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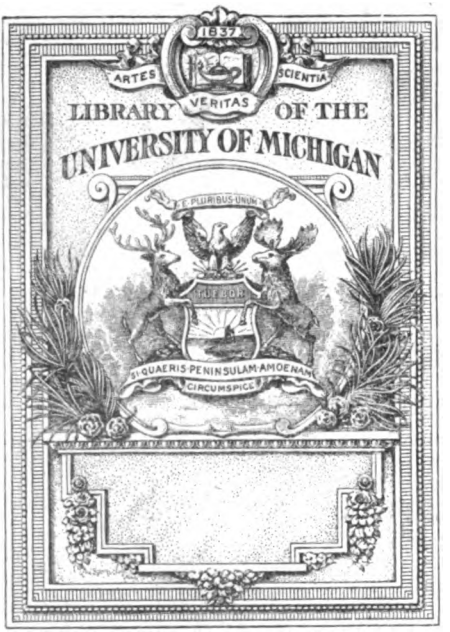
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CONTAGIOUS PRURIGO.

SYNONYMS. — *Army Itch, Camp Itch, Soldier's Itch, Ground Itch, Prairie Itch.*

BY W. S. SEARLE, M.D., TROY, N.Y.

FOR many years, a contagious form of Prurigo has been endemic in the more recently settled portions of our country. On our frontiers, it has been a constant resident; and it has also prevailed in the malarious districts of this (New York) as well as other States—especially where efforts have been made to reclaim marshy lands to cultivation. During the progress of the late war, however, it became unusually prevalent, and even approached the character of an epidemic. Confined at first to the soldiers, and those with whom they came in immediate contact, it spread among all ranks and conditions of our population, until it is well known in almost every village and hamlet in the land. War has excited and spread this form of disease before. Thatcher, in his History of the War of the Revolution, states that the soldiers were troubled with what he calls "Ground Itch," and he describes it in language which would well agree with that form of cutaneous irritation to which we

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now refer. The name which is placed at the head of this article seems most significant, since it is a papular eruption, sometimes of a pale red hue, resembling Lichen, but oftener devoid of color, and more nearly approximating the Prurigo; while the intense and persistent itching reminds us of the latter affection. Its spread has been rapid, and almost universal. In the words of another, "Pulpit, forum and bar, learned and ignorant, rich and poor, are alike the objects of its peculiar friendship. It rides in the coach as cosily as the cart, and sits as jauntily upon the sofa, in silks, as among the rags of poverty."

Its history can be almost invariably traced to the camps of our armies, whence it has been transplanted, by the movements of troops, and the return of our brave boys to their various homes.

Symptoms and Course.—In the perfectly healthy individual, who is exposed to the contagion of this disease, it appears in the form of minute papules, sometimes white, like those of Prurigo, and sometimes with the pinkish hue peculiar to Lichen. Like the former, its favorite seats are the neck, shoulders, back, and outer surface of the limbs. It is rare in the face, unless in severe cases; and almost always spares the feet and hands. In the course of a week after exposure to the disease, the patient, on retiring at night, is annoyed by an intense and persistent itching, which is not relieved, but rather aggravated, by scratching. Neither does the warmth of the bed bring relief. In fact, the irritation is often sufficient to banish sleep for at least a part of the night. On awaking, the itching is renewed, with less violence, however; and continues, to a greater or less extent, throughout the day. In severe cases, along with the itching is a sense of formication, or painful prickling, as if insects were crawling over the surface and stinging it, or as if the skin were pierced with hot needles. This intense hyperæsthesia of the skin is the most annoying feature of the disease. Momentary relief is at times afforded by cold or warm applications, but it soon returns with renewed vigor, rendering constant scratching a necessity. As the apex of

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each papule is removed, a little blood exudes, and forms a blackish crust, or scale, beneath which is a minute red point. In cases of long continuance, large surfaces become abraded, and form suppurating sores, reducing the patient to a condition of absolute wretchedness.

In constitutions already modified by other cutaneous diatheses, the appearance of the eruption varies, becoming allied to all the different forms of skin disease with equal facility. Should the patient have been eczematous, the eruption will be vesicular; and so on, through the whole range of cutaneous disease. But in no case does it lose its peculiar characteristic of contagion. This is the sole diagnostic symptom of the disease. Fortunately, however, the contagion is quite mild. I have never known the disease to be acquired, except by sleeping in the same bed with, or in one lately occupied by, an infected person. I have repeatedly handled severe cases, with perfect impunity; and, even in the same family, very slight precaution will prevent the spread of the disease.

Pathology.—The first question which meets us here is that of parasitic infection. I have carefully examined several cases, with a powerful hand-glass, and have as yet failed to detect any parasite. I am also inclined to exclude it from this class of disease, for the following reasons: (1) The usual applications, which prove destructive of parasitic life, generally fail to remove or suppress the disease. (2) It is speedily curable by purely internal treatment. Is it to be reckoned among the psoric, or constitutional, affections? I think not; for, though exceedingly persistent, often lasting for years, still I have known it to be entirely eradicated by purely external treatment, with no sign of suppression attending the cure. I am inclined to regard it as a pure cutaneous neurosis. But how shall an affection of the peripheric nerves produce contagion? I reply, by a change impressed upon the nutrition of the cutaneous cells, and a consequent change in the excretions of the skin. There are two ways of changing cell nutrition: (*a*) by altering the quantity, or (*b*) the quality of the blood supply. There being no evi-

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dence in favor of a change in the character of the blood, and a change in the quantity supplied being quite sufficient to alter the secerning property of cell-life, I am inclined to favor the theory that an altered secretion of the cutaneous cells, dependent upon a diseased state of the peripheric vasomotor and sensory nerves, is the true pathology of this affection. Certainly, no inflammation is present, except that which is due to abrasion by the scratching, or to previous disease. This view is sustained by Romberg, who says that "even in marked cases of Lichen and Prurigo, the hyper- or dyæsthesia of the skin, is the cause, and not the consequence, of the eruptions; and this for the following reasons: (1) Decided inflammation of the skin, produced by irritants, or as occurring in Erysipelas, is not attended with any thing like the severe itching of Lichen or Prurigo; yet in such cases the papillary structure must be involved. (2) The very marked influence of warmth and of the night in aggravating these eruptions, is quite accordant with the genius of nerve disorder, and unlike that of true inflammation. (3) One form—Lichen Tropicus—is produced by conditions eminently exciting, and yet exhaustive of nervous power. (4) The relation of these eruptions to Urticaria, which is evidently a neurosis. (5) The very small amount of inflammation in many severely-itching eruptions. The diffuse inflammatory redness of the skin, which is marked in some cases, and attended even by swelling, must be considered an indication of vasomotor nerve paresis; thus, we find in Urticaria, three different pathological changes, resulting from the operation of the same cause; viz., spasm of contractile tissue in certain parts, paralysis in others, and a state of hyper- and dyæsthesia of sensory nerves."

Etiology.—The fact of the unusual extent of this disease during and since the war just concluded, as well as that of the Revolution, point to camp life as productive of the disease; and I was at first inclined to believe that it arose from the constant and almost universal presence of lice, and that the intense hyperæsthesia manifested was due to the irritation of the cutaneous nerves by them. Several facts, how-

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ever, furnished me by my friend, Dr. S. A. Jones, of New Jersey, have led me to change my opinion. In the first place, the disease was, and is, almost unknown among the victims of the Southern prisons, where vermin most abounded. Again, those who were lousy in camp often escaped the affection. Again, in one case at least, an officer who never was lousy, never slept with his clothes removed, nor with another person until his return home, still had this form of Prurigo. It should be remembered, also, that those who starved and pined away as prisoners, during the war, were in precisely the debilitated condition which made their nervous systems more easily impressed by any source of irritation. Lice, too, are very common on emigrant ships; and in ancient times, men of eminence are even said to have died of lice; and yet we find no mention of a contagious Prurigo.

What, then, is the cause of this cutaneous neurosis? If found at all, I think it must be in a specific contagion, generated in malarious districts, and to which soldiers are most exposed. To this theory, agrees the fact of its endemic prevalence in the more recently settled portions of the country, and also where marshy soil is, for the first time in centuries, upturned to the air. This malarial influence tends to impress the cutaneous nerves, and generate a contagious excretion, in the manner above pointed out.

Treatment. — From my own experience, until of late, and from the reports which have reached me of the failure of others in treating this disease, it seemed to deserve a place among the *opprobia medicorum.* The usual washes and ointments, in fashion in the old schools, have met with little success. And, as usual, when the *simillimum* of a disease is not found in our Materia Medica, or when the indications are so sparse as not to furnish a clue to it, the Homœopathist has had no little trouble in effecting a cure. *Sulphur*, *Hepar*, *Rhus*, *Ars.*, *Merc.*, *Cicuta.*, *Cocc.*, *Dulc.* and *Lyc.*, have all been weighed in the balance and found wanting. Cases have recovered, it is true; but nothing like a specific has been found. I had begun to think that the disease lay without

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the range of our present Materia Medica, when a case, which I had failed to cure, returned one day with a fine, clear and healthy skin. In answer to my eager inquiry, in what Jordan she had washed, the patient informed me that a few baths of *Yellow dock* had wrought the marvel. On comparing the symptomatology of *Rumex* with that of the disease, I found a similarity by no means remarkable; but, in default of any thing better, I began to use it, in the first decimal dilution, given in doses of five to ten drops every three hours. My unwonted success since that date has led me to think that this is the true specific for this horrible plague.

A brief *resumé* of cases is appended, and will conclude this paper.

Case 1. — A healthy female of 20 years, slept several nights with a sister who had the disorder, and in about a week showed signs of the eruption. January 16th. — Has been two weeks in progress, and the rash appears thickly upon the body and limbs; none upon the hands and face. ℞ *Rumex*, 1st dil., 5 gtt. every three hours. January 23d. — Much better. January 31st. — Cured.

It is interesting to note, that during the incubation of this case, and before the eruption came out, another girl in the family slept with this patient for two nights. Fortunately, the bedding had been changed, and she did not contract the disease.

Case 2 — Comprised the sister from whom the Case 1 had caught the complaint, together with four other members of the same family. In this instance, the father, while traveling, became infected, and brought the disease into the family. I did not see these cases, as they lived at a distance; but the description corresponded closely with the disease, and for several months they had resisted all curative means. *Rumex* removed every vestige in ten days.

Case 3 — Comprised a father and son. The latter had derived the complaint from sleeping with a playmate, and communicated it to his father in the same way. After lasting a year, and obtaining only relief from Homœopathic

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medication, the whole affection vanished after a few days' use of the *Rumex.*

Case 4. — A commercial traveler, 45 years old, of good health and habits, became infected while journeying, and was put upon the orthodox treatment of warm baths and saline purgatives, by an allopath. After the disease had existed ten days without diminution, he presented himself to me. The whole surface of the body and limbs, excepting only the hands and face, was completely covered with the eruption; and the irritation was positively maddening. *Rumex*, in the same dose, was administered, and in three days the eruption had diminished one-half. Ten days sufficed to complete the cure.

Mr. Editor: — Since writing the above article,* I have read, with great interest, the prize essay of Dr. Rowsey, in the last number of your valuable journal, on the subject of "Prairie Itch." It is evident, from the description of this disease, as given by Dr. R., that "Camp Itch," or "Contagious Prurigo," as I have termed it, varies from the "Prairie Itch" in important particulars; and that the disposition, prevalent in the East, to regard them as one disease, is erroneous.

While this is not strictly the proper place for a review of Dr. Rowsey's article, I ask to be indulged in a few words bearing upon some of the points made by the Doctor. After a very full and clear record of the symptoms of the disease, the author states that, at times, enlargement of the cervical glands accompanies the affection — especially in young children; and states that, in his opinion, the entire glandular system is *primarily* affected in this malady. It seems to me that such manifestation must be considered purely *secondary*, and caused by the absorption of the diseased fluids of the skin by the lymphatics of that tissue, or else an outcropping of a scrofulous diathesis, induced by the depressed vitality

* It is proper to state that the foregoing article was received some weeks before Dr. Rowsey's paper was published; hence was written without any knowledge of the same. — [Ed.]

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incident to the malady. This view seems confirmed by the remark which follows: "I have seen very young children, during an attack of this disease, or immediately after its apparent removal, drift into disease of the mesenteric glands, etc." The Doctor next asserts that this is "not a true skin disease." This position, it strikes me, the Doctor will find it very difficult to sustain — especially in view of his therapeutics.

He claims that a "specific toxic cause has altered and vitiáted many of the secretions, and their elimination by the skin and kidneys begets this annoying affection." This specific cause, the author finds in an excess of *Potash* in prairie soil, introduced into the system through the medium of water. Were this theory true, the affection would not be a "true skin disease," but a chronic poisoning by *Potash*. But, in the first place, I can see no ground for the claim that an excess of *Potash* in the soil *is* the efficient cause. *Alumina*, *Carbonate of lime*, and *Magnesia*, are all enumerated in the analysis of soil given, and they occur in quantities greatly exceeding the *Potash*. A simple reference to the Materia Medica will show the Doctor, too, that these substances are fully as detrimental to the health of the skin, as *Potash*. But the strongest objection to the *Potash* theory is found in the Doctor's therapeutics. Here, he claims that the most efficient *remedy* yet discovered, by either school, is the external and internal use of *Potash* — the very agent which he makes the efficient *cause* of the disorder. Herein is wonderful Homœopathy. The skin, in the Doctor's view, is struggling to excrete the excess of *Potash* in the system; and he proposes to assist nature by a liberal application of the same substance. Had he confined his treatment to the internal administration of his *Kali*, 30, 60, and 200, he might have found some in the Homœopathic ranks who would have gone with him, (though how such treatment can be Homœopathic, I am at a loss to conceive,) but such a wholesale scrubbing with the alkali as he advises, is a form of therapeutics for which I can find no name, nor theory, nor precedent. The Doctor further says that, "while I do

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not assert that *Kali* is the specific, I *do* assert that it will cure, more speedily than any other remedy, the great majority of cases of Prairie Itch." I certainly know of no reason to doubt the Doctor's facts, but would advise him either to renounce his theory of the origin of this disease, or cease to call himself a believer in the therapeutics of Hahnemann. Meantime, will some one enlighten us as to the consistency of prescribing a high dilution of a drug, for the poisonous symptoms of massive doses of the same drug, with the law "*Similia similibus curantur?*"

TROY, N. Y. W. S. SEARLE.

THE DISEASES OF THE SKIN.

TRANSLATED FROM BAEHR'S THERAPIA, VOL. II. : BY E. TIETZE, M.D., PHILADELPHIA, PA.

(*Continued from page* 368, *Vol.* II.)

III. ROSEOLA. (RUBEOLAE.)

THIS cutaneous affection is characterized by bright red spots, of the size of a lentil, which stand more or less apart from each other, rarely appear in groups, are not associated with any — or but very slight — fever, and are not followed by any perceptible desquamation.

Roseola, at times, is associated with intense catarrh, yet, in this case, does not show itself longer, at the utmost, than twenty-four hours; but if it is preceded by a slight catarrhal stage, it remains, at the longest, to the middle of the third day. In this latter form, Roseola frequently appears as an epidemic, yet as one of limited extent; and then the whole morbid process much resembles a mild form of Scarlatina, to which it is a transition form.

Thus, we have seen, in one and the same house, simultaneously, two children, with Roseola of the mildest form; one, on the contrary, with the same affection of so severe a character, that the diagnosis of Scarlatina seems to be

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entirely justified — and the more, as desquamation follows very perceptibly, and even a slight œdema over the whole body. Roseola is never dangerous.

Its origin is to be referred, at one time, to catarrh, at another, to a great change of temperature; yet usually exists in such atmospheric conditions as cause epidemics. That form of Roseola which associates itself with the more dangerous constitutional diseases, especially with typhus, does not come under consideration here.

The insignificance of the process mostly renders any application of remedies superfluous; and only when Angina Catarrhalis is present, we may give a few doses of *Belladonna.* The fever is never so intense, or, upon a whole, of such a kind, as to demand *Aconite.*

Confounding Roseola with mild Scarlatina has usually but the unpleasant consequence that the poor patients will be confined unnecessarily long to the room; a practice of which we will speak more fully in our treatise on Scarlatina.

IV. Urticaria.

The formation of hives is caused either by irritations which directly affect the skin — as, for instance, great heat, alternating with a cold temperature, (as in the case of some ladies after a ball); stings of insects, of mosquitoes, fleas, bed-bugs, bees, gad-flies; contact with nettles, and a few other plants; — or by irritating substances, which, being introduced into the stomach, affect the skin — yet not of every individual, but which do so apparently in consequence of a very peculiar idiosyncrasy; as, for instance, strawberries, raspberries, crabs, etc. However, genuine Urticaria mostly rests on such individual conditions; and it is impossible always to find them out, with any thing like certainty. Most frequently, however, we find gastric catarrh, in consequence of indigestion, and chronic and acute catarrh of the female sexual organs, as its causes. In acute constitutional diseases, hives appear without any particular significance. Urticaria usually begins with fever, which may be even very

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intense, and may continue during the presence of the cutaneous eruption. Yet, it is still an open question, whether such a fever is caused by Urticaria, or whether Urticaria is not caused by the fever. Usually and principally, the digestion is affected; more rarely, we find symptoms of cerebral hyperæmia. Great restlessness and anguish frequently precede Urticaria, shortly before the eruption appears. Yet, in other cases, the cutaneous eruption appears suddenly, after a short indisposition, which is free from fever.

Red spots of large size — which, however, are not very well defined — appear upon the skin, with burning and itching. Upon these, we soon notice larger or smaller prominences, at one time of a white, at another of a red color. Their size in length and width varies from one-fourth of an inch to one inch. They mostly stand solitary, more rarely united in larger numbers, upon the red spot spoken of. The warmth of the bed mostly seems to accelerate the development of the eruption. The single hive but seldom remains any length of time. It disappears, leaving no trace, as early as within a few hours; but others may appear, instead of it, upon other places, and thus the whole process may be considerably prolonged. The localities principally affected by it, are the extremities and the anterior surface of the rump; but rarely the face. Urticaria *ab ingestis* develops likewise in this manner, only that its course scarcely comprises twelve hours, while it is frequently associated with an intense febrile excitement, anguish and restlessness. Even with Urticaria produced by the sting of insects, the febrile excitement is not unusual. The single attack very frequently causes an increased disposition for it, which again increases with each attack, frequently lasts for years, and has been termed Urticaria *chronica*. Yet, with this form, the febrile excitement is very apt to decrease with each new attack; while, frequently, even the smallest mistake in diet, or a very insignificant cold, calls forth another eruption. Among women, the trouble may show itself, also, connected with menstruation. The hives of chronic Urticaria always stand solitary, and the cutaneous redness,

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surrounding it, is but trifling, or entirely absent. Their color is mostly red. Urticaria *chronica* is a very stubborn trouble, yet frequently remains uncured, for the reason only that the constitutional anomaly upon which it rests, is overlooked.

If the single attack is not too severe, it never requires medical treatment. Whatever remedies might be given, are applied on account of the general phenomena, not on account of the cutaneous affection. Thus, if the trouble be associated with indigestion, *Pulsatilla;* if with intense gastric catarrh, *Antimon. crud.* may be given. But if, on the contrary, the fever is very intense, *Rhus* is the principal remedy; for rheumatic pains, frequently connected with it, *Bryon.;* for diarrhœa, associated with it, *Dulcam.* However, if the affection becomes stubborn — if new hives appear continually, or if the first attack is soon followed up by a second and third — then it is very advisable to administer, as soon as possible, the proper remedies. In this case, the selection of the remedy has to be adapted, always and principally, to the general symptoms. When such are entirely absent, and when the attack is always called forth by changes of temperature, without any fever or any other disturbance, then *Urtica urens* is a very good remedy. It corresponds, even, when troubles of the kidneys and bladder are associated with the hives. To the Urticaria of children, which is destitute of all symptoms, *Calc. carb.* corresponds. Of *Balsam copaivæ*, which is much praised by many, we possess no detailed indications. We should therefore try this remedy, most likely, only after *Urtica urens.* If Urticaria appears with the menses, we advise to give *Pulsatilla* in scanty, *Belladonna* in too profuse menstruation. When chronic uterine catarrh is its cause, *Apis* is a very excellent remedy; and, besides this, *Lycopodium.* It is not necessary to name, for so insignificant an evil, other remedies besides these; and the less so, as all the different combinations can not be enumerated here.

In habitual Urticaria, the diet is of importance. In case of an excessively irritable skin, we must attempt to harden

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it; which is accomplished easier by steam baths than by cold baths and ablutions. Besides this, the diet ought to be very simple; all greasy substances, spirituous drinks, pungent and irritating spices, must be abstained from.

V. Miliaria.

Miliaria is usually a secondary, symptomatic affection, being, as a primary and an epidemic disease, very rare with us. Miliaria *symptomatica* associates with all sorts of intense acute diseases. Primary, epidemic Miliaria runs its course precisely in the manner of the acute exanthemata. Febrile forerunners, lasting from one to three days, precede the appearance of the cutaneous eruption. They announce themselves by pains in all the limbs, of a vagrant character, which frequently change their locality, and resemble rheumatic pains; by excessive perspiration, very great anguish, and oppression; finally, by a peculiar pricking and burning pain in the skin. After this, small vesiculæ, of the size of a millet grain or lentil, appear, which stand upon a reddened areola, and are filled, at one time with a clear, at another with an opaque liquid; *Miliaria rubra* and *alba*. Usually, it spreads in groups. The vehement disturbances, of a general character, pass off with the appearance of the vesiculæ, which disappear within five to seven days, with a branny desquamation. Since each subsequent eruption requires the same time, the affection lingers, in consequence, up to fourteen days and longer. The usual termination is recovery. At times only, epidemics of it, of a peculiar malignity, may be observed, which frequently cause death.

