. Of the few things that we have room to notice, was a table, the top of which was wrought in flowers of bead-work, and was exceedingly ingenious; "ornate tidies," that deserved the name for their exquisite workmanship; several etchings of much beauty, worked camp-stool, artificial flowers, and children's clothing, made by those whose handiwork praised them.

No 25.—(Cambridge)—Mrs. Dr. H. L. Chase, Mrs. John J. Stevens, Mrs. Thomas Mickell, Mrs. Frank Russell, Mrs. Dr. Chas. Farnsworth, Miss Emma Bird, Miss Kate Manson, Miss Hattie Dean, Miss Maria Farnsworth.

There were exceedingly fine things at the Cambridge table, prominent among which were two landscapes from J. W. A. Scott, as fine a painter as ever tried a brush with our own native scenery, and an Alpine scene by Mrs. Theophilus Parsons, a very fine production. Some plates were for sale at this stand, made for the Fair in New-York, ornamented with views of several Boston and Cambridge localities. We observed here some vases of leather scraps, that might be mistaken for oaken carving, made in the form of flower and fruit, that were exceedingly elegant. Flora in her bower, at this table, was another great attraction.

No. 26.—Mrs. Dr. Milton Fuller, Mrs. Warren Sawyer, Mrs. Henry Child, Miss Harriet Bishop, Miss Sarah Cheney.

There were many beautiful works of feminine needle-craft at this table, among which a superb cologne cushion and a lady's toilette basket were prominent. Several elegant embroidered chairs found admirers and purchasers here. Ware of potichomanie, very elegant, held an exclusive place at this table. A miniature bedstead of great beauty was a fine addition to the attraction of the table. A painting of a trout, by Brackett, was a beautiful feature.

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No. 27.—Mrs. A. G. Farwell, Mrs. Waldo Adams, Mrs. Arthur French, Mrs. Lawton.

Here embroidered chairs, foot-stools, and hundreds of elegancies in needle-work, made a showy table. Mr. Levi Bartlett had presented the manager with several miniature Indian canoes that were regarded with much curiosity. This table received several valuable donations, among which was a copy of Stuart's head of Washington, and a large marine view by Howarth. A beautiful fate lady, at this table, made many happy by giving them good fortunes for a homœopathic consideration.

No. 28.—Mrs. E. F. Pratt, Mrs. G. N. Banchor, Mrs J. A. Warren, Miss Lucy M. Prince, Miss Sarah M. Palmer, Miss Emily P. Cheever, Miss Hattie Warren, Master Charles Warren—the latter two superintending a cabinet of shells.

A good substantial home collection of articles here that made no effort at show, but abounded with the useful. Among its curiosities was a table of shells, a snow scene, and an autograph book, containing names of many distinguished for this, that, and the other. The table was well managed, and, we believe, well patronized.

Platform.—(Brookline)—Mrs. E. B. Fitts, Mrs. Dr. Edward Wilde, Mrs. W A. Wellman, Mrs J. W. Turner, Mrs. R. Barnett and daughters, Mrs. W. A. Crafts, Mrs. Geo. Bacon, Mrs. A. A. Bachelder, Mrs. H. Blaney, Mrs. Jos. S. Whitney, Misses Hedges, Miss Nelly Wellman, Miss Lizzie Fitts.

The Brookline table, from its commanding position, was a distinguished feature in the hall, and the ladies in charge of it were very assiduous in their endeavors that Brookline should be in no wise behind its neighbors, and that they succeeded is not to be doubted. The useful here, as at the last table, was the characteristic feature. A superb carriage blanket, knit by Mrs. Geo. Bacon, was deservedly praised. A Brookline cottage, and a real Brookline elephant—a very formidable looking quadruped—formed the out-door attractions, together with a fate lady, whom it was proposed should tell our fortune, but as we had known what it was up to the present, and fear that the future might be made out to be worse, restrained us from investing.

Flower-Stand—Mrs. N. P. Banks, Mrs. A. H. Rice, Miss L. M. Appleton.