Miliaria *symptomatica* has been considered by some as a very grave symptom, while others see therein only an effect of peculiar external influences, which, by itself, is of but little importance. We confess that we incline decidedly towards the latter view. Miliaria *symptomatica* we observe, almost always, only in individuals who, on account of thick coverings, perspire excessively; for instance, women in childbed, and further in acute rheumatism; also in measles and

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scarlatina, which are maltreated in the former way; and in other febrile affections, even such as are not accompanied by fever. With the exception of acute rheumatism, we shall always find that Miliaria has been caused by excessive external heat. To this, then, those symptoms may also be justly attributed, which precede the eruption; such as restlessness, anguish, difficulty of respiration, and even delirium; while by the improper management, which, through fear of the appearance of Miliaria, becomes still more senseless, it may be explained, without difficulty, that Miliaria very easily may occasion a bad turn of the disease. That our explanation rests upon good ground, is proven by the facts that one sees Miliaria very rarely in hospitals, but frequently in private practice; and that it never appears when patients are covered but lightly, in a moderate temperature.

Miliaria, as a primary affection, on account of its frequently great danger, always requires medical attention; yet we observe it too rarely to be able to mention for it reliable remedies. The best remedy, corresponding to the course of the whole process, is *Aconite;* especially when the eruption is associated less with anguish than with great nervous excitement. In cases of great anguish and restlessness, and burning fever-heat, *Arsenicum;* but in case of an apathetic state, combined with typhus symptoms, *Bryonia.* Also, *Mercur.* deserves to be noticed in this disease; and, when an enormous secretion of perspiration is present, *Sambuc.*

For symptomatic Miliaria, we hold, individually, all medication to be superfluous; and whatever is said of remedies, to arrest its eruption, seems to us entirely hypothetical — at any rate, exceedingly problematic. Besides this, in acute diseases, it is better to adapt the remedial selection to their far more important symptoms, than to the appearance of the vesiculæ. Yet, in order to satisfy even other views, we will mention here the remedies given by **Hartmann**: *Ipecac,* (for the forerunners of this affection, in which the eruption may be expected with tolerable certainty); *Bryonia,* (under the same conditions); *Arsenicum,* (in case of restless

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anguish); *Aconite*, (in intense sanguineous congestion); *Bellad.*, (in concomitant cerebral congestion); *Coffea*, *Chamom.*, *Valeriana*. Hartmann says, further: "Chronic Miliaria — *i. e.*, such as repeatedly reappears on other localities, even if it has disappeared partially, and causes much itching and burning — is best removed by antipsoric remedies, among which rank foremost: *Mezer*, *Clemat.*, *Sarsapar.*, *Staphysagr.*, *Arsenicum*, *Amm. carb.*, *Sulphur*, and *Carbo veg.*

VI. Pityriasis.

In this affection, a desquamation of the epidermis takes place, either in fine, small scales, or in larger lamellæ; at one time, without any other cutaneous symptom, upon an apparently and entirely healthy skin; at another, accompanied by insignificant local or more general symptoms of hyperæmia of the cutis. The affection is called Pityriasis *simplex* and *rubra*, according as the skin is unchanged or reddened beneath the small scales. The causes of the disease are entirely obscure; and, at times, only functional disturbances of the liver, and of the female sexual organs, may be supposed to be its causes. If Pityriasis as *rubra* is extended over larger portions of the body, it begins, not unusually, with slight febrile symptoms, which may accompany each new eruption. Larger red spots, of an undefined form, appear, with intense burning and itching, upon which the skin begins to desquamate very quickly, with a peculiar itching sensation. The eruption almost always appears first at the rump; and only when exceedingly intense, spreads over the face. In consequence of scratching, which seems unavoidable, the places, which are entirely dry, may begin to moisten. The intolerable itching usually occasions disturbance of sleep. This affection is very stubborn, but is a rare disease.

Pityriasis, when confined to isolated places, is more rarely met with as *rubra* than when it spreads over large portions of the body. It can mostly be found on the hairy scalp, the palmar surfaces, the soles of the feet, and in the face.

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The itching is usually less tormenting, though still considerable, when the hairy scalp is the seat of the affection. In consequence of scratching the skin, the place also here gets moist; and formation of thin scabs, or crusts, together with a matting of the hair, may be noticed.

In treating general Pityriasis, we have to remember that we have to counteract a very chronic evil, which never admits of quick success, and in the treatment of which we ought neither to change too soon with our remedies, nor administer new doses of the same remedy too quickly in succession. The most important drugs are *Graph.* and *Arsenicum;* and with these, above all, we may effect a cure. *Lycopod.* is questionable in its efficacy; and *Sulphur*, notwithstanding its symptomatic similarity, rarely enough cures permanently. When, in consequence of the cutaneous eruption, the nails are deformed, *Silicea* is indicated. In Pityriasis which only affects some parts of the body, we would never use *Arsenicum;* while *Graphit.* does excellent service in Pityriasis *capitis.* Besides the mentioned remedies, we may also consider *Sepia*, *Thuja*, *Calc. carb.*, *Led. palust.*, also *Phosph.* *Sepia* is especially in its place, when Pityriasis shows itself with women, after menstrual disturbances, or always at certain seasons.

VII. Psoriasis.

Psoriasis is preponderantly an affection of the male sex; and when it is observed in women, is never connected with sexual disorders. It is only to be found between the seventh and fiftieth years, and prefers to make its attack at the cold season. It can not be traced back to general disturbances of the organism, since patients with Psoriasis, during the presence of the eruption, almost always enjoy complete health. Psoriasis disappears forthwith, at the beginning of acute constitutional diseases; yet, almost without exception, returns after they have run their course. Psoriasis begins in this way: The epidermis loosens itself, and gathers up into small white prominences, on isolated places, more or

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less numerous and dispersed — Psoriasis *punctata.* These spots gradually enlarge in their entire circumference, and become as large as a drop, — Psoriasis *guttata;* and after the removal of the scales, and beneath them, there may be found a slightly reddened and bleeding cutaneous surface. During the further peripheric growth, the place where the eruption began cleans itself of the scales, in such a way as to produce a ring, in the midst of which we observe a normal skin — Psoriasis *annularis;* and which gradually enlarges, in consequence of its further growth, and loses its circular form — Psoriasis *gyrata* — and finally entirely disappears. Almost always, we find all, or most, of these successive stages, alongside of each other. Psoriasis occasions no itching — or, at least, only in the beginning; but never, if it has developed into Psoriasis *inveterata.* It may remain stationary, in which case, new places always become affected, or it becomes intermittent, at one time lasting only months, at another, several years.

Treatment. — In the remedial selection, one has to remind himself that Psoriasis is an eruption, without itching; a fact which seems to have been overlooked by others. Hartmann's description, especially, is one which does not correspond to the character of the affection. The selection of remedies becomes very difficult, on account of the essential character of Psoriasis — a feeling of complete health, hence an absence of all adjuvant symptoms; and it is certainly very erroneous and unscientific, if one should attempt to get hold, at all hazards, of a few symptoms in such patients, by a pedantic examination, and without considering whether such symptoms have not existed since the day of birth; and this from mere love of an illusory certainty in the remedial selection. For this reason, we mention here only the names of such remedies as may be given advantageously, or as may recommend themselves for experiments; and will name them in the order of their rank. They are: *Sulphur*, *Phos.*, *Sepia*, *Petrol.*, *Calc. carb.*, *Acid nitric* and *phosphoric*, *Arsenic*, and *Tellur.*

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Of external remedies, the only one which usually is efficacious — and, in fact, never does any harm — is the steam bath, in connection with the application of common soap; or, in cases of long standing, with soft soap. Cold baths are of decided advantage, although their effect may not be visible very soon.

VIII. Ichthyosis.

Ichthyosis, according to Hebra, is always an inherited affection — or, at least, one which is congenital; never an acquired one. And whenever writers have spoken of acquired Ichthyosis, the disease has been confounded with Psoriasis, or other cutaneous affections. It exists much more frequently with the male sex; so much so, that it is often inherited only by the sons, and not by the daughters.

Ichthyosis is characterized by hypertrophy of the *corpus papillare cutis*, associated with an excessive production of epidermis, and an entire arrest of the functions of the sebaceous glands. In most cases, it is observed only after the first year of life, when the children are bathed less often and carefully. Up to that time, the children exhibit only a remarkably tough and dry skin, which is sometimes of a dark yellowish color. The formation of scales never takes place in the face, nor at the flexor side of the joints, nor at the scrotum; it is most luxuriant at the extensor side of the arm, of the upper and lower part of the leg, and on the knees. The skin is not infiltrated, in this disease; and the scales adhere to places of a normal color. In light cases, the scales lie thinly and dispersed upon the skin; but in the more severe form, a thick, horn-like coating is produced, which is crossed by very numerous and different furrows, and which, in consequence of the filth imbedded therein, assumes a dirty brown color. The scales which have detached themselves, or have been removed, are always resupplied.

The disease is held to be incurable, yet does not endanger life.

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Treatment. — Thus far, we do not know of any case of Ichthyosis which has been cured by the application of Homœopathic remedies; and we never had the opportunity to make experiments in this direction, since in our country Ichthyosis is an exceedingly rare disease. Remedies which we would try first in such cases, are: *Silicea*, *Sulphur*, *Calc. carb.*, and *Lycopod.*; of second rank: *Arsen.*, *Aurum*, and *Petroleum*. Since we know that cleanliness and proper culture of the skin can keep the trouble down to a considerable extent, we would urgently recommend to the patient, daily, warm baths, with the application of soap, and the steam bath. When we desire to remove the scales quickly, we must, a few hours before the bath is taken, rub oil into the affected places.

IX. Lichen. (Strophulus.)

This affection of the skin appears under three forms, which can be pretty distinctly separated; viz., as Strophulus, Lichen *simplex* and *agrius*.

Strophulus, in fact, is nothing else but Lichen *simplex*, in children, at the time of dentition. It is caused by continuous irritation of the skin, or is the result of wrong nutrition, catarrhal irritation of the intestinal track, or it seems to be occasioned solely by dentition. With exception of those disturbances, produced by such causes, a slight fever and restlessness but rarely precede the cutaneous eruption. Solitary noduli, which are somewhat reddened, or show the normal color of the skin, appear suddenly on one or more places; at one time, only in the face, at another, over the whole body. In children of somewhat advanced age, it is evident that these noduli itch, and especially in the warmth of the bed. The single nodulus heals up within from two to three days, yet successive eruptions are apt to appear, which may prolong the whole process for weeks.

Lichen *simplex* originates from nearly the same causes as Strophulus; but especially, also, from the effects of a high temperature. It appears in all ages, and is but seldom pre-

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ceded by distinct fever. The noduli develop unnoticed, mostly in the face, are of normal color — or of a color redder than the skin — mostly stand in groups, and cause very intense itching, which occasions scratching, and thus the destruction of the point of the nodulus, together with the formation of very small scabs. The single noduli disappear within from ten to twelve days; yet subsequent eruptions, even here, cause the whole trouble to last longer, even for months, so that the originally acute affection becomes a very stubborn and chronic one.

Lichen *agrius* frequently represents a greater intensity of the previous form, yet appears, even as a primary affection. Its appearance is always preceded by febrile symptoms, which do not disappear entirely and suddenly, after the appearance of the eruption. In this process, the noduli develop upon a reddened and burning spot, are always intensely red, and occasion an intense itching and burning. The inevitable scratching not only increases the hyperæmia of the skin, but also causes the eruption to change into an eczematous form. The noduli very rarely disappear with desquamation as early as after twelve or fourteen days, and without leaving behind any alterations. Usually, new eruptions follow each other in quick succession, in consequence of which, the skin is so much infiltrated, that even after the disappearance of the noduli, it remains hard, callous and cracked. This form ranks among the most stubborn cutaneous diseases, and causes even danger of life, if it gradually covers the whole body. In such a case, emaciation and general cachexy develop quickly.

Treatment.— Strophulus, when appearing without any other disturbances, requires no medical treatment; at the most, we have to pay closer attention to cleanliness and the proper clothing of children. But if it appear in connection with other morbid states, then the remedies for these are sufficient also for the removal of the noduli.

Also, Lichen *simplex*, on account of its insignificance, at the beginning hardly requires treatment. Yet, if it be very extensive, and the itching intolerable, we may give *Staphysag.*

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or *Mercur.* Should it increase to Lichen *agrius*, then the medicines mentioned for the treatment of this disease, come under consideration.

To the single, acute exacerbations of Lichen *agrius*, *Mercur.* corresponds best; besides it, *Rhus tox.* and *Staphysag.;* also, *Cocculus* has been named here. However, the affection, in its totality, requires other remedies; viz., *Graph.*, *Lycopod.*, *Arsenicum*, *Sulphur;* also, *Nitric Acid*, or *Conium;* — the selection of which depends upon the degree in which the general state of health sympathizes with the affection. External treatment, even too frequent bathing, usually has injurious results.

ON THE ACTION OF DIGITALIS.*

By E. M. Hale, M.D.

At the last meeting of this Association, I was appointed to discuss the "Action of Medicines." A subject, however, of such extensive scope, can not be properly discussed in the limits of a single paper.

I have, therefore, thought best to present, for your consideration, a single medicine, and discuss its method of pathogenetic and curative action.

The medicine I have selected is *Digitalis*, on account of the interest which has of late been felt in its action, as well as the importance which a knowledge of its action on the system may have in assisting to the recognition of the Homœopathic law of cure.

Ever since the discovery and use of this plant in medicine, it has been considered an agent extremely *depressing* in its effects, particularly as relates to its effects on the heart. This depressing action was believed to be its only effect, primary as well as secondary; and it was not until the

* Read before the Illinois State Homœopathic Medical Society, 1867.

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announcement by Dr. Hanfield Jones, in 1859, that *Digitalis* had a "tonic" effect on the heart, that the medical profession would look upon it in any other light.

In the Homœopathic school, *Digitalis* has been considered indicated only when the heart action was *weak*, *irregular*, *slow*, or *intermitting*. Hahnemann says, in a note to *Digitalis*: "It is the most ordinary and certain characteristic property of *Digitalis*, to depress the pulse in its primary action. This depression is then permanently followed by a much smaller and more frequent pulse; which shows how great a mistake is committed by physicians of the Allopathic school, who imagine that they can permanently retard the pulse by *Digitalis*."

It is not strange that Hahnemann should fall into the same error as all his cotemporaries, when we consider the universal belief in its depressing action, prevalent at that time. But there were some points about the action of *Digitalis*, which evidently puzzled Hahnemann; for, in another note, he remarks that, "a large dose of *China* will increase the anxiety caused by *Digitalis*, to *deadly anguish*."

How *China* could have this effect, will be explained hereafter.

Before we enter into this discussion, there are certain propositions which should be laid down.

(1) There are certain medicines, known as having a "stimulating" or "irritating" power.

(2) These medicines, given in small but material quantities, to healthy persons, have the effect to increase the force and frequency of action of the heart, or to cause increased action in any organ or tissue.

(3) In larger quantities, or massive doses, this increased force becomes *tetanic*, in which all action and nutrition is, for the time, arrested.

(4) Following distinctly after this acme of action (if death does not occur), comes *paralysis*, or else debility, with slowness and feebleness, or quickness and feebleness, of action; ending, if not arrested, in fatal exhaustion.

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Familiar illustrations of this method of action, may be found in *Nux vomica* and *China*, or *Strychnine* and *Quinine*, which, in small doses, excite and irritate, in massive doses, tetanize and destroy; and whose secondary action is to enfeeble almost every tissue in the organism.

Contrary to previous notions, *Digitalis* must be considered as analogous to *Strychnine*, *Nux vomica*, *Ignatia*, *China*, *Quinine* and *Iron*. To prove that *Digitalis* has an action analogous to these medicines, I quote from the following authorities:

Dr. H. Jones stated, in 1859, that he had become satisfied that *Digitalis* acted as a "powerful cardiac toner, or stimulator."

Winogradoff and Traube show, by exact experiment, that *Digitalis*, if *not given to excess*, does not diminish, but actually *increases*, the *pressure in the arteries*. The former states that *Digitalis* acts both on the regulating and motor nerves of the heart (the vagi and sympathetic cardiac nerves), and that the degree of pressure in the aortic system, is the conjoint result of these two factors. The first action of *Digitalis* on each is, to excite, and the second, to paralyze. If, then, the motor are more stimulated than the regulating nerves, the arterial pressure will be increased; and so it will be if the regulating are enfeebled, while the motor are excited. On the contrary, the arterial pressure diminishes, when the regulating nerves are more strongly excited than the motor.

In a dog, after division of the *vagi*, the pressure rose, after injection of *Digitalis*, from 124 to 260, declining in ten minutes to 176, *millim.* Repetition of the injection speedily arrested the heart's action. There seems to be a remarkable correspondence between these observations and those of Hofschmidt and Moleschott, as to the effect of irritation of the *medulla oblongata* and spinal cord on the frequency of the pulse. * * * They found that irritation of the *medulla oblongata* was conducted to the heart through the pneumogastric, and not through the sympathetic, nerves; while irritation of the spinal cord was transmittted to the heart through both sets of nerves.

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From the above evidence, there seems to be good ground to conclude: (1st) that *Digitalis*, in the milder degrees of its action, has a stimulating influence upon the heart, acting through the *medulla oblongata* and spinal cord, or the cardiac nerves preceding therefrom; (2d) that its stronger action has the reverse effect, like galvanism or mechanical irritation, arresting the heart's movements. How this arrest is produced, is not clear. On the one hand, it may be supposed that over stimulus tetanizes the heart, producing such strong contraction that the ventricles no longer relax to admit blood, which, of course, would bring the circulation to a stand-still. This view is supported by the fact that, according to Dr. Fuller's observations, and my own, the heart, after death from *Digitalis*, is found with its cavities firmly contracted; contrasting remarkably with the condition produced by *Aconite* and *Chloroform.**

The above observations, by Hanfield Jones, seem to me conclusive as to the primary exciting action of *Digitalis*. In another place, he alludes to another probable explanation of its fatal action, namely, "that the arrest may be regarded as the result of inhibitory action, the excessive stimulus producing a morbid and depressing effect." This, however, can not be set down to its primary action. It is the *result* of an extreme of primary excitation; just as fatal paralysis may occur as an immediate *result* of tetanic spasm, caused by *Strychnine*, as well as from the actual tetanic rigidity, or the primary causes of such a tetanic state.

Dr. Jones also says that "*Digitalis* tones and strengthens the action of a feeble heart, but lowers that of a vigorous one." This statement is certainly true, as it is true of the action of all similar medicines.

It is a physiological law, which will hardly be disputed at this day, that *there is no such thing as medicinal action increasing the normal vitality of the organism.* There may be an apparent increase of the vital forces, but it is only *apparent.*

Under the action of *Nux vomica*, in pathogenetic doses, on healthy persons, there *appears* to be greater muscular power,

* Jones on the Nervous System, p. 320.

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greater tonicity of the motor nerves, and greater activity of the physical actions; but these effects are the results of *abnormal irritation*, which are sure to be followed by a corresponding unmistakable depression. But if *Nux vomica* is taken by a person not in good health, whose abnormal condition indicates the use of that medicine, the vital forces are carried up to their normal condition by the pathogenetic force of the medicine, which force is correlated into *curative force.*

The same may be said of the action of the whole class of *restorative* medicines, namely: *China*, *Hydrastis*, *Ignatia*, *Muriatic acid*, *Helonias*, *Iron*, *Ptelea*, *Ostrya*, *Phosphoric acid*, etc.

The *primary* action of *Digitalis*, however, is of shorter duration than any other medicine. This is due to its peculiar method of action; *i. e.*, its action on a complex system of nerves.

The *pathogenetic* primary action of this medicine, exhausts itself in a few days, and if the *toxical*, or extreme tetanic effects do not appear, the secondary action commences; and this action is apt to be chronic in its character.

When the nervous forces which govern any organ are interfered with, or unduly excited, an impairment of nutrition is the consequence; and in the case of an organ like the heart, which can not *rest*, this impaired nutrition is productive of the worst results, not only on the heart itself, but almost every organ in the body.

Very few physicians, of either school of medicine, prescribe *Digitalis*, except in diseases of the heart, or in certain dropsical conditions, due to such diseases.

They do not consider that there are many diseased conditions of any or all the organs, which may depend on an imperfect state of the circulation, but in which, a physical examination of the heart would fail to detect much, if any, abnormal action.

It is the opinion of many of the most eminent pathologists, that a weak heart, by failing to supply organs and tissues with a proper supply of blood, becomes a cause of many serious and troublesome disorders.

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Let us inquire what would be the effect of a remedy like *Digitalis*, if given in pathogenetic doses, to a healthy person. As before mentioned, the ordinary medicinal doses of ten or twenty drops of the tincture, or a grain of the crude powdered leaves, would so stimulate, or irritate, the heart, that *it would throw an increased amount of blood, with unusual force, into every portion of the body.* The blood, acting as a stimulant, would increase the *normal* activity of each organ, until there would obtain an *abnormal* activity. The pathological condition would be slight, active, congestion. The physiological condition would be one of functional irritation. The *brain* would become more active, and all the mental processes be carried on with increased facility. The *lungs* would act more forcibly, allowing longer inspiration and expiration. The *stomach* would feel the effects of the increased supply of blood to its tissues, and a sensation of canine hunger, or heaviness, would result. The *liver*, irritated by the undue influx of blood, would pour out an unusual quantity of bile, and bilious vomiting and diarrhœa would result. The *kidneys*, if only slightly congested, would secrete an unusual quantity of watery urine. Even the *arteries*, under certain circumstances, would be stimulated to forcible contractions.

If, however, a very large quantity of *Digitalis* be taken, at a single dose, or in rapidly repeated doses, we cause a condition like that mentioned by Dr. H. Bence Jones. He says: "On cutting the cervical portion of the ninth pair, of a warm-blooded animal, the frequency of the heart's pulsations is remarkably increased; and on *tetanizing the extremity of the nerve, which is still, by its cardiac branches, in connection with the heart, its motion is slackened, and may even easily be stopped altogether.*

In other words, a massive or toxical dose of *Digitalis*, *tetanizes* certain nerves, which govern the heart's action, and also *tetanizes* the heart itself. This is abundantly proven by the examination of the hearts of men and animals, killed by this poison.

Now, it follows that, whether the heart is only partially,

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or completely, *tetanized*, the current of blood thrown to the various portions of the body, must be partially or wholly arrested. Hence would arise a most complete, overwhelming congestion, or stagnation, which would at once *suspend all function*, and be the starting-point for a series of profound derangements. The brain would suffer with coma; the lungs with asphyxia; the stomach with arrest of digestion; the liver would fail to eliminate bile, and the kidneys, urine. If a large dose of *China* should be given in this condition, we need not wonder if it cause the results mentioned by Hahnemann.

This proposition will hold good: that a very large dose of medicine will develop *secondary* symptoms, without causing the *primary*.

In the case of *Digitalis*, a *massive* dose will cause similar conditions to those caused by long-continued *small* doses; namely, paralysis of the heart and other organs.

The *secondary* effect of *Digitalis* is, to cause *weakness of the heart, with irregularity of action; and this condition is reflected by every organ and tissue.*

The discriminating physician, after fixing in his mind the method of action of *Digitalis*, can read the provings of that medicine with an interest altogether new. He will find mixed confusedly together, the *primary* and *secondary* effects of the drug; but they can be separated, classified, and made to serve a valuable use, as indications for this potent remedy.

In the final consideration of this subject, it is necessary to inquire how far we can make practical use of this discussion. Can we point out the conditions in which *Digitalis* will prove useful, and the dose requisite to cure?

Among the quite extensive list of affections which Noack and Trinks have recorded, as indicating the use of *Digitalis*, we shall mention only a few, to illustrate our views. We shall also allude to its successful use by Allopathic physicians.

Among the symptoms of the mental sphere and the brain, indicating *Digitalis*, are mentioned: "Melancholy," "dementia," "loss of memory," etc. In the pathogenesis, how-

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ever, we find: "Vivid fancies," "delirium and restlessness," etc., all of which are *primary* symptoms; while the weakness of memory, gloominess, dullness, inability to think, etc., are *secondary* symptoms.

Another series of *secondary* symptoms may, however, be developed, after the heart has become too weak to supply the blood in sufficient quantities to the brain. These symptoms simulate *delirium tremens.*

It is the homœopathicity of *Digitalis* to irritation of the brain, with deficient nutrition, from lack of due supply of blood, that makes it a curative agent in nervous fevers, and the mania of drunkards.

As remarked by Dr. Madden, alcohol must act as an antidote to *Digitalis*, else such large doses as have been given in such cases, could not have been borne; for when the powdered leaves are given, a large dose causes aggravations.

Digitalis has been found of great value in neuralgia. We can not explain its action as being similar to that of the *Belladonna* group. A glance at the true pathology of neuralgia, will tell us how it acts. When not caused by organic disease, neuralgia is the result of deficient nutrition. The nerves become irritable, and show the irritation by *pain*, just as an enfeebled brain shows it by *delirium*. *Digitalis*, by strengthening the weak heart, causes it to increase the supply of blood to the brain and nerves; and, as a result, delirium and pain cease.

Hahnemann's provings developed some neuralgic symptoms; and in Hanfield Jones' Treatise on Diseases of the Nervous System, p. 321, we find an account of its usefulness in the treatment of prosopalgia.

In diseases of the stomach, particularly those of a functional character, and due to deficient nutrition — as most of them are — *Digitalis* is a remedy of greater importance than has been supposed.

In the pathogenesis, we find many notable gastric symptoms. Besides the intense nausea, and the vomiting, we note a peculiar sensation of "*weakness of the stomach*, as if he would die;" "a sinking sensation," which finds its *simili-*

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mum in *Ignatia*, *Tabacum*, and *Cimicifuga*. Those who have had much experience in treating cardiac difficulties, must have frequently noted this prominent symptom. It is a characteristic symptom of a weakened heart, which can not supply the stomach with its accustomed stimulus. One of the most intractable forms of *dyspepsia* has its origin in this condition, and finds its true and prompt remedy in small doses of *Digitalis*. One of the most practical physicians of my acquaintance, informs me that he finds in *Digitalis* one of his most useful remedies in indigestion, heartburn, acidity, nausea, and vomiting of ingesta, and the many unpleasant sensations which dyspeptics feel *after* meals. The *intestinal* symptoms of *Digitalis* are due, not so much to a specific influence of the drug on the bowels, as to a debilitated heart. There is a diarrhœa; but we fail to find evidences of actual inflammation of mucous membrane. *Digitalis* may prove a valuable remedy in *cholera*, by its Homœopathic action on a weakened heart; but I imagine it will prove most useful in those *choleroid* conditions due to mental emotions, such as fright, anxiety, or nervous prostration.

Hahnemann noted one variety of diarrhœa, which demands a more than passing notice. I refer to the following symptom:

"*Ash-colored, papescent stool*, as in a person affected with jaundice; previous to stool, four attacks of vomiting, with previous faintness."

The kind of diarrhœa is evidently due to no kind of intestinal irritation, but to disturbed function of the liver.

This brings us to a consideration of the use of *Digitalis* in diseases of that viscus, and especially that condition known as jaundice. One of the most important functions of the liver is, to eliminate the constituents of bile from the blood. If the normal activity of the ultimate hepatic cells is lessened, such an elimination is wholly or partially arrested. In either case, we have jaundice in a greater or lesser degree. The natural stimulus of the hepatic cells is found in the normal supply of healthy blood. If this fails, their action becomes labored and inefficient.

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Digitalis, by its *secondary* effect on the heart, lessens the force of the circulation, and brings about the identical condition referred to. Every physician has observed the frequency of jaundice, or hepatic torpor, in connection with some varieties of heart disease. It is in this class of cases that *Digitalis* becomes one of our most useful remedies, not only in cardiac affections, but in many conditions which originate in the liver — conditions which depend on atony of the hepatic cells.

Noack and Trinks mention, particularly, *icterus*, or jaundice, accompanied by a certain group of symptoms, as coming under the curative influence of *Digitalis*. It is rarely used, however, by Homœopathic physicians, for that condition. My first experience with *Digitalis* in jaundice, was in the early part of my practice, when, in an obstinate case, which resisted all the usual remedies, I resorted to *Digitalis*, with but slight faith in its powers. I was agreeably surprised, however, to find it promptly curative. Since that occurrence, I have used it in many cases of jaundice, more or less severe, and with good results. In one case, the jaundice was the result of the pathogenetic action of *Myrica*.* Other remedies failed to restore the function. *Digitalis*, however, in drop doses of the mother tincture, soon brought about the secretion of bile.

The action of *Digitalis* on the *kidneys*, is one of the most important, but one of the least understood.

Allopathists believe it to be a powerful diuretic, causing, when it *does* act in that direction, a copious elimination of aqueous urine, containing but a small quantity of solid matters. They note, however, that it does not seem to affect the kidneys in this manner, until after it has had a perceptible effect on the heart.

Hahnemann believed that the usual *primary* action of *Digitalis* on the kidneys, was to cause "difficulty of urinating," or "continual desire, with very scanty emission," or even "retention of urine." He notes, in one place, that

* See New Remedies, page 735.

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retention followed *enuresis;* but remarks that this is a rare *secondary* effect.

I believe the real action of *Digitalis* on the kidneys, may be thus described:

Small quantities, frequently repeated, cause, in the *healthy* organism, an increase in the force of the circulation. This results in an unusual flow of blood into the kidneys, *stimulating* them to increased elimination of water from the blood. If the dose of *Digitalis* is toxical, retention may occur without the previous diuresis; but if the pathogenetic doses be long continued, the weakened heart fails to supply the renal organs with sufficient blood, and a *decrease of urine* occurs, leading, sooner or later, to dropsical effusion, from the non-elimination of the watery portion of the blood.

If *Digitalis* be given to a person with a heart already weakened by disease, diuresis immediately occurs, and the normal discharge of urine returns.

On these results, we may base the following propositions:

(1) *Digitalis* is Homœopathic (*primarily*) to profuse and frequent discharges of urine, of a watery character, and attended with a quick pulse.

(2) It is *secondarily* Homœopathic to scanty, infrequent urine, loaded with solid matters, attended or not with pain, dropsical effusion, hepatic torpor, cardiac debility, and irregular, or slow, intermitting pulse.

(3) If used for diuresis, diabetes, or incontinence of urine, *Digitalis* must be prescribed in the higher attenuations.

(4) In conditions to which it is *secondarily* Homœopathic, the lower attenuations, mother tincture, or even the infusion, must be used, if we wish to get curative results.

These two last propositions are in accordance with my Law of Dose, which is well known to all reading physicians of our school.

Hahnemann taught that the diuretic properties of *Digitalis* in dropsy, are *antipathic;* but he admits that they are *continuous.* Had he investigated the action of medicines still further than he did, he would have discovered the law which

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governs the selection of dose, as resulting from the duality of medicinal action.

He and his disciples would not have been surprised at the necessity of using material doses of this drug, for the cure of dropsical conditions.

Digitalis, then, cures or relieves dropsy, by its Homœopathicity to a weak heart, which it tones up, and influences in such a way as to cause it to supply the kidneys with a normal amount of blood, which blood, acting as a natural stimulus, restores their eliminating function.

Digitalis has been used in some abnormal conditions of the *uterus*. These conditions are characterized by *inertia*, or muscular debility, and are attended sometimes by hæmorrhage. It is a suggestive fact, also, that in almost every reported case, there was some cardiac derangement present at the same time.

A medical writer, whose name has escaped me, reports a case of uterine inertia occurring during parturition. With rare intuition, he gave *Digitalis*, because the patient had a weak and enlarged heart. The result was, that the uterus acted promptly, and performed its functions. No one can doubt that the heart was first acted on, and that the uterine action was but the result of the increased cardiac tonicity. So, in cases of hæmorrhage from relaxation of the uterine vessels, *Digitalis* has been found eminently useful; for, with the return of the normal contractility of the muscular fibres of the heart, came normal contractility of the muscular coat of the uterine vessels.

The curative action of *Digitalis* in all kinds of hæmorrhage, can be accounted for in the same manner.

Resumé. — As a brief summing up of the subject of this paper, I will offer a few remarks, which I deem of practical importance.

In the proving of medicines, the prover should carefully note the *primary* and *secondary* symptoms which are evolved, and ascertain, if possible, where the first series ends, and the second begins.

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In the study of a pathogenesis, when this has not been done, the physician should, by the aid of toxical observations, clinical results, etc., ascertain, if possible, and separate distinctly, the two kinds of drug effects.

In other words, he should study *drug* diseases, just as the pathologist studies *natural* diseases, in order that he may have their *natural* history. When this *natural* history of drugs and disease-action is compared, a selection of the right remedy is not in the least difficult.

When the appropriate remedy has been selected, the selection of the proper dose is not any more difficult, if we bear in mind this rule, namely: For *primary* symptoms — the higher attenuations, or *smallest* dynamic doses; for *secondary* symptoms — the lowest attenuations, or *largest* dynamic quantities.

OBSTETRICS AND THE DISEASES OF WOMEN AND CHILDREN.

By R. Ludlam, M.D., Chicago, Ill.

I. An Improved Sponge Tent.

In the "American Journal of the Medical Sciences" for July, 1867, Dr. J. C. Nott, of Baltimore, suggests an improvement upon the sponge tent of Simpson, which is designed to obviate the objections to that instrument. "In making them, I have used a *paste* instead of gum arabic, and a covering of *gold-beater's skin*. The sponge is cut of the desired size, thoroughly saturated with the paste, and then, with a strong wire inserted to support it, is firmly wrapped with twine. It is then trimmed, and smoothed with sand-paper. In short, substituting the paste for gum arabic, the tents are made in the usual way. After the tent is thoroughly dried and finished off, envelop in a piece of gold-beater's skin as wide as the tent is long, and in length,

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four or five times its circumference. The skin is smeared on one side with the paste, and made to envelop the tent in its whole length, like the covering of a cigar. After the covering is thoroughly dry, a number of perforations should be made, with the point of a pen-knife, all along its sides, from end to end, in order to allow moisture to get into the sponge and produce expansion. When the ends alone are left open, the expansion is too slow. To be certain of rapid expansion, I usually place upon the extremity a tampon of cotton, well moistened with glycerine and water, to supply the requisite moisture. A tent made in this way is smooth, firm, and easily introduced; and — what I consider a very great advantage — the gold-beater's skin, while the sponge expands, gradually unfolds, so as to form a constant barrier between the sponge and the uterine surface. All the objections to the sponge tent are thus obviated, and I do not see how any thing of the kind can be made more perfect."

The paste to which Dr. N. refers, is made as follows: Take of *Sugar of lead* and *Alum*, each, 720 grains, and dissolve in water. Two and a half ounces of *Gum arabic* are then to be dissolved in two quarts of warm water. Mix in a dish, with the gum-water, cold, one pound of wheat flour, till of pasty consistence. Put the dish on the fire, and pour into it the mixture of *Alum* and *Sugar of lead.* Shake well, and take it off the fire when it shows signs of boiling. Let it cool, and the paste is made. If it is too thick, add gum-water until of proper consistency. This paste is decidedly antiseptic.

II. The Diagnosis of Chronic Ovaritis.

Dr. Kügelmann (Schmidt's "Jahr," CXXXIII, 81,) is of opinion that the diagnosis of Ovaritis is not difficult, particularly if the abdominal walls are relaxed; although coëxisting affections of the uterus prevent "diagnosis by exclusion." The increased size of the ovary, in the first stage of the disease, may not admit of its being recognized by abdominal manipulation only; but it may be detected by

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combining external and internal exploration. The healthy ovary is very insensible. Hence, if, upon moderate compression, the organ is tender, and the pain is identical with that of which the patient complains in walking, coughing, etc., Dr. K. pronounces it an example of ovaritis, even if no considerable tumefaction has taken place.

III. The Extreme Surgical Tendencies of Uterine Pathologists.

In a paper upon this subject, ("Transactions of the Obstetrical Society of London," Vol. VIII., p. 262, 1867,) the celebrated Dr. Tilt rebukes the proneness of modern gynæcologists to place a premium upon operations with the knife, and to multiply them unnecessarily. "The slitting up the cervix, is one of the operations which I believe is too frequently performed. Since it was first devised, by Sir J. Y. Simpson, this operation has greatly risen in the estimation of many eminent practitioners — so much so, that several have modified the uterotome, and devised special instruments for the operation; and instead of the simple division of the cervix, recommended by Sir J. Y. Simpson, some find it necessary to make two deep incisions, while others cut through the entire vaginal portion of the cervix, down to its attachment to the vagina. The division of the womb is now no longer recommended, merely as a cure for dysmenorrhœa, but for uterine displacements and malformations, and for the flooding of uterine polypi. The great value attributed to this operation, is also shown by the space that it occupies, and by the frequency with which it is recommended by Dr. Marion Sims, in his valuable work. But notwithstanding all this imposing testimony, I am convinced that this operation is greatly overrated."

Dr. T. is of opinion that division of the cervix, as a cure for dysmenorrhœa and sterility, has sometimes been performed when there has really been no stricture. He reminds the practitioner that a difficulty in passing the sphincter, which Dr. H. Bennet has styled the *os internum*, is a sign of

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the healthy condition of the unimpregnated womb; while permanent relaxation of this canal is a token of internal metritis, or of uterine tumors. He also thinks that the cervix which is capacious enough to admit a No. 4 wax bougie, or a uterine sound, will permit the ingress of spermatozoa, without a necessary resort to the knife! The reference to the fatal consequences of this expedient, in exceptional cases, should have a wholesome effect to correct a propensity that has blossomed and borne fruit in Dr. Baker Brown's operation of a removal of the clitoris for the cure of hysteria, epilepsy, insanity, etc.

IV. The Abuse of Pessaries.

Apropos of Dr. Tilt's essay, we copy the following original extract from the address of the President, Dr. W. D. Buck, delivered before the New Hampshire Medical Society, ("Transactions," for 1865–66:). "A distinguished surgeon of New York city, twenty-five years ago, said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue: Every young surgeon who came from Paris, found every other individual's anus too large, and proceeded to pucker it up. The result was, that New York anuses looked like gimlet-holes in a piece of pork. It seems to me, that just such a raid is being made upon the uteruses, at this time. It is a harmless, inoffensive little organ, stowed away in a quiet place; simply a muscular organ, having no function to perform, save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging and spitting, and skewering and pessarying, the old-fashioned womb will cease to exist, except in history. The 'Transactions' of the National Medical Association, for 1864, has figured one hundred and twenty-three different kinds of pessaries — from a simple plug, to a patent threshing-machine, which can only be worn

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with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful; but there are more than there is any necessity for. I do think that this filling the vagina with such traps, making a Chinese toy-shop of it, outrageous. Hippocrates said that he never would recommend a pessary to procure abortion — nay, he swore he never would. Were he alive now, he would never recommend one at all. If there were fewer abortions, there would be fewer pessaries; and if there were fewer pessaries, there would be fewer abortions. Our grandmothers never knew they had wombs, only as they were reminded of it by the struggles of a healthy fœtus — which, by-the-by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, he may, perchance, have a knitting-needle stuck in his eyes, before he has any. It is the easiest thing in the world to introduce a speculum, and pretend to discover ulceration of the *os*, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners, all diseases which occur in the female are attributed to the uterus. In this class, are especially to be included all such as make of the abnormal conditions of the uterus a specialty."

V. Bromide of Potassium in Puerperal Convulsions.

Dr. C. C. Shoyer, of Leavenworth, Kansas, contributes to the "American Journal of the Medical Sciences," for July, 1867, a report of a case of puerperal convulsions, cured with *Bromide of Potassium*. Patient, a *primipara*, *æt.* 18. *Chloroform* stopped the convulsions, but upon its withdrawal, they recurred. The *Bromide* was given in 15 grain doses, hourly, for five hours; and subsequently, once in four hours. From the first dose until the close of labor — and, indeed, afterwards — a period of twenty-one and

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one-half hours, she had no more convulsions. She took, in all, two and a half drachms of the salt, and made a good recovery.

VI. Uræmia a Cause of Death in Uterine Cancer.

We find in the "New York Medical Journal," for June, 1867, p. 205, a very suggestive article upon this subject, by Dr. W. T. Lusk. The author quotes Prof. Seyfert, of Prague, successor to Kiwisch, as follows: "Considering the great frequency of Uræmia in uterine cancer, and the brilliant confirmation of its existence, derived from cadaveric examinations, it is really astonishing that it should not be so much as once mentioned as a common cause of death in that disease, in any of the text-books upon the subject." Prof. S. cites sixty-two cases of uterine cancer, in twenty-eight of which, marked symptoms of Uræmia had been present previous to death. In some of the cases, there were evidences, on *post-mortem*, of obstruction of the ureters, dilatation of ditto, purulent nephritis, and miniature abscesses of the kidney. Dr. Lusk narrates a case occurring in a patient sixty years of age. Up to within thirteen days of death, the symptoms were those of ordinary uterine cancer. Then, suddenly, total suppression of the urine took place. Frequent examinations of the urine failed to detect organic disease of the kidneys. She complained of burning sensations, extending from the bladder toward the kidneys; "felt as though she was on fire." There was retching, with occasional vomiting of discolored mucus; somnolency, but intellect clear to the last; no convulsions; dry mouth; pulse quickened, but variable in strength and frequency; heat of skin not much increased; no flow of urine for thirteen days. Beside the uterine lesions disclosed on *post-mortem*, it was found the disease had invaded the bladder, and occluded the orifices of the ureters; the right ureter was the size of a man's thumb. The pelves of the kidneys were greatly distended, and in the left kidney there was a large cancerous tumor, as large as a pea.

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VII. Precocious Menstruation.

In a remarkable case of this kind, reported by Dr. T. C. Allbutt, in the "Medico-Chirurgical Transactions," Vol. XXXI., 1866, five menstrual periods were observed in an infant, the first occurring at the eighteenth month. Each period was followed by great exhaustion, slight hectic; and the child finally succumbed, after the fifth return of the menstrual flow. A *post-mortem* examination was denied.

The Cincinnati "Journal of Medicine," and the Chicago "Medical Journal," each report cases in which the subjects began to menstruate, respectively, at the ages of three and a half and four and a half years.

VIII. Death from Spina Bifida in a Patient æt. 32.

At a recent meeting of the Pathological Society of Philadelphia, Dr. Wm. Pepper related a case of spina bifida in a patient thirty-two years of age. "During life, a tumor, oblong in shape, about three and a half inches long, one and a half wide, and the same in height, was noticed in the lower part of the dorsal region. After death, the following particulars were obtained: He had been all his life subject to severe attacks of headache; and whenever the tumor was pressed upon, he would have one of these headaches, with temporary delirium. * * * The tumor in the back was found to consist of the thickened skin, enclosing the sac of a spina bifida. The deficiency was seated along the spinous processes of the ninth and tenth dorsal vertebræ, and was about two and a half inches long by half an inch in width. The dura mater of the cord was continuous over the sac, and adherent to the bone at the point of deficiency. The spinal cord was apparently quite normal, none of its fibres entering the sac of the spina bifida."

IX. Homœopathic Treatment in Puerperal Convulsions.

The following note was appended to the report of the Committee on Puerperal Convulsions, presented at the last

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meeting of the Illinois Homœopathic Medical Association: "From careful inquiry of the members in attendance upon this session of our Society, I learn that, in the aggregate, they have treated seventy-seven cases of puerperal convulsions. Of these, seventy mothers were saved, and seven died; fifty-seven children were saved, and twenty lost."

X. Pruritus Pudendi Cured by Sulphite of Soda.

Dr. S. B. Frizzell reports the following case, through the Nashville "Journal of Medicine and Surgery:" In September, 1865, I was consulted by a lady suffering from pruritus pudendi, following menstruation, accompanied with great irritation and much pain. Having read of the influence of the *Sulphite of Soda* in sycosis menti, the idea suggested itself to me of trying the same in this case.

I accordingly prescribed for her the following local application: Sodæ Sulphis, one drachm, aquæ, three drachms, glycerine, an ounce, misce, which was to be used quite often. In three days no trace of the disease was apparent."

XI. The Relation between Certain Uterine Affections and Phthisis Pulmonalis.

In an article published in the Medical Investigator, for May, 1866, we took occasion to insist upon the physiological and pathological relation existing between the female generative organs and the lungs. Some of the views therein advanced are confirmed by the observations of R. F. Battye, Esq. made before the London Obstetrical Society (Transactions for 1867, page 237). After directing attention to a paper by Dr. H. Bennett, published in the London "Lancet" for May, 1865, in which six cases illustrative of this subject were detailed, Mr. Battye proceeds with some general remarks, and finally sets forth the special pathology of a very interesting affection: "There is a third class of cases, commonly called uterine, which is particularly important in the present inquiry. It is attended with leucorrhœal discharge of a somewhat tenacious character, and recurs at

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intervals from three days to a week or more; during the interval there may be watery discharge, but this is rare. The uterus itself in these cases is somewhat enlarged, but natural to the touch, with the os tincæ mostly open and very tender to the touch. The catamenia are regular as a rule, but accompanied or preceded with very much pain, the pain extending from the line of Poupart's ligament round to the sacro-lumbar region; not infrequently it is very severe, and of a neuralgic character over the region of the pubes.