The flower-bower was decorated in a very appropriate manner, with evergreen and its rich vases, epergnes and stands, were filled with the choicest flowers, which were rapidly disposed of by the ladies who had it in charge. That they brought to their duty the most willing attention, we have assurance in the result of their labors, and to the interest evinced by the worthy lady of our Governor, and her accomplished assistants, the Fair was indebted for one of its chief attractions.

Post-Office—Mrs. Judge Thomas Russell.

We remember, when a boy at boarding-school, that some of the city lads were constantly calling at the Post-Office, at all sorts of unseasonable hours, to obtain expected letters from home, and it was shrewdly suspected by many that the beauty of the post-master's daughter, who answered all the inquiries, was a powerful magnet. We have always entertained a belief that woman's rights ought to extend to the privilege of being entitled to act as delivery clerks at the Post-Office. Had Mr. Capen but adopted this idea with his change, there would have been no grumbling. The Post-Office of the Fair, for these reasons, was much frequented One-half who asked for letters we do not believe expected them, any more than the school-boys did, but the supply was large, and the Post-mistress being a good judge of physiognomy, had one "just received," ready for all applicants. Her tariff varied at times, and some of her charges would have surprised Senator Grow, who has been in the city.

"I don't know," said a gentleman who is an expert in fairs, and who makes it a part of his religion to second all such charitable efforts, especially when he can combine pleasure with duty; "I don't know that my eyes may be not clearer than usual, but it strikes me that there is a marked purity of complexion among the ladies here, which I never witnessed before among so large a number, and their eyes, too, are all brighter and more lustrous."

"That is susceptible of explanation," said the Doctor, (everybody was called doctor at the Fair,) "for they abstain from all drugging and dosing, and consequently they don't poison their blood. Look at the children here, and you will find the best evidences of the efficacy of homœopathy in the fresh clear tints of their faces, and their fine muscular development." We regretted that the Autocrat of the Breakfast-Table was not present to observe this.

The profile-cutter was present, using his scissors with a skill which is at once noticeable and remunerative. He volunteered in the cause, contributing by no means a homœopathic portion of his receipts. His tongue is quite as sharp as his scissors, and those who endeavor to ascertain the exact time he commenced his apprenticeship obtain but little information. We suspect hat he is an English earl in disguise, and is now awaiting the result of a suit in chancery to restore him to his carriage and four, and his opera-box and seat in the House of Lords.

The ladies were very persuasive at this fair, but we believe they did not go beyond the ladylike limits of fair entreaty, and few were able to avoid their very polite requests to become interested in their various schemes. What canvassers ladies would make for a new corporation, and how rapidly they would find subscribers for stock in a new bank. One lady actually in-

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duced a gentleman to enlist in her service by asking his pardon for having passed him three times without soliciting him to think of the advantage it would be if he could draw a yellow damask chair for his parlor. The "mitten" was extensively patronized.

The Committee of Arrangements, who have been at work for many weeks in preparing for this Fair, merit the congratulations of all who wish well for the practice of homœopathy. They have been most assiduous in their labors, and have done much towards accomplishing the glorious result which so many willing hands have assisted in. Joseph Story, Esq.'s large experience was of most material benefit, and in Dr. Talbot, Dr. Macfarland, and Dr. Thayer, he found most able backers. S. G. Cheever, Esq., held the laboring oar with the zeal of an enthusiast. Judge Russell superintended the lower hall, and upon Geo. F. Emery, Esq., the important office of Treasurer devolved—and it was fortunate that a cool, clear-headed gentlemen accepted the responsibility. They triumphed over all minor difficulties and may rest from the labors of the month, with the assurance that not merely the Homœopathic Dispensary, but homœopathy as a practice, has received an impetus owing to their noble exertions.