"This affection is not strictly a uterine ailment, but ovarian; and when treatment is directed too much to the uterus, by way of topical applications, the ovaries become exquisitely tender, and I have seen peritonitis follow the too definite treatment of the local tenderness at the neck of the uterus. In such cases, the chief seat of pain is over the right or left ovary, for it is rare to find both simultaneously affected in an equal degree."

Other symptoms of the *irritable* ovary are remarked upon. Good looks, with feebleness and slowness of the pulse; excessive tympanites towards evening, which disappears by morning, and is without apparent cause; undue plumpness of two remote parts: viz., the regions of the deltoids and the gastrocnemii respectively, with pain and fullness behind the knee-joint, which is worse toward evening and on the side corresponding with the affected ovary; neuralgia in various parts of the body, as over the pubes, in the popliteal space, the left hypochondriac region, the face (especially if there is a decayed tooth), a burning, scalding pain on the top of the head; depression and fluctuation of spirits are among the more prominent features of this obscure affection.

"The irritable ovary becomes decidedly prophylactic against phthisis; and if a patient appears predisposed to phthisis, and this latter affection steps in, the chances are that, in the midst of much weakness, and general debility, the patient altogether escapes the more formidable affection of phthisis. Such, at any rate, has been my own individual experience in several cases since my attention was first directed to it."

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XII. Early Viability of the Fœtus.

As germane to the subject of embryonic murder, *alias* Fœticide, the "social evil," "great crime," etc., an interesting and extraordinary case of early viability of the fœtus is reported by Dr. Wm. Kennedy in the New Orleans "Medical and Surgical Journal." At birth the fœtus "was not more than eight inches long, and was as red as a piece of raw beef. True dermoid tissue could not be said to be organized, its general investiture being so delicate a membrane, as it were, that the eye could look through it on the tissues beneath. The eyes were still closed; there were no traces of cilia, or supercilia; its chest was about two inches broad; the arms and legs were very slender, and the toes and fingers devoid of any traces of nails. The head was about the size of a small orange. The respiration was so feeble as scarcely to be perceptible, and not a sound was uttered after birth. I was almost afraid to handle it, as I could not divest myself of the idea that the slightest pressure of the fingers would thrust them into the soft, red, jelly-like mass before me. When I raised it from the couch, and laid it in the length of my left hand, the head lay on the convexity of my flexed fingers, the chest and breech in the palm, and the feet reached almost an inch beyond the wrist.

"I wrapped it carefully in batting, and carefully attended to maintaining a proper surrounding temperature. It was fed drop by drop with sugar and water every four or five minutes, and later, when the mother could supply it with milk, half a teaspoonful was given every half hour or hour. Within three weeks after birth it had a mild attack of trismus. During treatment I gave it frequent baths in a tumbler. The period of infancy was one of the most stormy I ever saw. Hydrocephalus, cholera infantum, measles, diarrhœa, are some of the many affections it suffered from during that time, and up to three or four years of age. When last I saw him, he was a fine healthy boy of twelve years, and gave promise of a vigorous manhood."

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XIII. A New Prophylactic against Scarlatina.

The Boston "Journal of Chemistry" is responsible for the following:

"*Bisulphite of Soda* has lately been used with good success in this city as a prophylactic. In about seventy families where one or more cases of *scarlatina* occurred, the *bisulphite* was administered to the children not affected, and in but two or three instances did other cases occur, and in them the illness was very slight."

XIV. Atmospheric Air as an Oxytocic.

M. Kaufmann read a memoir before the Academy of Sciences of Paris upon "the use of air as an auxiliary in obstetrics." ("Comptes Rendus," January 28, 1867). According to the author, the rarefaction of air in the uterine cavity, consequent upon the contractions of the organ, may be one of the causes of the pains and the considerable resistance which is experienced in certain cases of labor. To this cause may be attributed certain weaknesses that ensue (*des infirmités consecutives*), or even a fatal and rapid termination. The author concludes by proposing insufflation of air into the fundus of the uterus as an available expedient in such cases.

XV. Uterine Neuralgia.

We translate the following from the "Bulletin de la Société Medicale Homœopathique de France," Paris, 1866, page 311. "The subject of this report is a widow, æt. 32, a blonde, with a lymphatic-sanguine temperament. Six weeks ago she fell on the stairs, descending several steps upon the buttocks. She experienced a pain in the lower part of the abdomen and hips, and an uneasiness which, despite the repeated application of leeches, emollient cataplasms, four sitz-baths, and a thousand other means prescribed by the attending physician, increased from day to day.

"I saw the patient for the first time on the evening of January 24th. The manipulation of the diseased parts was

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very painful. With great difficulty I satisfied myself there was a slight swelling and hardness in the hypogastrium. The uterus was the seat of a burning, cramp-like pain which extended to the hips, the groins, and to the legs, especially upon the left side. This pain, which was caused, or considerably increased by defecation, compelled the patient to cry incessantly and drove her to despair. She had also the following symptoms: bloody leucorrhœa; continual desire to urinate; painful emission, drop by drop, of clear, burning urine; dry tongue; thirst; pulse small and contracted; countenance pale, and expressive of suffering; continual moving of the limbs; dyspnœa; inclination to sadness, weeping, and fear of death.

"All these symptoms manifested themselves at evening, and persisted until three or four o'clock in the morning, after which only the patient could sleep. She passed the day in an arm-chair, and could not bear the least motion.

"I diagnosticated a neuralgia of the uterus, and although *Tarantula* was the remedy whose pathogenesy appeared to me the best to correspond to the affection first described, it seemed, however, taking the exciting cause into account, advisable to commence the treatment with *Conium maculatum*. I dissolved eight globules of this remedy, of the twelfth dilution, in eight spoonfuls of water, of which she was to take a spoonful every three hours.

"On the morning of the 25th, all the symptoms had considerably diminished; the examination had become easy; the pain, which had nearly ceased, was, however, still reproduced by effort at stool; the urine was abundant; the tongue moist; the mind notably improved; the leucorrhœa alone persisted. It should be remarked that the latter existed, but was not sanguinolent, before her fall.

"At six o'clock in the evening all the symptoms returned as usual, but with a less degree of intensity.

"The patient remained under the influence of the *Conium* until the 28th. This remedy had produced a marked alleviation, but as the relief was not complete, I replaced it by *Tarantula*, also in globules of the twelfth dilution. The effect

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of this was so rapid and so beneficial that on the 30th my patient was entirely cured. Since that time her health has always been good, although she married soon after."

XVI. Carbolic Acid in Whooping Cough.

Dr. J. P. Connelly, of Des Moines, Iowa, contributes the following letter to the "Medical Investigator" for July, 1867:

"In the reported proceedings of your 'Cook County Medical Society,' I notice the discussion on whooping cough, and the remedies therein recommended in its treatment. We have had a great deal of it in our town during the winter, and up to the present I have used most of the remedies reported, and generally with more or less advantage; but the remedy upon which I now exclusively depend is *Carbolic acid.* I have used it in *every stage* of the disease in infants and grown young men, always with the uniform result of drying up the cough. I have used it in the third and fourth centesimal dilutions.

"I was induced to try it by the fact that persons afflicted with this cough brought within the range of 'gas works' are said to be materially benefited by the inhalation. I feel quite certain that it is one of the best, if not the best remedy we possess for this difficulty. Will you please put it on trial, and bring it to the notice of the profession, so that we may more fully understand its value. * * * * If *Carbolic acid* should prove, as I think it will, a valuable remedy in whooping cough, the fact of its having been once new and untried will not detract from its real value."

XVII. Traumatic Tetanus in a Child of Eleven Years.

It being our intention to add to the clinical value of this journal, we shall take the liberty from time to time to draw upon our correspondents for practical reports and suggestions. Dr. W. C. Barker writes as follows: "I was called, July 11th, to visit S. M. D., æt. 11, who three weeks before had stepped upon a rusty nail. The wound soon healed,

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and he had made little complaint of soreness. I found it, however, much inflamed, and it had been very painful during the previous night. Patient was very restless, with spasmodic contraction of the muscles of the back, frequent yawning, spasmodic laughter, and frequent grimaces. He had one convulsion before I came, and one subsequently. The mother had bathed the wounded foot freely in warm water, and the head in cold water.

"I gave of the mother tincture of *Aconite* twelve drops in three-fourths of a glass of water, in alternation with *Atropine*, 3rd, at intervals of one hour. The whole spine, from the occiput down, to be bathed in cold water, and the wound poulticed with flaxseed-meal. Suppuration followed, and pus was discharged the same evening.

"July 12th. — The spasmodic symptoms are greatly relieved.

"July 20th. — The patient is as well as ever."

XVIII. A New Obstetrical Forceps.

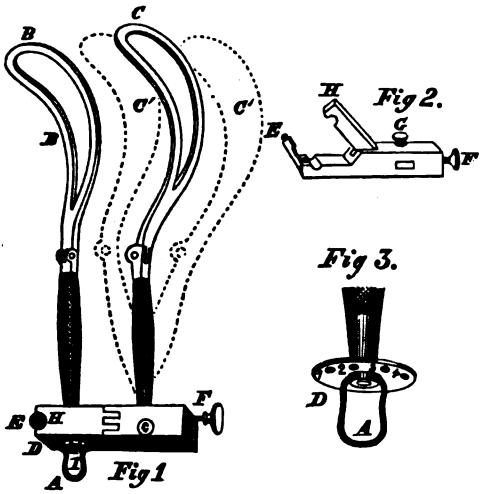
The "Medical Investigator" for August, 1867, contains a description of a new obstetrical forceps. This instrument is styled the *retroceps*, or asymmetrical forceps, and is the invention of M. Hamon, of France.

"It differs in several important particulars from the forceps hitherto employed. The blades do not cross each other, but fasten into a transverse piece where they are locked. One of these blades having a rotary motion, they are not necessarily parallel with each other when they are locked, but can be made available for purposes of extraction in almost any position. Indeed, when once introduced, they may be said to apply themselves.

"Each blade has its fenestra, its cephalic, and pelvic curves, and its handle which articulates with the cross-piece. (Fig. 2.) You will observe that both curves are well pronounced, the cephalic curve more nearly resembling that of a Meigs' forceps than any other. The left blade, or that which is to be introduced by the left hand of the operator,

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and which passes into the left half of the maternal pelvis, is fixed into the cross-piece and secured by an upright bolt. It may be moved from left to right, as indicated by the dotted lines in the drawing, but this motion can be prevented by a screw at the end of the handle. The right hand blade is the longer of the two. This increase of length permits it to pass through the transverse piece in which it may rotate. At the end of this handle is a ring, the direction of which indicates the precise position and relation of the blade with reference to its fellow. Within the ring and next the cross-piece is a perforated circular plate which may be fastened at any particular point by a pin that prevents its further rotation. At the junction of the handles with the cochlea, or blade, there is in the specimen a joint which admits of its



EXPLANATION OF PLATE.

Fig. 1.—The forceps articulated. *B*, the right or rotating blade. *C*, the left blade. The dotted lines show its lateral motion when not fixed by the screw *F*. *E* and *H*, the catch that secures the right blade.

Fig. 2.—The cross-piece or handle. *E* and *H* open so as to receive the right blade. *G*, the bolt that secures the left blade.

Fig. 3.—Extremity of right blade. *A*, ring corresponding with the fenestra. *D*, perforated disk for fastening the blade and preventing further rotation. 1, 2, 3, 4, perforations which fit the pin in cross-piece.

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being folded up and carried in one's pocket. The instrument consists, therefore, of but three pieces."

The plate gives a good idea of its appearance, although the right blade in the cut is turned too far away from its fellow.

The paper referred to cites several interesting cases in which this forceps was employed. The following experience therewith is reported by Dr. G. E. Shipman, of this city:

"July 5th, was called to see Mrs. ——, primipara, twenty years of age; had been in labor several hours, but pains not very severe; head presenting in the first position. At 2 P.M., the pains became more expulsive than they had been; the head was making some progress, but so slowly — owing, as I thought, to want of extension — that at 10 P.M. I resolved to use the retroceps. I should have used them two hours sooner, but the mother of the patient, who had had unpleasant experiences with the old forceps, begged me to defer. The left blade was readily introduced, and without giving pain to the patient, as she feared it would. No more trouble was experienced in introducing the right blade, and the position of the head was such that the stop on the handle was introduced into the third hole of the disk. The screw fixing the left blade having been tightened, slight traction was made with the right hand, and in less than ten minutes from the time the patient assumed the usual position the head was born; two pains having occurred meantime; mother and child are both doing well."

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CAMPHOR.

V.

(Continued from page 312, Vol. II.)

The following provings were instituted by Joerg's pupils, and may be found in Frank's Magazine, IV., 482. In some of the provings, the *Camphor* was given with *Magnesia carb.*; these are omitted.

Enders. — At 9 A.M., December 24th, 1821, *four drops* of the Tincture of *Camphor** were taken on sugar. Besides the peculiar taste, there was a hot, burning sensation in the mouth; towards noon, a dull headache, extending from the forehead to the temples, and lasting over an hour; out of humor; slept soundly at night.

25th. — *Eight drops* were taken, soon after which, there was confusion (*Wüstheit*) of the whole head, with the headache of the previous day, very gradually increasing, and not reaching its greatest height till evening; sometimes with fleeting stitches in both temporal regions, and in the sockets of the eyes; and "very considerably relieved" in the afternoon, by a walk in the open air. In connection with this, he was loth to work the whole day through. The skin more active; constant thirst; very sound sleep at night.

26th. — *Twelve drops;* shortly after, reeling for a few minutes, as if intoxicated. Towards noon, the same headache as on previous days, but less severe, and not accompanied with the stitches. Increased activity of the skin all day, with dryness of the mouth, and frequent thirst. At evening, the pulse was somewhat excited.

* Note.—This Tincture was prepared according to Hahnemann's directions, one part to twelve. — [Ed.]

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27th. — At 8.30 A.M., *sixteen drops.* Within fifteen minutes, so severe vertigo that he was obliged to sit down for some minutes, for fear of falling. After two hours, the previous headache, beginning in the forehead, then extending to the occiput, and ceasing entirely at 2 P.M. Exhalation from the skin, and dryness of the mouth, to a considerable degree. Contrary to custom, *E.* fell asleep at 6 P.M., and did not awake till about 8 the next morning, quite refreshed.

28th. — At 9 A.M., *twenty drops.* Soon after, such a dizziness that his knees smote together. After two hours, not so much pain as confusion of the head, lasting till the afternoon. The exhalation of the skin, also, and the thirst, were increased; and his sleep at night was deep, sound and refreshing.

29th. — *Twenty-eight drops.* The vertigo and confusion of the head soon returned again, but neither were as great as before. As from the smaller doses, there was increased exhalation from the skin all day, and dryness of the mouth, with thirst. During the following day, he felt perfectly well.

Meurer. — December 24th, 1821, at 9 A.M., took *four drops;* after which, there was gentle warmth in the organs of deglutition, in the stomach, and, spreading thence, over the whole body; a few tasteless risings, and in half an hour he was rather more lively than usual, without any perceptible depression following. All the functions were normal.

25th. — At 8.30 A.M., *eight drops*, followed by the same symptoms, in the same intensity and duration. Besides this, there was a pressing, but not really painful sensation, in the right side of the forehead, becoming a confusion in the course of an hour, ceasing about noon; at which time, *M.* ate, and experienced no more effect of the remedy. About an hour after taking the drug, there was repeated, deep yawning.

26th. — At 8.15 A.M., *twelve drops.* A sense of warmth, first in the parts concerned in swallowing, then in the stomach, and later, in the whole body, accompanied, after a few

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minutes, by a slight headache, gradually increasing, in connection with stitches, apparently proceeding from the temporal bones, and returning every five minutes, disappearing at about 3 P.M., when there was constant dryness of the mouth, and increasing thirst; in the evening, confusion of the head. From 6.30 to 10 P.M., contrary to custom, there was deep and sound sleep.

27th. — At 8.15 A.M., *sixteen drops.* As before, sensation of warmth, mental excitement, dryness of the mouth, with thirst, but not to so great a degree as before; and after a quarter of an hour, slight headache, without the stitches, till 10 P.M.; slept well at night.

28th. — At 8 A.M., *twenty drops.* Thereupon the same effects, with equal intensity as yesterday, only the affection of the head was moderated.

29th. — At 8.30, *twenty-eight drops.* Not only a sensation of warmth in the stomach, in a high degree, but five minutes later, stitches in the stomach, lasting a minute. Soon, confusion of the head, and marked quickening of the circulation; towards noon, considerable confusion of the head, relieved late in the evening, with drowsiness. The sleep at night was not disturbed thereby, and the next morning there was still confusion of the head, with general relaxation. Even after this latter dose, neither the appetite nor any of the functions suffered any disturbance.

Guenz. — July 6th, at 8 A.M., took *half a grain*, in form of a pill (without any coating), but without effect; and after *one grain* taken on the 7th, there was only a sense of warmth of the tongue and mouth, for a short time; and after a quarter of an hour repeated eructations, continuing till the next day at noon.

8th. — *One and a half grains.* After an hour, besides the symptoms of yesterday, a sensation in the præcordial region, as if it were too full, and as if the diaphragm were hence pushed up too high, with constricted respiration, continuing till noon. Besides this, *G.* thought several times that he experienced a peculiar inward warmth in the pit of the stomach.

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9th. — *Two grains.* The same taste, the same warmth, the same eructations. After an hour, the sense of constriction, modified by inward warmth, about the pit of the stomach, continuing till noon. At noon, no proper appetite; pulse accelerated a few beats; increased diaphoresis, the sweat being very warm. The urine also smelt like *Camphor.*

10th. — *Three grains.* Besides the symptoms of yesterday, including the diminished appetite, from 9 till 12 o'clock there was a slight aching in the forehead.

KNESCHKE. — July 6th, at 6 P.M., took *half a grain,* with *two grains* of *Magnesia.*

7th. — At 8 A.M., *one grain* was taken alone; thereupon a very sharp and burning taste, and after a few moments a chilliness, lasting five minutes, and recalled soon after by eructations, tasting of the remedy. In the region of the stomach only, warmth for an hour.

After ten minutes. — Congestion to the head; slight confusion for an hour, especially in the forehead, as yesterday occurred, not hindering work, but rather, as it seemed, making it easy to talk long and continuously, and disappearing after 9 o'clock; however, the head was not quite clear till 1 o'clock. Pulse at about 9 o'clock a few beats too rapid, but at 10 A.M., normal again.

8th. — *One and a half grains* were taken, with very analogous results, save that the acceleration of the pulse occurred in the course of a quarter of an hour, but only continued about an hour, and in the morning the head was quite free.

9th. — *Two grains* had the same effect, only that there was aching in the forehead and right temple in connection with the confusion of the head. In ten hours the effect of the dose had ceased.

10th. — *Three grains.* Thereupon the taste of *Camphor,* the cool sensation in the mouth, and the warmth of the whole abdomen were more intense; but the affection of the head was less, and there was no eructation at all. After a few minutes, confusion of the head, ceasing again after an hour without any pressure; in the first hour, increased vivacity and the previous acceleration of the pulse; upon

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the skin, the intestinal canal, the urino-genital apparatus, no effect; in the second hour, between 9 and 10, the effects had passed off.

Otto took, July 5th, 7.30 A.M., *half a grain* by itself. Thereupon the peculiar taste of *Camphor*, leaving behind it a sensation of coolness in the mouth, and, for an eighth of an hour, increased warmth of the skin, without sweat; pulse fuller and stronger, but not more frequent.

6th, 5 P.M. — *One grain.* Besides the symptoms of yesterday, with frequent tasteless eructations, there was subsequently an excited condition of the brain, with pressure of blood to the head, and increased evolution of heat in the face, and especially in the cheeks; much excited, but no vertigo; quicker perception; afterward some pain in the head and eyes; all this in the space of an hour and a half; in the late hours of evening was perfectly well; at night, sleep was more quiet and refreshing.

7th, 8 A.M. — *Two grains.* The stroke of the heart and the pulse were considerably quicker and more powerful, the warmth of the skin, spreading from the stomach over the whole body, was more intense, but the symptoms of excitement of the brain were less (perhaps because O. had kept in the open air during the forenoon, which was not the case the day before). At 11 A.M., the effect had ceased, and at noon he had a very good appetite. Drowsiness in the P.M. might have been produced by the sultry and storm-portending state of the atmosphere.

8th. — *Three grains*, with effects analogous to those of yesterday; soon after *four grains* on the 9th, repeated eructations, at first tasting of *Camphor;* sensation of warmth in the stomach, extending thence through the whole abdomen, and thence over the whole body, with increased sweat and disposition to sweat. Upon the head there was no effect at all, though (since he has been using *Camphor* uninterruptedly) he has been clearer and more lively than before, which to-day amounted even to gaiety. The stroke of the heart and pulse full and strong, but only a little quicker; upon

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the intestinal canal and urino-genital apparatus there has never been any effect.

10th. — *Five grains*, with the same effect upon the skin and stomach. Besides these, there was, at the same time, considerable confusion of the head, finally amounting to vertigo, as from a moderate intoxication from wine, subsequently with headache; all this occurred in course of three quarters of an hour, and soon came to a termination when O. betook himself to the open air. Stroke of heart and pulse less frequent, but stronger and fuller; at 11 next morning he was quite well again. Urine now much saturated, but giving no precipitate, and without odor of *Camphor*.

Siebenhaar found, after taking *half a grain* (dry) at 8 A.M., July 8th, the taste somewhat penetrating, without being able to decide whether it was cooling or heating. This extended from the tongue to the stomach, gradually disappeared in twenty minutes, and recurred subsequently a few times, with eructation; otherwise no effect. After *one grain* at 5 P.M., the same taste; after a quarter of an hour, pulse a few beats more frequent, stronger and fuller, with increased temperature of the skin of the head, especially on the forehead and temples, without headache. In an hour the effect had entirely disappeared.

9th, 8 A.M. — *One and a half grains* were followed by the same effect upon the sense of taste, the skin, and the pulse; besides this, there was, for a short time, heaviness in the frontal region, and some rumbling in the abdomen.

10th. — *Two grains*, with same effect as yesterday, but without the rumbling in the bowels. Urine very brown, but without smell of *Camphor*. After *three grains* at about 7 P.M., increased temperature of the skin, very considerable acceleration of the pulse (from eighty to one hundred), and a distressing weight in the forehead, all disappearing in course of an hour.

Joörg himself took, July 5th, at 10 A.M., *half a grain*, with five grains of sugar. Thereupon some warmth in the region of the stomach; till about noon, a sensible move-

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ment in the intestines; during the afternoon, frequent discharge of putrid-smelling flatus; and at night, from one to two o'clock, there was such a violent pressing pain just in the region of the cœliac ganglion, that he feared the occurrence of an inflammation, and, for a whole hour, sweat very profusely from pain. Meantime, the pulse was five or six beats quicker than natural, but not at all fuller or harder, on the contrary, rather softer. After gradual alleviation of these pains, he fell asleep again; at 6 A.M. there was only a quite dull and hardly perceptible pain in the cœliac ganglion, but all day he complained of a pressing headache, now in the forehead, now in the sides of the head. Next night he enjoyed his usual (normal) sleep; the urine on the 5th and 6th was of normal frequency, but very dark yellow, and saturated.

10th. — *One grain.* In a few minutes there was a sharp, burning, bitter taste, leaving behind it a sensation as from peppermint; several eructations in the first half hour, once or twice with taste of *Camphor*, sensation of increased warmth in the stomach, almost insensibly diffused over the whole body, with abundant exhalation from the skin, especially towards noon, with accelerated circulation. After 10.30 A.M., dryness of the mouth, and very sensible thirst; at 1 P.M., tolerable appetite. At 3 P.M., trembling of the hands when writing, which it prevented, ceasing in half an hour; from 5 to 7 o'clock, pressing pain in the cœliac ganglion, less severe than before. Bowels unusually sluggish; urine of normal quantity, but (to judge from the color and odor) much saturated. Sleep unbroken; on the morning of the 11th, quite well.

11th. — *One and a half grains.* About half an hour after the peculiar taste and the sensation of warmth in the mouth had passed away, there was an eructation without taste or smell of *Camphor;* at the same time, there was an increase of pleasant warmth diffusing itself from the stomach over the whole abdomen, lasting only half an hour, though, before it left, there was an increase of the general temperature of the skin, and exhalation therefrom. Dryness of the mouth

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and thirst less than before; good appetite at noon, and from 1 to 3 P.M., he was quite well, but after 3 P.M. he had a sharp, scraping sensation, almost amounting to burning, periodically appearing and disappearing, now on the right side, then on the left, now on the front of the abdomen, then in the posterior wall, and, at 6.30, assuming the character of the tormenting, pressing pain (described on the 5th) in the region of the cœliac ganglion; at 8 P.M. it was so much increased, that Joerg was dripping with sweat, in spite of which little creeping chills were meantime running over him, and it appeared to him as if a very severe inflammation of some of the abdominal organs was about to arise from the root of the cœliac artery, or from the cœliac ganglion. During the height of this pain (at 8 P.M.) there was a repeated cough, with a painful sensation in the inner (anterior?) surface of the spinal column from the diaphragm upward, pulse soft and small, but much quicker (about ten beats), and accompanied with a humming in the head. These pains having gradually abated, J. was able to eat a little supper at 9 P.M., slept tolerably during the night, but early next morning he was reminded, by dull sensations in the region of the cœliac ganglion, of the more violent pain of the day before. Stool rather sluggish and imperfect; urine rather dark colored, but in usual quantity.

13th. — At 8 A.M., *two grains* were taken, little by little, and held in the mouth longer than necessary. The increased warmth of the mouth and of the stomach diffused itself thence over the whole body, and soon excited a considerable sweat, lasting the whole forenoon. From 9 to 10, repeated eructations, without smell or taste of *Camphor*, slight cutting pains about the navel, discharge of flatus, urging to stool and to urinate, without burning in the urethra when urinating; excitement (Regungen) in the region of the kidneys, and irritation of the genital organs; this latter returned between 12 and 1 for a quarter of an hour, while the peculiar urgent necessity for evacuation downward, through the three great excreting organs of the abdomen, the rectum, the urinary and genital apparatus, which was present at the

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same time, and the sensation of a general turgescence in the parts of the body where these three great organs find vent, hardly lasted half an hour. Add to this, at 10.30 A. M., there was excitement and motion in the intestinal canal, becoming at times an actual trembling, as it seemed; after this had passed away, at 11 A.M., below the diaphragm, there was a pressure and tension upward and downward, after half an hour changing into a pain in the region of the cœliac ganglion; this was moderate till 7 P.M., then gradually increased, but entirely ceased between 8.30 and 10.30 P.M., making itself felt during the whole forenoon of the 14th, sometimes very severely. At the same time, in the afternoon, there were slight cuttings in the abdomen, and from time to time, all the afternoon long, there were discharges of putrid and pungent smelling flatus, but without diarrhœa, stool of the odor of the flatus, of dark brown color, thin consistence, and small quantity; urine much saturated and very acrid, but not at all smelling of *Camphor*. There was but little effect produced upon the brain; at 10.30 A. M. there was slight confusion, especially in the front half of the head, and, at the same time, a transient burning in the eyelids; during the night of the 13th and 14th, sleep was very restless, interrupted by almost constant thirst, and frequent drinking of water.

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SURGERY.

By E. C. Franklin, M.D., St. Louis, Missouri.

In accepting the editorial management of that portion of this Journal which is to be devoted to the elevation and advancement of Surgery as a science, I feel the deep responsibility that I have assumed as its presiding spirit. I am also fully aware that, individually, little can be accomplished towards elevating Surgery to that stand-point of excellence that marks the position and progress of Homœopathic medicine; but, collectively, every thing, if our pioneers and young men in the chirurgic art give "a long pull, a strong pull, and a pull all together," for attaining this end.

For obvious reasons, Surgery in a Homœopathic point of view, has not advanced (except within the past few years) *pari passu* with the Materia Medica and Therapeutics of our school; yet the necessity for its greatest efficiency and usefulness in the wide world of disease and accident around us, is felt even greater now than when our science was in its infancy. If surgery does not keep pace with the collateral branches of our school, then must the progress of Homœopathy as a science be more or less retarded.

How often have we heard the jeers and odium sought to be imposed upon us by our opponents, that "there are no Homœopathic surgeons," that "Homœopathists can not set a broken limb," or "perform an important operation?" but, thanks to those pioneers in this department, who have proven to these self-satisfied and bigot chirurgeons that Homœopathic surgeons can not only perform all kinds of surgical operations as well as their opponents, but the facts potently attest that the success attending operative interference is largely in favor of the Homœopathic system of

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practice. Beside this, many diseases that are pronounced incurable under allopathic therapeutics, are readily and permanently cured by the doctrine of similars. With such powerful and convincing facts before us, let us encourage and sustain the efforts of all those who would adopt surgery as a specialty; and especially let us imbue the minds of our younger brethren with a laudable zeal and ambition to press forward in this department to "the prize of their high calling."

The late war of the rebellion, in spite of the denunciation and opposition of the self-styled "regulars," permitted many Homœopathists to enter the ranks of surgery, who have established national reputations, by the skill and success that attended their surgical manipulations. Let not those pioneers in our school, who have acquitted themselves with all the honors of the most gifted of their opponents, cease from their labors until they have placed Homœopathic surgery in the van-guard of medical progress. This can be accomplished by communicating through the columns of our periodicals their daily observations and experiences touching the treatment and cure of surgical diseases. To this end has a department in this journal been allotted; and it is hoped that all who intend to devote their time and energies to this specialty, and assist in bearing it forward to that degree of eminence which it must and will attain, will unite with me in the good work. Let not the younger members of the profession stand back and see the fruits of success that they should garner be snatched from their grasp by their older confrères, but let both young and old, as co-laborers in this field of medical progress, remember

> "From smallest causes great effects will rise;
> And skill arrays all things in pleasant guise;
> Up, at thy work, thy glance like eagle's clear,
> Truth's dome to raise, that foes may cease to sneer."

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A CASE OF FRACTURE BY "CONTRA COUP,"

Through the Base of the Skull. Result — Recovery with Impaired Intellect.

By C. H. Von Tagen, M.D., Philadelphia, Pennsylvania.

Early in January of 1863, while the army of the Potomac was encamped in winter quarters, near Fredericksburg, Virginia, the following accident occurred:

A detail of men from Battery D, 5th U. S. Artillery, one of the Batteries over which I presided as Surgeon, started out for a point, a distance two miles from camp, to procure and bring in a supply of wood, which article at the time was getting to be a scarce commodity in that section of Virginia, and we were consequently obliged to send long distances for it.

To expedite matters, as well as to save much hard labor in the way of splitting the trunks of large trees after cutting them down, the men were in the habit of blasting them with powder, in a manner similar to that resorted to in stone quarries. A series of parallel holes were bored, with augers, along one side of the timber, then charged with powder, and fired by means of a slow match. In this instance, several minutes having elapsed after the firing of the match, and no explosion following, one of the men approached for the purpose of re-firing it, although warned not to do so by his companions. When within about thirty feet of the timber charged, it exploded, driving with terrible violence a large piece of wood, five feet long, and about four or five inches in thickness, flatwise, in the direction toward which the man was advancing, striking him full in the face, immediately across the base of the nose and both malar bones.

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The unfortunate man was knocked senseless. One of the party immediately hurried back to camp and notified me of what had happened. My assistant being absent, I at once repaired to the scene of accident, which I reached some two hours after the injury was received, and found the man in the following condition: He lay in a comatose state, breathing hard and stertorous. His face was much contused, swollen, and frightfully discolored, the nasal bones were driven in upon the frontal sinuses, and were fractured, in fact comminuted. Blood had been escaping freely, judging from the clots which lay on the ground, and was still oozing from the mouth, nose and ears. The wounded man was placed in an ambulance, and conveyed to the Division Camp Hospital, where he continued in a state of insensibility for eighteen hours, when consciousness gradually and slowly returned. As soon as the patient could swallow, some beef tea and weak stimulus was given him, sparingly at first, and gradually increased as his condition would permit. The swelling and tumefaction had considerably subsided during the period spoken of, by the free use of arnicated water, persistently applied throughout the eighteen hours. I now proceeded to mould up into shape the nose, and replace the nasal bones in position, which I succeeded in retaining by means of quills, first steeped in hot water, to soften and render them less hard and irritating. One was introduced into each nostril, which served the double purpose of supporting the parts, and allowing the entrance of air, as well as serving as a conduit for the exit of the discharges, which became in a few days very profuse, and would otherwise have been pent up, and productive of much harm, to say nothing of adding greatly to the discomfort of the patient.

About thirty-six hours subsequent to the accident, a serous-looking discharge, or rather fluid, began to escape from the ears, which, upon examination, proved to be of a clear, limpid nature, containing a considerable quantity of chloride of sodium, and a mere trace of albumen. This fluid is generally regarded by experienced writers on this subject as an unmistakable sign of the existence of fracture at the base

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of the skull. This fluid was at one time generally supposed to be serum, distilled, as it were "guttatim," from the blood, and no less a writer than Langier, pronounced it such. Others have advanced the idea that it was the "fluid Cotunnius," contained in the cavity of the inner ear, but the quantities which escape, amounting to several ounces in the twenty-four hours, forbid the entertaining of this idea.

The modern and most approved idea is, that the limpid fluid spoken of, consists of the cerebro-spinal fluid, which has been proven by experiments to be rapidly reproduced after its evacuation. In this case, this "characteristic fluid" increased day by day, until the fourth day, after which two or three ounces escaped daily for several successive days, when it gradually ceased. Langier and Nelaton, as well as others, report cases in which ten ounces per diem of this fluid had been poured out.

Due care was observed in this case, during the period in which inflammation was likely to arise, to prevent it by all possible means at our disposal: such as strict rest, rigid hygienic measures, and the judicious and persistent application of cold. Here let me stop to say that much damage is often done by the use of cold if the parts are allowed to become hot from the want of attention on the part of the nurse; the idea is to maintain a certain and *constant* degree of cold, and this can only be done by having at hand an abundant supply of ice, which, fortunately for the patient in question, we were able to procure from the neighboring streams. I take it to be patent and obvious to any thinking medical attendant, how pernicious and injurious it must be to a patient to be one moment at one extreme of temperature, and the next *vice versa*. I shall, therefore, leave this subject, by saying that I have invariably observed the greatest palliative good arise from the judicious and persistent use of cold in all congestive, inflammatory, cerebral, and other similar affections, and on the other hand, much harm produced by pottering with it, and applying it only at long intervals. In addition to the cold applications to the head, bottles of hot water were placed along the spine, and to the

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feet, to which the same remarks are applicable, as in the question of cold.

The pulse was carefully noted, and nutrition administered in the form of beef extract and dilute stimulants, to the exclusion of all else, for several days. The patient was not allowed to be a moment alone, an experienced nurse being with him constantly. So little hope was entertained by myself and all my fellow co-laborers, whom I called into see the case, as well as to consult, that the patient would recover, that we sent to a distant regiment for a priest to administer the last rites of the Roman Catholic Church, the patient being of that persuasion.

Thrice was he apparently at the point of death, and it appeared as though each moment would be his last, but each time he rallied, and finally passed on to a gradual state of recovery, after lying nine weeks in the hospital.

The patient was ever afterwards disqualified and unable to perform any military duty; he, notwithstanding, persistently refused to accept his discharge from the service, and after doing light hospital duties for nearly a year, was finally transferred to the invalid corps. His retentive faculties were much impaired, he could scarcely recollect from one day to the other; would easily forget any thing. A moment's exposure to the rays of the sun, even in cool weather, would cause him intense pain in the head and vertigo, and almost total loss of vision for an hour or more afterwards, and when thus exposed he would clasp the sides of his head with both hands and hastily seek shelter in the nearest hospital tent.

His sufferings were worse during hot than cold weather.

I lost sight of the case during the winter of 1864, and do not know any further of him.

This case affords an illustration of the possibility of recovering, at least as far as life is concerned, from a frightful and very severe form of solution of continuity in a region whence emanates the great cerebro-spinal system, the great life-giving nerve power, and puts to flight the assertion of some writers that recovery is an utter impossibility in fractures of the base of the skull.

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HOMŒOPATHIC TREATMENT OF ULCERS.

By J. Grant Gilchrist, M.D., Owatonna, Minnesota.

Among Homœopathists, there are many who entertain the conviction, in common with the old school, *dominant* no longer, that the only rational mode of treating ulcers, is by topical applications; and that the totality of symptoms in such cases, is of but little importance. This great error may be in part accounted for, from the fact that our surgical literature is very deficient in *all* points, but more especially so in this one particular. An ulcer is but a *local* manifestation of a *generally* diseased organism, and to cure it radically, and scientifically, we are compelled to address our remedies to the constitutional symptoms, as well as the local condition of the person under treatment. What my qualifications are for the task I have undertaken, let others be the judge; suffice it to say here, that during my attendance at the Philadelphia College Dispensary, and in the field of my own practice, lying for the most part in manufacturing districts, I have treated since the year 1860, nearly five hundred ulcers; and with a few exceptions in the earlier portion of my cases, have treated them strictly in accordance with Hahnemann's teachings. The three "*fundamental principles*," I heartily subscribe to: viz., The Law of Similars, The Single Remedy, and The Minimum Dose. The indications given for the different remedies, are taken almost verbatim, from the "Symptomatology" of Jahr, edited by Snelling, Lippe's "Materia Medica," and from Bœuninghausen. Nearly all of these symptoms have been confirmed by actual practice, and may be relied upon implicitly. Those remedies that have not acted well, or not come up to the previous claims, have a mark of interrogation affixed; thus, *Actæa Spicata?*

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An ulcer may be defined to be, a solution of continuity of the substance of the skin, and may be idiopathic, traumatic, or specific. *Idiopathic* ulcers are those that appear without any apparent cause, and are not complicated with any other disease. *Traumatic* ulcers are those produced by local injury, being nevertheless prolonged, by some abnormal condition of the system. *Specific* sores I understand to be those peculiar to some disease, as syphilis, struma, and cancer. Erichsen considers their formation, or rather their continuance, to be due to a faulty condition of the absorbents. Thus one of three conditions is present:

1st. Either deposition is normal, but absorption too active, or,

2nd. Absorption is normal, and deposition deficient; or,

3rd. There is a simple detachment, or elimination of "spoiled, dead matter." This view of the case is, I believe, the generally received one at the present day. Ulceration is always preceded by more or less inflammation, the intensity, character, and duration of which, must all be taken into consideration, in determining which of these three conditions exists. Paget thinks that when an inflamed part is denuded of epithelium *only*, it is a simple *abrasion*, and that ulceration consists in a removal of proper, or vascular tissue; and so thinks ulceration to consist, not in an absorption of tissue, but in an ejectment only. This view of the case is one received by many, but I incline to think that Erichsen's propositions find the most favor: viz., that they are producible by *either* absorption, or elimination. Whatever the *true* pathology may be, certain it is, that to us as Homœopathists, it is of mere minor importance in the treatment.

Apart from the three grand divisions of these most important lesions, we have several minor divisions, each of which will claim a few words. With the cancerous, syphilitic, and scrofulous ulcers, we have nothing to do; they being of an almost distinct class, and requiring separate notice. Of the different varieties, then, we have the *simple*, the *weak*, *indolent*, *inflamed*, *sloughing*, *varicose*, *irritable*, *hæmorrhagic* ulcers.

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Simple Ulcer. — This is a type of the whole class, and is nothing more than a simple, open sore, oval or circular in form, covered with healthy granulations, and discharging true or laudable pus. This form has a constant tendency to heal, and needs but little treatment.

Weak Ulcer. — This is nothing more than a sore of the former variety, badly treated, in which the granulations become flabby; the pus either changes its character entirely to a thin, watery fluid, or is totally suppressed; the edges are pale, and not uncommonly elevated. The granulations sometimes attain an immense size, and look like jelly.

Inflamed Ulcer. — This is also a result of unscientific treatment by topical applications of a stimulating character, and may occur during the treatment of either of the other varieties. The edges and surrounding skin in these cases, are much inflamed and tender; the pus is thick, and very offensive, often streaked with blood, and though the granulations are large, they are firmer than in the last variety. It is not uncommon, however, for the granulations to be entirely or nearly destroyed.

Indolent Ulcer. — This variety tries the patience of the surgeon, as well as the patient, more than any other, chiefly from its obstinate character. These sores are chronic, and may owe their existence to neglect of sores of the other varieties, or, they appear in their proper character from the first. In these the skin is much indurated, and feels as if it were firmly adherent to the bone; the surrounding integument is also much discolored, and often is found scaling off, or coming away in little scabs, which are constantly being reproduced; they are not at all painful, and are often utterly devoid of sensation. The edges are elevated and callous, the outline ragged and irregular, and the base flat; they are deep, and exude an unhealthy sanies; bad-smelling pus; the granulations are few, irregular in size, and widely separated. These sores are commonly known as "old men's sore leg," and are principally seated on the leg, near the ankle.

Sloughing Ulcer. — This is usually an aggravated form of the inflamed ulcer, and generally results from bad treat-

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ment, although it is sometimes caused by no treatment at all. In a previously inflamed ulcer, the edges become sharp-cut, and discolored; the pus changes to a thinner fluid, ichorous, and putrid; the base becomes grayish and painful; the inflammation rapidly extends, and is accompanied by considerable pain; the edges break down, and the ulcerative action extends rapidly.

IRRITABLE ULCER. — This is a small ulcer, and is almost confined to women, and, among them, to those of the middle period of life, and of a nervous-bilious temperament. These sores, as said before, are small, with the edges irregular, and not elevated; the surface is covered with a tough, gray slough, and the discharge is thin and acrid; they are excessively painful, and exceedingly sensitive to the touch.

VARICOSE ULCER. — This form, by the old school is considered as incurable, or next to it; by us they are not so considered, but have on the contrary proved to be very amenable to treatment. They are more readily known by the history of the case, than by their appearance. The characteristics are those of any of the other forms, and they may be inflamed, sloughing, indolent, or irritable, according to the peculiar circumstances of each case.

HÆMORRHAGIC ULCER. — This ulcer is small, of a purplish color, and, says Erichsen, "usually occurs in women who are suffering from amenorrhœa," and, as indicated by its name, blood usually oozes at the catamenial periods. It is very much like the irritable ulcer, and can only be established as hæmorrhagic by the elicitation of the above facts.

These are the most common varieties of ulcer, as noticed by authors. The practical value of this nomenclature and division is comparatively little to the Homœopathist; for it is not with names *we* have to deal, but with symptoms. Homœopathists, young in surgery, think old school books are our standard in surgical practice; and in fact, from the want of Homœopathic literature on the subject, they have no where else to turn. The fact must be borne in mind, that because we have no such book, is the best reason why we are to throw over Allopathy, and *make* one. Let not the

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fear of the charge of presumption deter us from recording our successes with remedies, in the treatment of those diseases hitherto not touched upon. Pile up the cases, until we have a complete system of surgery of our own.

The causes which operate to produce an ulcer, may be manifold. Continued pressure, impoverished vitality, direct injury, application of some specific poison, etc., all have their share in the work. But behind them all, there is some thing else, some latent dyscrasia, only waiting for this exciting cause, to bring it into life. This is proven by the fact of so many persons being annoyed by the existence of a sore, which they dare not heal up, because it produces bad effects. Do not let this prevent you from healing such sores. Our remedies, well selected, in accordance with the law of similia, will as surely cure this condition, as it cures the sore. You can never heal an ulcer, until you remove what has been called the "constitutional cause," which is only to be reached by rational, constitutional medication. Throw away your salves, lotions, and ointments, they do more harm than good, as they positively retard, aye, even *prevent* a cure. One of the causes that produces these sores, must be concerned in the production of any one; but the same cause may produce different varieties. It may be as well, however, to state that the *varicose* ulcer is the only one that invariably proceeds from *one* cause only. One of the most frequent causes are wounds, which from some vitiated condition of the general system do not close. I doubt if there *can* be such a thing as a strictly speaking idiopathic ulcer; by this term, I mean one that is not specific, or traumatic. Unless the whole body be more or less diseased, how can such a thing form at all?