On the platform in the rear of the Post-Office and Flower Stand, were planted the Sewing Machines, the gifts of their several manufacturers. The skill which those who tended them show in their management, induced many to aspire to like facility in their employment. The splendid seven-octave pianoforte donated by Messrs. Hallett and Cumston, attracted the attention of all. It is a superb instrument, rich and full-toned, and of exquisite workmanship. It was disposed of at raffle, and brought five hundred dollars. Mrs. Ezra Hawes, of 4 Prince street, was the prize-holder.

On the floor was the richly-carved table with marble top, presented by Messrs. Lawrence, Wilde & Co., successors to Doe, Hazelton & Co. As a specimen of ornate carving it was exquisite, and its beauty was noticed by all. It was awarded to David L. Messer, of Cambridge, who held the fortunate number.

Above the sound of voices, and adding materially to the cheerfulness of the scene, was the sound of singing-birds, in cages about the hall, whose song made pleasant music. Apropos of music, we would mention that Gilmore's Serenade Band attended throughout the evenings of the Fair, and greatly enhanced the interest of the occasion by their truly admirable performance.

To provide an interesting variety in the entertainment for those visiting the Fair, the lower hall was secured for intellectual exercises, and on each evening large audiences attended upon such exhibitions as the committee had selected for them. On Tuesday and Wednesday evenings the comedy of the "Rent Day" was performed by the Forrest Dramatic Association; and on the latter evening Miss Susie Cluer gave several poetical recitations, in a manner that elicited the warmest approval. On Thursday evening, Mrs. Barrow gave a series of readings in her usual excellent manner. On Friday evening, the programme comprised a melange of vocal and elocutionary performances, in which the Orpheus Glee Club, Mrs. Harwood, Mrs. E. A. Wentworth, and Miss Susie C. Cluer took part. The attractions in the upper hall, however, seriously interfered with a proper appreciation of this meritorious performance.

The more costly articles were disposed of at raffle, and many persons, for a slight compensation, obtained articles of value. We have noticed the more prominent donations thus distributed. The schemes were drawn by Mr. Bigelow, who discharged his duty with marked politeness. The Marshals were very attentive, and contributed very materially to the success of the Fair.

"Won't you have a share in this dressing-gown?" was the question of a lady this evening to a gentleman who had been on duty at the Fair for five days. "No, I believe not," was the reply of the exhausted individual. "The only share I want is my share of my bed." The elegant wardrobe of baby-clothes fell to the lot of Mrs. Ralph W. Newton, of Roxbury. The pianoforte was drawn by a lady who has five daughters. The beautiful cradle became the property this evening of Mr. George B. Jones.

It is a blessed thing to be gifted with thoughtfulness, and the ladies at the Fair have this week witnessed an evidence of it in the kind attention of Mrs. Alvin Adams, who each day has prepared at her home a most acceptable lunch, which she has passed to all the attendants of the tables. Their indebtedness has been freely expressed, and we but comply with the wishes of many in adding the recognition of this kind act to our report.

The scene this evening was lively in the extreme, and the crowd as large as ever. The ladies drove very liberal bargains, and there were some alarming sacrifices made. There were many distinguished persons present, including Governor Banks, Hon. Anson Burlingame, and others.

At 9½ o'clock this evening, Mr. Story rang the bell (which has repeatedly been sounded during the five days, to call the attention of parents to their lost children, or to return articles found) for the last time, announcing the close of the Fair, and returning thanks to those who had participated. His request that the audience would leave the hall as speedily as possible, in order that the booths might be removed, was consented to, and Gilmore's Serenade Band played "Home, Sweet Home," to speed the parting guests to their own households.

The receipts will not fall short of fourteen thousand dollars, and the TEN THOUSAND DOLLARS which it was hoped would be realized, are secure, and probably a thousand surplus. The goods unsold will be placed in a room and disposed of at private sale.

It were impossible, without giving our paper entirely up to their description, to mention a hundredth or a thousandth part of the beautiful things that were seen in every direction. We conclude as we began, by commending the Fair as a whole, and pronouncing it, as all that we saw admitted that it was, the most successful of any that ever transpired in Boston.

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