The treatment according to the law of similars, demands, on the part of the surgeon, great care and judgment in selecting the proper remedy. Although topical applications are forbidden, strapping, and as much quiet as can be obtained, will materially aid in effecting a cure. I have succeeded frequently in curing these lesions, with the patient going about his or her accustomed avocations. An elevated

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position of the limb is of much importance also. The leg is oftener affected than other limbs.

The remedies should be given *alone*, never alternate, and also given at long intervals. My custom is to use the higher, and the *highest* attenuations, give but one dose, and not repeat it until its action is entirely suspended. Now, do not attempt to refute this, without giving it a trial; don't say you have given it a trial, and found it worthless, lest you be thought to have given it what allopathists call a "trial of Homœopathy." I knew a physician once, who tested these remedies, by giving three or even more in alternation, and even in one case, two in one tumbler. He was told he was doing wrong, but still persisted, and claimed that "high attenuations are all humbug." Do as we *tell* you in testing them, and after *this* let us hear your verdict. When the ulcer commences healing from the *centre*, the healing process will not be continued to completion; before this reaches the circumference, it will break down again. This is an evidence of bad treatment, and calls for a change in the remedy. Closing should commence from the edges. The first indications of a *proper* process of nature, will be a flattening of the edges, cessation of, or diminished pain, change of the discharge to a laudable pus, detachment of the slough, firm granulations, and not unfrequently an itching and biting of the skin.

Supposing then the sore to be on the leg, the course of treatment will be as follows: bandage the limb tolerably firmly, leaving the ulcer exposed; keep the foot elevated on a chair, and the ulcer free from pressure or irritation of any kind. If this is not practicable, and the patient is compelled to move about, to attend to his business, use, in place of a bandage, strips of adhesive plaster, from one to two inches wide, and apply them slightly overlapping each other, for some considerable distance above and below the ulcer, leaving the sore itself uncovered.

The remedies which I have employed are as follows: the list is a large one, but I can assure you that a great many of minor importance have been left out:

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SIMPLE ULCERS. — Ambra gris., Amm. mur., Ant. crud., Apis, Arn., Ars., Bovista, Bryonia, Calc. c., Calend., Carbo v., Caust., China, Clem., Con., Cuprum, Dulc., Hep., Kreas., Men., Mezer., Natr. c., Natr. m., Nux v., Puls., Ranunc. bulb., Rhus rad., Rhus tox., Ruta g., Staph., Verat.

WEAK ULCERS. — Ant. c., Ars., Baryta c., Calend., Carbo v., Caust., Cham., Chelid., Graph., Merc., Mezer., Nux v., Petrol., Puls., Sep., Sil., Sulph., Thuja., Zinc.

INDOLENT ULCERS. — Acid mur., Acid phos., Ambra g., Ant. c., Arn., Ars., Baryt., Bell., Bry., Calc. c., Calend., Carbo v., Caust., Cham., Chelid., China, Clem., Cupr., Dulc., Euphorb., Graph., Hep., Hyos., Iod., Kali c., Lach., Lyc., Men., Mezer., Nux v., Petrol., Phos., Puls., Rhus. rad., Rhus tox., Sabina, Secale, Sepia, Silicia, Sulph., Thuja, Verat., Zinc.

IRRITABLE ULCERS. — Acid mur., Acid nit., Acid sulph., Apis, Argent. met., Arn., Ars., Baryta c., Bell., Calc., Canth., Carbo v., Caust., Cham., China, Con., Cupr., Dros., Euphorb., Graph., Hep. s., Hyos., Iod., Lyc., Merc. s., Nux v., Petrol., Rhus rad., Rhus tox., Sep., Sil., Sulph.

INFLAMED ULCERS. — Ac. mur., Acid nit., Amm. c., Apis, Argent. met., Arn., Ars., Aur., Bell., Bovista, Calend., Canth., Carbo v., Caust., Clem., Hep., Hyos., Kali, Kreas., Lyc., Merc., Natr. c., Natr. m., Phos. Ruta, Sep., Sil., Staph., Thuja.

SLOUGHING ULCERS. — Acid nit., Acid sulph., Arg. met., Ars., Aur., Bry., Calc., Calend., Canth., Carbo v., Caust., Cham., Chelid., Chin., Con., Euphorb., Hep., Lach., Merc., Petrol., Ranunc. bulb., Rhus tox., Secale, Sil., Tart. em.

VARICOSE ULCERS. — Amm. m., Arn., Ars., Calend., Carbo v., Chin., Ham. virg., Merc., Sulph., Tart. em., Verat.

HEMORRHAGIC ULCERS. — Acid phos., Amm. c., Ars., Bovista, Calc., Calend., Cham., Carbo v., Caust., Graph., Kali c., Kreas., Lyc., Merc., Nat. m., Nux v., Puls., Sulph.

[TO BE CONTINUED.]

SECALE CORNUTUM IN PARALYSIS OF THE BLADDER.

The Bull. Gen. de Therapeutique (lxxii. 185) gives a case of a man, seventy-two years of age, who had suffered for fifteen years with incontinence of urine, but who, lately, for the first time, was troubled with retention. M. Sorbets, on being called, found the bladder much distended: the catheter was introduced readily; no stricture was found, no calculi, but only a slight hypertrophy of the prostrate on the left side. Having used the catheter twice a day for a week, with sitz baths, etc., but in vain, *Ergot* was given, two grammes daily. Without disturbing the gastric functions, it produced an evident excitement upon the bladder, but not enough to induce urination. For the next ten days the catheter was used once or twice a day, during which time, the dose of *Ergot* was carried to five or six grammes a day, given in four doses, twenty minutes apart, during and after a sitz bath, which was taken every morning; this afforded great relief. From this time the catheter ceased to be necessary, but M. Sorbets continued for fifteen days more to give the *Ergot* in two gramme doses every morning.

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REVIEWS OF BOOKS.

GROSS' COMPARATIVE MATERIA MEDICA.

By E. M. Hale, M.D.

We have many pleasant things to say of this work, and some things that are not so pleasant. It is, with one or two exceptions, the only Homœopathic work ever issued in this country, which was, and is not a disgrace to the publisher and an eyesore to the profession. We allude to the mechanical execution of the work. Mr. Bœricke may be justly proud of this magnificent volume. It is a real pleasure to open it, and look upon its elegant interior. The binding is firm, neat, and strong, better than any volume we know of. The paper is of that delicate buff tint most pleasing to the eye. The type is clear, bold, and unusually free from blemishes. We have diligently looked for typographical errors, but can find none. In the introduction Dr. Gross discourses of many things, some of which are important, others not. If we were to find any fault with it, we should say it shows too much egotism. There is also a dictatorial tone about it which is rather repugnant to a free-thinking mind.

He asserts of the difficulties which have prevented the universal recognition of Homœopathy — especially those which lie in the Materia Medica — "I hope to remove them in a great measure by the present work."

We sincerely join in the hope of the author, but fear it will not be fully realized.

One of the chief objects of the work, is said to be an "exhibition of the *differential diagnosis* of such remedies as

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are *similar* in their effects." We should like to say a good deal on this subject. We can not see any similarity in many of the remedies which he places side by side. What *similarity* is there in *China and Aconite? Belladonna and Opium? Belladonna and Nux vomica? Capsicum and Nux vomica?* Their pathogenetic and pathological effects are antagonistic, and they can not be *analogues* in any respect. We shall enter into the discussion of this subject of analogues more fully at some future day.

Such is Gross' confidence in the analyses he has made of the remedies in this work — showing that the "collective effects of the remedies agree with each other, under physiological laws," that he declares that "all *theoretical* elaborations of single remedies become for the future unnecessary." This is certainly *modest*, especially when we know that even our best provings fail to show the real physiological action of the medicine.

As if to remove all doubts as to the utter absence of any errors in the work, Gross asserts that "the doubt about authenticity may be cleared up by the *internal evidence of truth*, recognizable by every competent judge." This is placing us in a "tight place," for if we doubt the authenticity of the symptoms, or the correctness of the diagnoses, we are set down as *incompetent judges*. We put it to Dr. Gross if this is fair? Must we be gagged in this manner, in order that we shall not express an opinion, or attempt to show any errors which may possibly exist?

One feature of the introduction is so useful that we can not commend it too highly. We allude to the *physiological meaning of certain symptoms.* (See page v.) One example will suffice here: "In *Aconite*, *Cham.*, *China*, *Coffea*, we find predominantly a delicate sense of smell, and correspondingly *never dryness* of the *nose*, which would make a delicate smell impossible." A large volume might be written, illustrating this matter, and we would mildly suggest that such a work would be of more importance — to the student especially — than the work before us.

On page viii. we are arrested by a statement so startling,

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that we will stop to examine it. Alluding to the *modalities*, Gross says, "Undoubtedly, diseases have been cured by physicians who pay no regard to modalities of symptoms, because they find it too inconvenient to individualize. They declare, without having ever used the high potencies scientifically, such cures attained by the latter as spontaneous, simply because such high dilutions have proven ineffectual in their generalizing applications. *Their success is explained by the habitual exhibition of massive doses, which frequently force the disease to accept the symptoms of the applied remedy, and to change the conditions under which its symptoms appeared before the use of the medicine.*" * * * "It is therefore dangerous to report the cures of such physicians, because such cures frequently followed, not according to, but in spite of, the modalities of symptoms of the remedy in question, *i. e.*, they followed antipathically."

This is certainly a remarkable paragraph. If we understand it, it means three things, namely:

(1). Neither the *totality* of the symptoms, the characteristic symptoms, or the pathological state, is to be considered in the selection of the remedy — nothing but *modalities of its symptoms*. If this is not done, the medicine given is not Homœopathic.

(2). If the remedy is not chosen by the "modality of its symptom," and is not given in a high potency — it is not Homœopathic.

(3). All cures made with medicines *not chosen* according to the "modalities," and given in a *low potency*, are *antipathic* cures.

Certain deductions are to be drawn from this doctrine.

(1). Hahnemann and all his disciples, down to the present day, who have made cures (no matter how brilliant), with low dilutions or material doses, are not Homœopathists but antipathists, at least their cures were antipathic!!

(2). A great majority of those styling themselves Homœopathic physicians, are really allopathists or empirics.

We must be excused for speaking plainly, if we say that this is the most insufferable nonsense that we ever saw in a

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medical work. Nothing is so utterly contemptible as the resort to a special pleading to support opinions and notions which have no foundation in science. Here is a man, who to prove certain notions to be true, is willing to throw away all that makes Homœopathy respectable in the eyes of scientific men; all that has been gained by the experience of many years; all the best doctrines of Hahnemann; and who is willing that the great majority of cures made in our school, should be termed *antipathic!!!* Why? Merely to prove his pet theory about the "modalities" and the high potencies! Out upon such charlatanism! It is a disgrace to our founder, and to our school. Unless we accept and seek to establish by all the facts of science and experience, the following propositions, we shall fail to elevate our system to the position of a Science and an Art:

(1). *The Law of Similia is the only Law of Cure.*

(2). *All cures made by medicine are made according to such Law.*

(3). *The Homœopathic dose, is any dose that cures.*

In a foot-note by Dr. Hering, we are sorry to see the assertion that *permanent cures are never made by massive doses.* Was not Hahnemann's cure of *colic* with *veratrum*, or the *vertigo* with *arnica* permanent? In both cases massive doses were given, and both cases he tells us, were "effectually cured." Aside from Hahnemann's testimony, *we all know that Hering's assertion is false.* It is useless, therefore, to waste words to disprove it.*

On page x. we are treated to a long foot-note by Dr. Her-

* We should like to place C. Hg. in the witness box, and after he had been duly sworn, ask him, Do you C. Hg. solemnly swear that you never made a permanent cure with massive doses? (*i.e.*, medicines in the low potencies.) What do you consider a massive dose? Would you call ten drops of the mother tincture, a massive dose? We wish to add here by way of parenthesis, that we consider Dr. Hering as the *chief* of the few representative men in this country, who have labored earnestly in the cause of Materia Medica. As such we reverence him, and honor him for his services, but this shall not prevent us from asserting our own right to judge of facts and experience. We can honor a man above all others, while at the same time we combat his peculiar notions. H.

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ing, relating to *alternate remedies*. Why is it that any allusion to giving remedies in alternation always puts certain adherents of our school in a rage? Much as we consider the use of a *single* medicine in all cases, to be desirable, we see no such unpardonable sin in the practice as do these *purists*. When our Materia Medica shall have been made absolutely perfect, then we may all use single remedies. We are sorry to say that the "Comparative Materia Medica" does not help us much in this respect.

On page xiii. it is asserted that the indications of "*first right, then left, etc.*, are applied according to the maxim of *Contraria Contrariis*," and an attempt is made to explain this enigma. We have, however, such a constitutional aversion to riddles and charades, that we have not racked our brains to unravel it.

The "*Pharmaceutical Key*," by Dr. Hering, is an admirable and useful addition to the work. It gives us much useful and definite knowledge in relation to the material of our medicines. He says of *Apis*: "A solution of the poison of the common honey-bee; a tincture of the bee is an imperfect preparation, a trituration is the most objectionable."

By a solution of the poison, is probably meant the *digestion of the poison-bag* in alcohol. In common with many other physicians of our school, however, we believe a *trituration* of the poison-bag, with sugar of milk, to be a better preparation than the others.

Arnica tincture, he says, should be prepared from the fresh root. If this is what Hahnemann used, then those who use the tincture of the flowers, should be disappointed in its effects. We have long believed and taught that for internal administration the tincture of the *root* should be used. We commend his statement relating to *Hepar sulph.* to the careful consideration of our pharmaceutists.

We now come to the body of the work. This is prefaced by some "Remarks by the Editor," Dr. Hering. He tells us how Dr. Gross worked up his comparisons, laboring on them for many years; how there are in this volume *five hun-*

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dred comparisons, of *one hundred* of our most generally used medicines; and how there is another volume, equally large, ready for the profession, if they want it.

We are told that Gross did not pay any attention to *groups*, least of all to Teste-notions. (We should think not, for, as we shall show, many of the remedies compared are neither analogues or opposites; in fact, have no relation whatever with each other.)

"The *Student of Materia Medica* has now a better chance than he ever had before to become familiar with the very *essence* of our knowledge of drugs." This is claiming considerable, but we can forgive this egotism, out of regard for the great labors of the author. We are given to understand by Dr. Gross and his friends, that this work gives us *definite* information concerning the action of medicines, the nature of the symptoms, and the specific indications.

Before we accept this as all true, we beg the privilege of examining the first medicine compared, namely, *Aconite*. This we shall do in the kindest spirit, and only for the purpose of eliciting *truth*.

We select those symptoms only, which are open to criticism:

"*Pulse sometimes accelerated, sometimes retarded.*" Is this definite? In another place we are told that the Aconite pulse is "*Quick, hard, and full.*" Is this the "very essence of the knowledge of medicines?" What are the facts about the Aconite pulse? We believe it is generally admitted that the first stage of the primary action of *Aconite* on the circulation, is to cause a feeble, *accelerated* pulse, soon to be followed by a feeble, slow pulse, and finally, *imperceptible*. The secondary stage, or reaction, has the "quick, hard, and full pulse." Why did not Gross write more definitely?

"Pupils first *contracted*, then *dilated*." — This symptom is correctly stated. It has the requisite definiteness. We find no fault with it.

"*Urine seldom and scanty, only exceptionably copious.*" — This is not "definite." When is it scanty, and when is it copious? This the student wants to know, and this work,

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of all others, should have been definite on this subject. The action of *Aconite* on the urinary organs, is closely connected with its action on the general circulation. During its primary depressing action the urine is profuse, watery; during its secondary effects, the urine becomes scanty, infrequent, and high colored. But, of this we learn nothing by the "Comparative Materia Medica."

"*Eyes protruding.*"—Yes, in the second stage of its effects; but the eyes are "sunken" when the system is suffering from its primary symptoms, as in chills, cholera morbus, etc.

"*Breath oftener hot than cold.*"—Not so. It is as often hot, as cold. *Cold* breath is the invariable effect of the primary action of *Aconite*, if taken in large doses; while the *hot* breath is the invariable accompaniment of its secondary action.

"*Appetite for wine and brandy.*"—During the Aconite fever? certainly not; but only during the stage of depression. During the fever there is aversion to all drink but water.

"Milk increased."—There is some doubt about this. I have known the secretion of milk suppressed by application of a lotion of *Aconite* to the breast.

Enough has been quoted to show that this work is not infallible; that it can lay no claim to a greater definiteness than other works.

If the assertion of Dr. I. S. P. Lord is true—"that the greater portion of Homœopathicians are green students," we do not see how they will become riper if they rely upon this work. *It can not be used alone with any benefit.* We were forcibly struck by this fact in attempting to consult it in relation to *Spigelia*, as a remedy in a case of cardiac disease. We found it recommended for diseases affecting the "*Left* side, particularly *lower left; upper right side;*" "Light hair;" "Complaints predominantly in external parts;" "Complaints predominantly on eyelids;" "Pulse slow, strong, more frequent in evening; irregular, sometimes trembling;" and so on, through a long list of trivial symptoms, and intricate "modalities," but *not a word relating to the peculiar pains in the heart or cardiac region.* We had to go

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back to the Symptomen Codex, after all, for any definite information upon which to base its selection. It is certainly a strange infatuation which induces Gross to give place to such inanities as "*Desire* or *dislike* for beer;" (which?) "*Better* or *worse* from smoking;"—and leave out the only really useful indications, such as the *pains*, and prominent objective and subjective symptoms.

We have examined this great work in many aspects. There is one more, however, to which we wish to call attention, namely, the *contradictions* with which it abounds.

In the British Journal of Homœopathy, Vol. XXV., page 299, is to be found a severe and caustic review of this great work. The criticism of the writer will do no harm, severe as it is, for a work that will not withstand the severest review, if candid, is not worthy perpetuity.

It does not comport with the dignity of the medical reviewer (or any other in fact), to attack a work as one brutal pugilist another; to spew out volumes of disgusting Billingsgate after the manner of some who have lately defiled the pages of our journals; nor indulge in coarse invective of a personal character. Such exhibitions are utterly unworthy any professional man, and degrading to those who find pleasure in reading them. No man with the slightest pretensions to social decency, or gentlemanly courtesy, will be guilty of such coarseness in a pretended review. It will not elevate the writer in the estimation of good men, if he attacks the author and his coadjutors with slang phrases, vulgar epithets, or allegations of ignorance, and impertinence, unless the allegations are proven by good testimony. It is not in good taste to brand the large majority of the members of the profession who belong to the ranks of Homœopathy, as "green students," "brainless enthusiasts," etc.

A reviewer whose mind hangs on the outer verge of insane skepticism; who believes no one to possess any actual knowledge but himself; who pretends to disbelieve all, or most all of the established facts in medical science, must, from the very necessity of things, be utterly unfit to write a review, or even express any opinion of a book.

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We do not propose to take up this book, as a whole, and criticise it, for that would be an immense labor. The best way to point out the defects of such a work is to select certain characteristics thereof, and show their faults. The English reviewer is astonished by the discrepancies and contradictions with which the comparisons abound. He instances the *moral symptoms* of *Pulsatilla.* In one place the drug is said to cause depression of spirits, in others exaltation of the mind. In all, *fourteen* different mental conditions are mentioned. Now, can all these various mental states be characteristic? The physician and student is perplexed beyond measure by such discrepancies. How are we to explain these apparent contradictions?

I propose to give some explanation of the matter, and at the same time point out the only manner in which these contradictions can be remedied.

(1). All medicines have a double action on the human organism; namely, a *primary*, or those symptoms which appear *first*, from ordinary medicinal or pathogenetic doses; and *secondary*, or those which appear after the immediate symptoms have subsided. These latter are termed by some "alternate," by others "reactionary," but are in fact as truly specific symptoms of a medicine as the primary.

If we make an example of *Pulsatilla*, we shall find upon examination of the original provings, the primary effect of that medicine on the mind is that of *depression, with or without sadness and tears.* This I have several times verified in my own provings of both the European and American *Pulsatilla.* These symptoms last for a considerable time, but are nearly always succeeded by a peculiar exhilaration, marked by a vacillation of temper, now joyous, now peevish, but wanting the depression of mind observed in the primary action.

The primary symptoms of the mind, caused by *Pulsatilla*, do not accord with the *urinary symptoms* given by Gross, who makes the characteristic action of *Pulsatilla* in all his comparisons, "urine not often enough, and scanty, with red sediment." Yet, on page vii. of the Introduction he says:

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"Remedies which augment the secretion of urine, also usually increase thirst, reduce sexual desire, produce a *depressed condition of mind*," etc. In the same place he gives a list of certain remedies which have this effect, and among them *Pulsatilla!!* Here is certainly a discrepancy. If *Pulsatilla* causes increase of urine, then Gross is wrong. Hahnemann says the characteristic of *Pulsatilla* is *thirstlessness*, but Gross places it among the medicines which cause thirst! Gross says *Pulsatilla* belongs to that class which cause "strong sexual desire," (see *Caps.* and *Pulsatilla*), but it is in the list of those which cause increased amount of urine with loss of sexual desire (page vii.)

Again I ask, how shall we reconcile these contradictions which meet us on every page of the Comparative Materia Medica? How comes it that these discrepancies appear so often? We answer, unhesitatingly, that the fault lies in a *deficiency of knowledge in relation to the method of action belonging to the drug in question.* This leads directly to another assertion, which we as unhesitatingly make; namely, that the great radical fault of the "*Comparative Materia Medica*" of Gross, lies in the fact that *the primary and secondary action of medicines is altogether ignored.*

This fault will always render the work almost useless to the student, unless he has been taught to separate the pathogeneses of drugs into the two classes of symptoms. This fault is the key to nearly all the imperfections to be found in the volume.

Dr. Gross, however, was not the person originally to blame for this faulty arrangement of the pathogeneses of drugs. Hahnemann, although he recognized that nearly all the remedies proven under his observation had two series of symptoms — primary and secondary — gives us only in a few places any clue to the sequence of the symptoms. He tells us that "copious emission of urine is a secondary symptom of *Pulsatilla*, succeeding a tenesmus of the bladder." In this statement I believe he was mistaken, for Vogt says that the "most marked and constant of the actions of *Pulsatilla* is to cause *profuse urine*, increased perspiration,

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and mucous discharges," etc. Sobernheim, Dierbach, and Störk, all testify to this effect. My own observations also corroborate their assertions.

In order to give a clear view of the physiological and pathogenetic action of *Pulsatilla*, we shall place in parallel columns the primary and secondary symptoms of this important medicine. As I stated in my "New Remedies" (*Puls. nutt.*) the action of *Pulsatilla nig.* was imperfectly understood, although it was, perhaps, more used by Homœopathicians than almost any other medicine in our Materia Medica. Properly arranged, the action of *Pulsatilla* will stand thus:

PRIMARY SYMPTOMS.	SECONDARY SYMPTOMS.
Mind.—Gloomy, melancholy, weeping, anxiety (predominating).	*Mind.* — Irresolute, laughter and tears alternately.
Nervous system. — Depressed vitality, with abnormal irritability — (no pain).	*Nervous system.* — Nervous pains, spasmodic symptoms.
Muscular system. — Relaxation, loss of power, a sensation of suppleness or weakness.	*Muscular system.* — Muscular pains, contractions, myalgia, rheumatism from lack of elimination of lactic acid.
Mucous membrane.—Increased secretion, catarrhal affections (acute), watery or transient discharges.	*Mucous membrane.* — Abnormal secretion of muco-pus, catarrh (chronic), thick, yellow, tenacious discharges.
Glands. — Irritation, with increased elimination.	*Glands.* — Torpor, with suppressed or retarded elimination of morbid products.
Skin. — Increased sweat, eruptions, irritability of the skin, with active elimination.	*Skin.* — Dry skin, non-elimination through that tissue.
Fever.—Chilliness, with thirst, with moist skin, profuse urine, and mucous diarrhœa.	*Fever.* — Heat with dry skin, *no* thirst, scanty urine with *red* sediment, and constipation.
Gastric. — Increased appetite and thirst (unnatural), with irritability of the stomach, and slow digestion from excess of mucus.	*Gastric.* — Loss of appetite, and thirst, with torpor of the stomach (chronic dyspepsia).
Intestinal.—Increased secretion, mucous diarrhœa, (acute catarrhal diarrhœa or dysentery, sub-acute inflammation).	*Intestinal.* — Increased secretion, hard stool coated with tenacious mucus, or chronic intestinal catarrh, flatulence (chronic inflammation).
Urinary.—Increased secretion, with thirst, depression of spirits, mucous sediment, trembling in the limbs and debility.	*Urinary.* — Scanty secretion, frequent desire with tenseness, red sediment, or chronic catarrh of the passages.
Sexual.—Deficient desire, acute mucous discharges, profuse and pre-	*Sexual.* — Increased desire, chronic mucous discharges, scanty and de-

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mature menses, menorrhagia, irritation of ovaries and testicles.	laying menses with congestions to head, ovaries, etc., inflammation of ovaries, uterus, or testicles, and other organs, from suppressed secretions.
Pulmonary surfaces. — Increased secretion, acute catarrhal affections, short, hacking, irritating cough, with dyspnœa.	*Pulmonary secretions.* — Thick, tenacious secretion, chronic pulmonary catarrh, spasmodic, hard, shaking cough with dyspnœa.

We will select another remedy as an illustration of the manner Dr. Gross has treated medicines. *Digitalis* is a drug which has of late been studied by some of the best men in the medical profession. Its sphere of action has been made the subject of physiological and pathological experiment. Clinical experience has thrown a flood of light on its curative action.

The Homœopathic physician and student will expect to find in the "Comparative Materia Medica" some exact information concerning *Digitalis*. We are informed in the Introduction that "all individualizing physicians, whether they call themselves Homœopaths or otherwise, can use these diagnoses to advantage, provided they are acquainted with the range of the symptoms of the remedies referred to."

This is promising a good deal, and it may be worth our while to see if the promise will be fulfilled.

We are informed that *Digitalis* affects the "*left side*, particularly *lower left*, and *upper right side*." This statement is repeated in *six* places. Are we to infer that no disease can be cured with *Digitalis* unless such disease affects the "*left* side," etc.? We are also told that the "*complaints are predominant on the shin.*" What complaints? By reference to the *Symptomen Codex*, we find only a few insignificant pains in the tibia, instead of the vast array of *shin* symptoms we expected.

We can pardon these harmless inanities, for no person will be injured by them. But the case is different when we come to the symptoms which are put down as *characteristic*, for a wrong selection of a medicine may place the life of a patient in danger.

We find the same ignorance of primary and secondary

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effects — the same ignorance of the physiological harmony of the pathogenesis.

There are *six* comparisons of Digitalis; namely, with *Arsenic*, *Belladonna*, *China*, *Nux vomica*, *Pulsatilla*, *and Sulphur*, (neither of which, if we except *Nux vomica*, can be considered an analogue of *Digitalis*).

In each of these six comparisons, the most predominant, or characteristic symptoms of *Digitalis* are,

Muscles lax.

Apoplexy.

Pulse slow; but accelerated, full, and hard by every motion.

Pulse accelerated in morning, slow in evening.

Thirst during heat, none during sweat.

Pupils contracted.

Urine infrequent and scanty.

Diarrhœa.

Catamenia too scanty or too late.

Respiration slow.

And these are the characteristic symptoms of *Digitalis?* And those who prescribe *Digitalis* for other than these conditions are unscientific and unhomœopathic? (See Introduction). Let us see.

"*Muscles lax.*" When? How? Where? How is death caused by *Digitalis?* From laxity of muscles? Could Hanfield Jones, Bence Jones, Chambers, Brown-Sequard and other eminent physicians and pathologists not of our school, "use these diagnoses to advantage," as we were promised in the Introduction? Yet it must be admitted by every physician of our school that these gentlemen "are acquainted with the range of symptoms" of *Digitalis.*

Here again we strike the same glaring fault of the work which I pointed out above; namely, the omission to recognize the *dual* action of drugs.

It is now well known, and admitted by all authorities whose opinions are worth any thing, that *Digitalis*, in medicinal (crude) doses, causes primarily in healthy persons an *abnormal contractility of muscular fibre*, especially in the coats

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of the arteries, the heart, and other hollow organs. If death results from the immediate effects of *Digitalis*, the heart is *firmly contracted.*

Why then does Gross assert that laxity of muscle is the characteristic symptom?

The fact is, that laxity of muscular fibre only occurs from the reactionary, or secondary effects of *Digitalis.* Handfield Jones says: "The first action of *Digitalis* is to excite, and the second to paralyze."

"*Apoplexy*" is said by Gross to occur oftener than paralysis. If he had expressed the statement thus: "*Apoplexy* primarily; *paralysis* secondarily," it would have conveyed some sensible meaning to the physician.

"*Pulse slow; intermittent; but accelerated, full and hard by every motion.*" This symptom has been badly rendered by the translator. In the original it was probably more intelligible. It was doubtless intended to imply that the pulse was *slow, irregular, intermittent, and rendered full, quick and hard by every motion.*

This condition of the pulse must imply a corresponding condition of the heart; (no heart-symptom is given as characteristic of *Digitalis!*)

But if the assertion that *Digitalis* caused this symptom, be accepted, it would place the physician in an unenviable position. It is, however, not to be accepted for a moment. In the present state of our knowledge of *Digitalis*, this assertion can not be pronounced any thing else than a pathogenetic *lie.* Heaven knows that our Materia Medica is full enough of such lies, which may not at present be exposed; but we feel in duty bound to expose them when we can.

In a paper on the "action of *Digitalis*" which I read before the "Illinois State Homœopathic Medical Society," 1867, its *modus operandi* was fully discussed. We will only add here, that Hahnemann believed to the contrary of Gross, for he says the pulse is rendered *slower* by the primary action of *Digitalis*, but permanently rendered *smaller* and *quicker* by its secondary action.

Had Dr. Black written his elaborate article a few years

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later, he would not have confounded the two actions of *Digitalis* as he did. (See British Journal, Vol. IV., also note to *Digitalis*, "Symptomen Codex," Vol. I., p. 673.) If Drs. Madden and Hughes would investigate more closely the *dual* action of drugs, they would modify the opinion they gave of the action of *Digitalis*, in the same Journal, Vol. XXI., p. 392.

The real action of *Digitalis* on the pulse and heart, is to cause *first*, a *full*, *slow*, *hard*, and *intermittent pulse*, with ultimate *tonic* spasm of the heart; and *second*, a *quick*, *feeble*, *soft*, and *irregular* pulse, quickened by every motion or excitement, with ultimate paralysis.

It will be seen by this that Gross mixed up the first and secondary action of *Digitalis*, in such a manner as to make sheer nonsense of what he intended to be a characteristic symptom. How Hering, with his close observation, should have sanctioned this error, is incredible.

"*Pulse accelerated in morning, slow in evening.*" This condition belongs wholly to the stage of secondary action, for a weakened heart will always beat slower in the morning hours, and grow stronger as the day advances, if food has been taken, and no exciting causes intervene.

"*Pupils contracted.*" Wood says that the pupil, in cases of poisoning by *Digitalis*, is *dilated*. I can not decide, from the testimony obtainable, which is the primary, and which the secondary effect of *Digitalis*. Taylor, in his work on Poisons, gives four cases, in all of which *Digitalis* caused *dilated pupils*. Lippe says nothing about its effects on the size of the pupils. Hempel says it is dilated. I think dilatation must belong to its primary action.

"*Nausea in the stomach.*" I have always looked upon the terms "nausea in the stomach, throat, or abdomen," as utterly impracticable. I never yet found a patient who could tell me where the sensation of *nausea originated*. None, I imagine, but the German mind, with its hair-splitting qualities, can be capable of telling the differences.

"*Urine infrequent and scanty.*" Dr. Gross, in the Introduction, has a great deal to say regarding the physiological

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unities of the diagnoses he has given. But on nearly every page he violates those unities. Almost the first positive knowledge gained concerning the action of *Digitalis*, was that the urinary secretion was not increased until the heart became decidedly affected. This assertion, however, has reference to its effects in disease. The primary action of *Digitalis* on the healthy, is to cause *profuse and frequent urination* at the same time that it causes the *slow*, *full*, and *intermittent* pulse. When the pulse becomes changed, or the secondary effects manifest themselves, then the urine becomes *infrequent* and *scanty*. In other words, it stimulates the heart and the kidneys by its primary action; sometimes both at the same time; sometimes first the heart, then the kidneys, and *vice versa*. *How* it acts as a diuretic is still a disputed question. But we do know that its secondary effect is *scanty and infrequent urine*, with or without dropsical effusion, and the reason why dropsy can not be cured by the high potencies of *Digitalis*, is *because* it is secondarily indicated. The high potencies of *Digitalis* may cure diabetes (non saccharine), if the nervous and cardiac symptoms correspond with those of the remedy.*

"*Diarrhœa.*" What kind of diarrhœa? This is certainly a very indefinite way of giving a *characteristic* symptom. The primary effect of *Digitalis* is increase of nearly all the secretions. But the true, primary action of *Digitalis* is diarrhœa, and that diarrhœa may be serous, like the secondary diarrhœa of *China*, or it may be pale, clayey, or ash-colored, from deficiency of bile, as is the case of *Mercury* or *Leptandra*.

"*Catamenia infrequent and scanty.*" This is a primary symptom of *Digitalis*. It is not until all the tissues become debilitated, from deficient nutrition, that hæmorrhages take place from the action of *Digitalis*. That an *active* hæmorrhage *may* occur as a primary effect of *Digitalis* I do not deny, but I have yet to see an account of such occurrence.

* I would refer the reader to my paper on *Digitalis* published in this number.

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"*Respiration slow.*" Another primary effect, coincident with the slow, hard, intermittent heart-beat, while a quick, panting breathing is just as characteristic of the secondary action of this drug, coincident with a weak, feeble, and irritable heart.

The "Comparative Materia Medica," which is presented to us as such a *perfect* work, is full of just such imperfections I have noted. Physiological incongruities abound in the diagnoses of medicines; primary and secondary symptoms almost inextricably mixed; and, to add to the confusion, we have a lot of inane puerilities, such as "thirst for beer," "complaints on the shin, palm of hand, outer ear," etc., and a host of ridiculous notions about "modalities," which Gross and Hering admit were never observed in the pathogeneses, but were an outgrowth of clinical observations.

We can not think of closing this notice without referring to these "modalities," which seem to be the latest hobby ridden by certain ultra-pure Hahnemannians. These "modalities" are understood to mean the various conditions under which the symptoms caused by a medicine are *aggravated, ameliorated, changed, arrested, or variously modified.* Now, while we admit that, in many instances, these indications are important, we contend that they are really important only when they coincide with the "modalities" observed in actual diseases. Instead of confining these modalities to a limited number, carefully selected, with due regard to common sense, they have been extended and increased to a painful minuteness, and an insufferable diffuseness. Not only this, but they are so incongruous, so contradictory, and often so ridiculous, that they perplex and annoy the student and practitioner, and often carry him to the very verge of disgust.

If any one doubt this, let him consult the work, and try to discover, if he can, the "modalities" which "*unerringly* indicate a single remedy."

We open by chance to *Pulsatilla*, and find that the modalities of that drug are:

"Aggravated from morn till midnight," (but Hahnemann

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tells us that the *cough* of *Pulsatilla* is worse in the mornings, as is sometimes the fever.)

"*Better* or *worse* when moving the parts." (Which?)

"Worse when standing."

"*Worse* or *better* when lying down." (Contradictory of the last.)

"*Better* or *worse* after rising from a seat." (Confusion worse confounded.)

"*Aggravated* oftener than improved after sleep." (Here Hering rushes in and says this is a mere supposition of Bœnninghausen.)

"Generally better after breakfast." (Hahnemann says that all the symptoms are generally worse after meals).

"Generally better for cold diet." (???)

"Worse *or* better from eructation." (?)

"Worse *or* better after meals." (?)

"Better *or* worse after stools." (?)

All these so-called "modalities" leave one in a state of delightful uncertainty, similar to the individual who went to the old woman for advice as to the best method of ascertaining the good qualities of *indigo*. Says the old woman: "It will *sink* — no, *swim* — no — well, I forget; but if it is good, it will either sink or swim in water, but which, I declare I can not tell."

That portion of the work having reference to the "concomitant symptoms of the menses," etc., is of great practical value. It is really the most important chapter in the work. "Concomitants" are infinitely more important than "modalities." Dr. Wesselhœft has placed the profession under great obligations by his careful preparation of this part. A complete repertory of concomitant symptoms, prepared by him, would be of the highest importance to every Homœopathician.

We hear a great deal lately from the writers of text-books, reviewers, faultfinders, etc., about "separating the wheat from the chaff." We have carefully examined this pretentious work, during the three months it has been in our possession, and we must say it, "more in sorrow than in

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anger," that we believe more wheat has been thrown away, and more chaff retained, than in any other book of its size ever published.

Notwithstanding these imperfections, we give the author credit for his industry, perseverance, and good intentions, and advise every Homœopathist to procure it, study it, and judge for himself as to its usefulness.

NEW REMEDIES: Their Pathogenetic Effects and Therapeutical Application in Homœopathic Practice. By EDWIN M. HALE, M.D. Detroit: E. A. LODGE, 1864.

HOMŒOPATHIC MATERIA MEDICA OF THE NEW REMEDIES: Their Botanical Description, Medical History, Pathogenetic Effects and Therapeutical Application in Homœopathic Practice. By EDWIN M. HALE, M.D. Detroit, 1867.

In the "American Magazine of Homœopathy," Vol. III., 1852, pages 380 *et seq.*, we find the following article:

"When I was a novitiate student of our Homœopathic Materia Medica, I used to be surprised at the immense mass of crude and contradictory symptoms of each drug, and wondered which of them all were the true medicinal symptoms. But years of practice have taught me the difference between the *characteristic* and *general* symptoms of a medicine, and I have learned that in our present faulty Materia Medica there are hundreds of symptoms appended to almost every proven drug, that are absolutely worthless, and a clog and stumbling-block to the student.

"But there is another and more important subject upon which I wish to speak. In our Materia Medica, or "Symptomen Codex," there are a great many remedies to which are attached a huge mass of symptoms, sometimes equal to our most important and constantly-used medicines; and yet these same drugs are scarcely ever used in practice! These remedies of which I speak, can not boast of scarce a single * or a ° to designate which symptom or symptoms are valuable; and yet these medicines were proven as early as others which are loaded down with these indicative signs. Some of these neglected remedies may be mentioned: *Am. mur.*, *Angustura*, *Arg. vit.* [*Arg. nit.* ?], *Berb. vulg.*, *Croton oil*, *Gran.*, *Grat.*, *Oxalic*

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acid, the *Ranunculi*, *Taran.*, *etc.* Occasionally, it is true, we meet with clinical mention of these remedies in the writings of those who proved them, but scarce any where else. Yet they are permitted to remain in our books, useless, and doomed to a life of ignominious repose. Would it not be better to take a little more heed of these neglected remedies, before we undertake to prove others which may not prove half so rich in symptoms? THIS CHASING AFTER NEW REMEDIES IS A DISGRACE TO OUR SYSTEM. It too plainly shows that we can not make available the great fund of symptoms already at our command. I do not deny but that we may and do receive great aid from medicines newly proven; but I insist that we should seek to restore some of the almost forgotten drugs to the places which they might worthily occupy. Better banish them at once from our books, than to let them lie in their present useless state.

"I can not let this subject pass without mentioning one of these cast-aside remedies. I refer to *Berberis vulgaris*. If the student will refer to the Symptomen Codex, he will find this remedy boasts nearly as many symptoms as our proudest. It compares favorably with *Ars.*, *Coloc.*, *Cham.*, *Nux.* and *Puls.*; and its symptoms are all peculiar and characteristic of itself. It has long been used by the so-called Botanics, as their most important medicine next to *Lobelia*; and is still used as a general domestic remedy in the country. It is rich in symptoms of the muscular and venous systems; it exercises a great influence over the mucous membranes of the eyes, digestive organs, the uro-poietic and genital organs; and yet I will venture to say that it is never mentioned in any of our clinical records or books of domestic practice, and the student and young practitioner hesitates, and finally passes it by, not having any confidence in its worth, because of the neglect with which it is treated. I readily own, it has been so with me. I have feared to trust it; yet it is actually indispensable in some diseases of the urinary and generative organs, as I have found in my limited and timid use of it. I should be pleased if some one, older and more experienced than myself, would treat of this subject through the columns of the magazine, and throw some light on the use of these neglected remedies, especially *Berberis vulgaris*. If they are worthless, let them be thrown out of the way, INSTEAD OF GOING DRUG-HUNTING AFTER UNKNOWN AND PERHAPS FANCIED REMEDIES, WHICH MAY NOT BE WORTH THE FINDING."

This article, published in 1852, is from the pen of Dr. Edwin M. Hale, who published in 1864 the "New Remedies," and in 1867 a second edition of the same, under the title, "Homœopathic Materia Medica of the New Remedies." We have quoted the article in full, for three reasons:

First. It exposes and deprecates, in clear and forcible language, a tendency which exists in very many practitioners of our school, to go "drug-hunting after unknown and per-

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haps fancied remedies, which may not be worth the finding;" neglecting, all the while, remedies that have been well proved and have long had a place in the Materia Medica. We do not care to add to what Dr. Hale has said so well on this subject, but quote his essay as a warning to those who are inclined to forget the old, and give too exclusive attention to the "New Homœopathic Provings."

Second. In the essay we have quoted, Dr. Hale falls into a singular error, the thorough discussion of which may prove in various ways suggestive and profitable. He cites a number of remedies as contained in "our Materia Medica or Symptomen Codex," to which, he says, "are attached a huge mass of symptoms, sometimes equal to our most important and constantly-used medicines; and yet these same drugs are scarcely used in practice! These remedies of which I speak can not boast of scarcely a single * or a ° to designate which symptom or symptoms are valuable; *and yet these medicines were proven as early as others which are loaded down with these indicative signs.* Some of these neglected remedies may be mentioned: *Am. mur.*, *Angustura*, *Arg. vit.*, [*nit. ?*] *Berb. vulg.*, *Croton oil*, *Gran.*, *Grat.*, *Oxalic acid*, the *Ranunculi*, *Tarax*, *etc.*" And speaking of *Berberis*, he says: "It boasts nearly as many symptoms as our proudest. It compares favorably with *Ars.*, *Coloc.*, *Cham.*, *Nux.* and *Puls.*;" *i. e.*, in respect of the number of symptoms, it compares favorably with these polychrests.

Now, on looking over this list of "neglected remedies," we find that instead of having been "proven as early as others which are loaded down with" signs indicative of clinical use, such as *Ars.*, *Coloc.*, *Cham.*, etc., with which Dr. Hale compares them, it is a fact that only two of the list were originally published by Hahnemann, and only one other was ever noticed in his Materia Medica or Chronic Diseases. The provings of the rest were published, at various periods, in the journals of our school, and some at quite recent dates.

Let us examine them in order:

Am. mur. was first published in the *Annalen der Homœopa-*

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thischen Klinik, by Hartlaub and Trinks, Vol. IV., 1833, p. 217. The provers were Hartlaub and Nenning; 448 symptoms are given. Hahnemann republished this proving in Vol. II. of the second edition of the Chronic Diseases, adding to it the results of provings by himself and Rummel. But, notwithstanding these additions, he gives only 397 symptoms. He has probably stricken out some of the symptoms reported by Nenning, to whose provings he refers, in a rather petulant foot-note to *Alumina*, as voluminous and vaguely expressed. If *Am. mur.* has been less used by practitioners than many other remedies which have produced an equal number of symptoms, it is not unlikely that these disparaging remarks of Hahnemann concerning Nenning, the chief prover, had a great effect in causing his followers to suspect and distrust the symptomatology of the drug. We may learn from these facts, that no length of symptomatology or of exposition will induce physicians to use a remedy — no, not were it so many pages long as *Gelseminum!* — unless the provers or compilers command their confidence as faithful, sagacious and competent observers and reporters.

2. *Angustura* was published in Vol. VI. of Hahnemann's Materia Medica, and contains 203 symptoms. At that period, there was much doubt and difference of opinion respecting the origin and identity of the substance used in the proving, and offered at the pharmacies under the name *Angustura;* and this, no doubt, caused great hesitation about employing *Angustura* in practice. Similar doubts have, in later times, caused a similar hesitation about the use of *Lachesis*. Here, again, we see that the author of a proving must command, for himself and his drug, the confidence of the profession.

3. *Arg. vit.* If this abbreviation stands for *Argentum nitricum*, we must call attention to a great error. *Argentum nit.* is not, in our Materia Medica, an old remedy. It is newer than *Podophyllum* or *Gelseminum*. Hahnemann, indeed, appends to his proving of *Arg. fol.* (Mat. Med. *pura*, 2d Ed., Vol. IV., 1825,) 16 symptoms of *Arg. nit.;* but the first systematic proving of it was published by Dr. J. O. Müller, in

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the "Œst. Zeitschrift," 2, 1845. It therefore ranks among the new remedies, the clinical history of which is yet to be written.

4. *Berberis vulgaris*, to which Dr. Hale calls especial attention, was never included in Hahnemann's Materia Medica. Neither he, nor any of his well-known followers, had any part in the proving, nor is it certain that they had any great confidence in its accuracy. We can testify that one of Hahnemann's nearest friends, Dr. Von Bönninghausen, the very highest authority in Materia Medica, the man who, by internal evidence alone, first detected the fraudulent character of the pretended proving of *Osmium* by the imposter Fickel, expressed to the writer his distrust of the accuracy and authenticity of most of the symptoms of *Berberis!* This drug, then, despite its 1700 symptoms, has no right to rank beside the provings of *Nux.*, *Puls.*, *Ars.* and *Coloc.*, which Hahnemann gave us. It did not graduate at the West Point of the Materia Medica *pura*, and has not won its shoulder-straps in the field of the clinique. *Berberis* was proved by Dr. Hesse, and published in the Journal für Hom. A. M. L., Vol. I., 1834.

5. *Croton oil.* Neither is this an old remedy in our Materia Medica. Hahnemann did not prove it. The first proving published was by Dr. J. Buchner, of Munich, Archiv., Vol. XIX., 1841. It contains 513 symptoms. It is but four years older than *Argentum nitricum*. Perhaps, at the time when Dr. Hale wrote, *Croton oil*, of which the proving had been published only eleven years before, had been but little used or written about. But, not to speak of Teste's use of it, how very valuable has it proved within the last five years, in that form of diarrhœa which first became known to us through the sad experiences of the Chickahominy campaign of the Army of the Potomac!

From the history of *Croton tiglium*, we may learn that, when an accurate and truthful proving has been made by an acute and competent observer and compiler, like Buchner, it suffices to publish the symptoms obtained. When diseased conditions shall present themselves, which corres-

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pond to these symptoms, the careful student will note the correspondence, employ the remedy, and learn its value. There is no gain from overshadowing the symptoms with speculations about their nature, and whether they are primary or secondary, and what follows, in either case, as to their value and proper use, etc.; nor in swamping them in the gossip and traditions of eclectics and other drug-mixers; — no gain, but much perplexity and confusion.

6. *Gran.* The proving of the rind of the pomegranate root was not made nor published by Hahnemann, nor is this, in our Materia Medica, an old remedy. It is only two years older than *Croton oil*, having been proved by Dr. J. O. Müller, and published in the Hygea X., 1839. Perhaps, the fact of its publication in the Hygea, a periodical inimical to Hahnemann, prejudiced many Homœopathists against the drug (improperly, of course).

7. *Grat. Gratiola officinalis* was not one of Hahnemann's remedies. The proving appeared in Hartlaub and Trinks' Materia Medica, Vol. II., 1838. The chief prover was Nenning, whom, as we have seen, Hahnemann was inclined to disparage as an inaccurate prover. This fact prevented confidence in the proving.

8. *Oxalic acid.* How could Dr. Hale, writing in 1852, have placed this drug in the list of those which, he says, "were proven as early as others which are loaded down," etc., when, in fact, the first proving, in Germany, was published in 1851 (made in 1849 by Reil and others) in the Hom. Vierteljahrschrift, Vol. II.; and the first American proving in the Transactions of the American Institute of Homœopathy, Vol. I., 1846; and subsequently in Hering's American Provings, 1857? This was, then, one of the newest of the new remedies, not yet old enough to have been neglected!

9. *The Ranunculi.* Of the six *Ranunculi* mentioned in our literature, provings of five were published by Dr. Franz in Archiv. VII. They were not in Hahnemann's works, as were all the great polychrests.

9. *Taraxacum* and *Angustura* are the only drugs of Dr.

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Hale's list which, introduced to us by Hahnemann, are really as old as our polychrests. A proving of *Taraxacum* was published by Hahnemann, Materia Medica, Vol. V., 2d edition, 1826. There are 264 symptoms.

So much for the list. Is it quite true that these remedies have been so utterly neglected?

Inasmuch as some diseases occur very frequently, while others are rarely met with, so it must be that some drugs shall be very often used, because their symptoms correspond to those of these daily recurring diseases; whereas other remedies, which correspond to the rarer diseases, are less frequently required in practice. Recognizing this fact, it seems to us that the older ones of the remedies on Dr. Hale's list have not been unreasonably seldom used and mentioned in clinical reports. *Am. mur.* is mentioned by Dr. Von Bönninghausen in the Archiv., and by Hahnemann, in a letter to Von Bönninghausen, as having been very efficacious in certain fevers; and that it has not been forgotten is shown by Dr. W. E. Payne's clinical mention of it, last year, in the Hahnemannian Monthly, Vol. II. *Taraxacum*, likewise, is recorded as having rendered good service in certain forms of typhoid fever; and the writer, and, no doubt, many others, have had occasion to repeat this observation. We likewise had the good fortune once to cure a case of epilepsy in an adult with *Taraxacum*, basing the prescription on symptom 74: "Tongue has a white coat; feels raw; is peeled off in patches, leaving dark red, tender, and very sensitive spots." *Ranunculus bulbosus* receives clinical mention in various places in the Archiv. and the British Journal. We have seen how valuable *Croton tiglium* has proved. To its record in diarrhœa, we may add a good word for it in severe cases of chicken pox. Dr. Wells has written of the use of *Gratiola* in diarrhœa.

To recapitulate, we have shown that these alleged old neglected remedies are, in the first place, not all old; second, they have not all been neglected; third, those which have been neglected, have been so for the reason that the mass of words offered as a proving have not commanded the

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confidence of the profession. It behooves, then, all who offer "new remedies" to their colleagues to look to it that there be no grounds for suspecting the accuracy and soundness of their statements, or the purity of their sources of knowledge.

If it be true — and Dr. Hale says it is — that "this chasing after new remedies is a disgrace to our system," then how much more disgraceful is it, if a veteran, in publishing what ought to be a standard and classic work, should throw rotten game in the pathway of novices out on their first hunt!

Third. Speaking of *Berberis vulg.*, Dr. Hale says: "It is never mentioned in any of our Clinical Records or Books of Domestic Practice, and the student and young practitioner hesitates, and finally passes it by, not having any confidence in its worth, because of the neglect with which it is treated." Shall we, from these words, infer that the "student and young practitioner" is expected by Dr. Hale to derive his indications for remedies from "Clinical Records (or Books of Domestic Practice)?" If we are to be led to give *Berberis* in a uterine affection by reading Dr. Roe's account of how *he* gave it in a certain case, of what use are our boasted Law of Similars and our pure Materia Medica, whereby we claim to be able to find the remedy for a case, even though nobody had ever before treated a similar case? If *precedent* and *tradition* are our guides in the selection of remedies, wherein does our method differ from, or excel, that of our allopathic brethren, who have no therapeutic law to guide them?

When Hahnemann was urged to publish cases from his Clinical Record, he, for a long time, refused to do so, on the ground that the symptoms of the drug and the therapeutic law furnish an all-sufficient, and the only safe guide for the selection of the remedy, and that cases from practice would be apt to lead practitioners astray, by tempting them to repeat the prescriptions without accurately discriminating their cases. At length, however, he published a clinical paper, to illustrate the method of analyzing a case and

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selecting the remedy. The narrative of these two cases, with a full explanation of his reasons for selecting the remedies he used, occupies but six pages of the many hundreds in Hahnemann's "Materia Medica Pura" and "Chronic Diseases." But more than one half of the bulk of Dr. Hale's "New Materia Medica" consists of clinical traditions, pharmacological speculations, and cases taken chiefly from allopathic or eclectic authorities, and, to a great extent, utterly valueless, even for the purpose of verifying symptoms observed on the healthy, for the reason that the prescriptions were frequently compounds of several drugs.

These extended remarks upon Dr. Hale's essay of 1852 have been made because of their direct application to his "New Materia Medica" of 1867. Several of the remedies in this "New Materia" are not "new." They were published by the American Institute of Homœopathy years ago. It is probable that, to some of the rest, an importance is ascribed which experience will not justify; but the history of *Croton tiglium* should make us cautious in expressing such an opinion. It has been alleged that some of the provings of these new remedies were conducted in an improper manner, and are not trustworthy.

But the feature most to be deplored, is the fact that the great bulk of the work is made up of speculations as to the nature and applicability of alleged symptoms; and of citations, both of assumed pathogenetic effects and of clinical results, from authors whom Dr. Hale himself pronounces quite unreliable, and whose records can be no guide to a Homœopathist. It really seems as though Dr. Hale still held to the opinion, that a "student or young practitioner might pass a drug by" if it have not a rich clinical record, and, conversely, that a clinical record is a sound basis for a prescription. And that this *is* the *practical* result of the publication of this work, is painfully evident on a perusal of our journals, in which, from the Observer up to the British Journal, for the last two years, a multitude of cases have been reported, in which the prescription was evidently based, not on the pathogenetic symptoms, but on some

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eclectic's story of a cure, by prescriptions more or less complex, and which Dr. Hale has, unhappily, rescued from oblivion.

How many prescriptions of this kind are made, for every one that is reported, it is easy to conjecture! And, as practice of this kind never improves, it will not be long before the men of our school who take this work as it is, for their chief guide and counsel, will shape their practice on the models of Scudder, Jones, King, and Coe, which are here set before them.

But for this unfortunate *practical* tendency of the "New Materia Medica," it would be allowable, as it would be far more agreeable, to pass over in silence this unprofitable portion of the book, and dwell upon the sound and valuable information which it presents us, and which we hope to discuss at some future time.

D.

DIPHTHERIA, AS IT PREVAILED IN THE UNITED STATES FROM 1860 TO 1866. Preceded by an Historical Account of its Phenomena, its Nature, and Homœopathic Treatment. By C. NEIDHARD, M.D., late Professor of Clinical Medicine in the Homœopathic Medical College of Pennsylvania, etc., etc., etc. New York: WM. RADDE, 550 Pearl Street.

Goldsmith said, in his inimitable way: "I was ever of opinion that the honest man, who married and brought up a large family, did more service than he who remained single, and only talked of population." The author of this excellent monograph is not one of those bachelors in medicine who croak and criticise the offspring of others, albeit their own literary progeny is limited in numbers and influence. We have looked for this production with a great degree of interest, and, now that it has appeared, are not disappointed.

In several respects this volume differs from those hitherto

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published upon the same subject. It presents us with a general historical account of the affection, but is more especially concerned with the particulars of its epidemic prevalence in this country from the year 1860 to 1866. The work is, therefore, of the nature of a thorough and comprehensive report upon Diphtheria and its treatment. As such it will doubtless prove acceptable and useful.

A careful perusal of Dr. Neidhard's timely volume warrants our calling attention to a few of its principal merits. Among these are the perspicuity of its style, its absolute clinical information, its freedom from much of the chaff that is gathered into modern medical works, and the absence of the customary twaddle concerning the "glorious principle," etc., etc., with which the majority of our writers are wont to regale their readers.

Books are like men: their language and manner betray the cultivation and merit of their authors. When one has something to say, and says it in a downright, straightforward, practical manner, there is no need of a surplus verbiage. If it were an indictable offense to employ words without meaning, Dr. N. would escape all censure. This is the more remarkable, as the work before us was not written in his native language.

The clinical facts incorporated into the text, and coupled on with modest foot-notes, are of exceeding interest and value. We recognize them as the outcroppings of a real and reliable experience. The cessation of epidemic Diphtheria during the summer months; the intermingling of scarlatina and Diphtheria in twenty cases; the coincident existence of pneumonia and Diphtheria; the pasty or friable nature of the pseudo-membrane in the later stages of the disease, are noted and commented upon. Of the invasion of the respiratory passages by the diphtheritic deposit, he remarks:

"The spreading of the disease into the nares, larynx, and trachea, was most common in our epidemic, and generally in the most dangerous cases. In the eye I have never seen it."

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Of Diphtheria combined with croup, we find the following remarks at page 59:

"The disease always commenced with the ordinary diphtheritic symptoms of the malignant type. As it advanced, symptoms of croup would gradually manifest themselves. This form was very dangerous. I lost, however, only one of the twenty cases which I attended. * * * I was called in consultation in four cases of this kind, all of which terminated fatally. Two of these I saw only two hours before death.

"The breathing in such cases is short, and accompanied by wheezing, with frequent attacks of a croupy cough and suffocation. It is sufficient to say that the symptoms of croup would not in themselves constitute an element of danger, if the system was not overpowered by the diphtheritic poison in the blood."

For the diphtheritic cough, with or without croup, our author has most confidence in *Liq. calc. chlorin.*, *Kali bichrom.*, *Lachesis* and *Crotalus*. Where the tonsils, palate, and pharynx are covered with a veil-like membrane, lining the throat, and sometimes hanging in detached pieces, a few doses of *Causticum* 1*st* or 2*d*, or *Calc. chlor.*, have sufficed to cure the case. Where patients are predisposed to bronchitis, or chronic disease of the lungs, *Kali hydriod.*, *Calc. phos.*, *Antimon. sulph.*, *Aurum*, were given, in addition to specific diphtheritic remedies. Many interesting facts relating to the complication of Diphtheria with other diseases are given. We quote the following:

"The most dangerous combination is that with *cerebral* affections, and it is very apt to occur in children liable to brain disease. I observed the disease also in one case of parturition, and one of erysipelas." * * * *

"In October, 1863, I was attending two children of the ages of five and three years respectively, who had diphtheritic angina with erysipelas of the face. At first there were symptoms of swelling of the sub-maxillary glands and face, with diphtheritic membrane visible in the throat; three days afterwards, the erysipelas appeared on both cheeks, accompanied by delirium at night. In one child the erysipelas made its appearance with convulsions lasting ten minutes. In November, 1864, I attended a child which had at first Diphtheria, and afterward very severe erysipelas of the face.

"Two cases of chancre I saw complicated with Diphtheria. The diphtheritic membrane was clearly visible, surrounding the chancre, on the penis. In one case of secondary syphilis, where there were syphilitic ulcers in the throat, diphtheritic deposits could be seen mingled with them. In

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another case, there appeared a white membrane over four very malignant chancres on the glans penis. Both chancre and Diphtheria were cured by the alternate use of *Merc. præcip. rubr.*, one-tenth, and the solution of *Chlor. of lime.* The *Mercury*, which was at first used alone, did *not* cure the Diphtheria."

Dr. N. has observed that albuminuria is a frequent concomitant of Diphtheria, combined with pneumonia. Concerning the solubility of the pseudo-membrane by various chemical reagents, we are informed, at page 76:

"From experiments made by myself, I have ascertained the following: *concentrated Nitric and Sulphuric acids* will not dissolve the membrane, but only harden it, as mentioned by Bouchut. A solution of *Kali bichrom.*, one-tenth of a grain in half a tumblerful of water, dissolved a pretty large piece almost entirely; a solution of *Chloride of lime*, two drachms to twelve ounces of water, dissolved the membrane partially."

The following significant remarks occur under the head of Prognosis:

"The most fatal signs with me, during the Philadelphia epidemic, were a complete want of appetite, or even aversion to food, with disposition to constant drowsiness and stupor. When these symptoms appear, the patient is not absolutely lost, but the physician who neglects to use the most active measures to restore the patient, *e. g.*, exhibiting the proper specific every ten minutes, with milk-punch, wine-whey, and other stimulants, will surely lose his case."

The Doctor thinks Diphtheria is neither contagious nor inoculable. Of its sequelæ only a meagre account is given:

"Four children who got very well over a violent attack of Diphtheria, could not read *black letters* for a whole month; there was a complete obscuration of sight. These symptoms gradually disappeared without any remedies. The most striking phenomenon after Diphtheria is, according to my experience, an excessive prostration of strength. The convalescence is always lingering."

After a brief, but interesting chapter on Statistics, we come to the Treatment. The allopathic method is first considered. The Homœopathic treatment is detailed under four several sections: 1st, that of British; 2d, of French; 3rd, of German; and 4th, of American physicians. The diligent reader of our journals is already familiar with the

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clinical items published under this head. The reputed efficacy of various remedies, including *Phytolacca* and the high potencies, is cited in a candid, unbiassed manner.

Chapter VIII., entitled "My Own Experience in Diphtheria," gives the author's views of its special therapeutics:

"According to my conception of the nature of the disease, the peculiar miasma that constitutes it, can not be essentially changed by attacking different organs, although constitutional idiosyncrasies may modify the poison. Taking this view of the disease, the best remedy and antidote to the diphtheritic miasma will be the one that meets best the '*totality of symptoms*' as they manifest themselves in brain, throat, and other organs, taking particular care that the *brain* symptoms of the remedy are similar to the brain symptoms of the disease.

"The other plan pursued by some physicians — selecting different remedies as the disease attacks different organs — must, if the foregoing views are correct, be attended with great danger to the patient; for when Diphtheria is conquered in one organ, it is very apt to lodge in some other, and there prove fatal. On this account, all local applications to the membrane of the throat are to be condemned, unless such local remedies have also a specific action on the whole disease. In several instances, where powerful local remedies have been used, I have seen the disease leave the throat and prove fatal by attacking the intestines and brain.

"In pursuance of my view, therefore, the point of paramount importance was to find the remedy, with our often imperfect provings, which would be able to overcome the disease, not only in regard to the production of a similar membrane (the pathological substratum) — for we have several remedies producing this effect, as *Bryonia*, *Ammon. caust.*, *Cantharides*, etc.— but also by the similarity of all its objective and subjective symptoms. Thus, persons liable to croup will be more easily attacked by croup, whilst laboring under Diphtheria, than those not naturally disposed to it. In persons with delicate lungs, Diphtheria will often produce pneumonia. Patients predisposed to diseases of the stomach, liver or the urinary organs, will require special treatment for their peculiar ailments. But, notwithstanding all such individual variations, the specific poison in the blood — no matter where it may settle or what organs it may attack — will require one particular specific remedy for the full complement of its symptoms, if such a remedy can be found."

After stating that he has been disappointed in, and can not, therefore, depend upon the action of *Merc. iodatus*, and that he prefers the *Kali bichrom.*, a case of malignant Diphtheria is detailed, in which *Argent. nitric.* $\frac{1}{10}th$, and *Crotalus hor.* 2*d*, every half hour, day and night, were successfully employed. A case of intestinal Diphtheria, in which the same remedies

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failed, is also given. In the croupal form, Dr. N.'s experience with *Bromine*, the *Iodide of Ammonium*, *Ammon. caust.*, and *Chlorate of Potassa*, is not favorable to their employment. He is of opinion that the milder cases of Diphtheria are curable "by almost any remedy that has some affinity to the disease." In what he styles "diphtheritic fever," *Borax* was an excellent remedy. Of the *Chloride of Lime*, upon which our author places the highest estimate, we read, at page 165:

"Regarding my own experience with this remedy, I have made almost exclusive use of it in Diphtheria, during the last five years, in at least three hundred cases. In many cases I have employed it in the form of *Liquor calcis chlorinatæ*, from five to fifteen drops in half tumbler of water, of which a teaspoonful was taken according to the urgency of the symptoms, at intervals of, from a quarter of an hour, to six hours. For other slighter cases a trituration of the remedy was prepared, from which I have seen also good effects. In the majority of these cases it was prescribed alone; in others it was alternated with different remedies, according to constitutional idiosyncrasies.

"During these five years I have lost only two cases by death from this disease, although many of the three hundred cases appeared to me equally severe as those previously treated by other remedies, when I was not so successful."

Again, at page 167, the following sensible and suggestive remarks occur:

"Many cases of this kind of greater or less severity have occurred in my practice, in all of which the *Chloride of lime* was the principal remedy; *my main object always was to save life.* I have given the remedy alone, when this was possible, but when there were complications of the disease with chronic miasmas, I never hesitated to alternate it with others. If the symptoms in many of our provings were mathematically certain, we should have less difficulty, but whether this is the case, let every candid Homœopathic physician answer."

For the anæmia that sometimes follows Diphtheria, the Dr. recommends *Calc. chlor.*; for consecutive paralysis, *Rhus tox. 3rd*; for sensitiveness of the head and spine, *Aconite 6th*; for induration of the submaxillary glands, *Conium 1st*; and for soreness and dryness of the throat, occurring as sequelæ, *Alumina 3rd*. The following practical summary closes this excellent work:

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"1. It is the general, we may say almost universal, opinion of medical authorities, that Diphtheria is a miasmatic disease of the blood.

"2. There is strong evidence that scarlatina, membranous croup, and Diphtheria, are only varieties of the same or a similar miasma in the blood.

"3. There is little doubt that cold, damp air fosters the development of the disease.

"4. Persons of a so-called scrofulous constitution are particularly liable to it, and are most fatally affected by it.

"5. All *slighter* cases are cured by *various* remedies having some affinity to the disease.

"6. *Kali bichromicum*, *Kali chromicum*, *Ac. muriatic* and *nitric.*, *Bell.*, *Cantharis*, *Lachesis*, *Crotalus*, and *Arg. nitric.*, generally in the lower preparations, are the remedies which have been used with most success in the most malignant cases by the great body of Homœopathic physicians. Some physicians speak favorably of their success in this disease with the *Iodide of mercury;* others condemn it. The use of *Bromine* in Diphtheria, or diphtheritic croup, has met with but little or no success.

"7. During the last five years, I have made almost exclusive use of *Chloride of lime* in slight as well as malignant cases of Diphtheria, and with constant, sometimes almost wonderful success. This remedy is not merely similar to Diphtheria in its production of a membrane, but also, and chiefly, in its innate resemblance to the disease, in its objective as well as subjective symptoms. On this account, it is superior to *Bryonia*, *Cantharides*, *Ammon. causticum*, and *Bromine*, which all produce similar false membranes.

"8. The fact of lime-water being the best solvent of the diphtheritic membrane, as seen on page 73, can not be without some weight in estimating the virtue of this agent in Diphtheria."

Paradoxical as it may seem, books, like men, and women also, are not quite perfect unless they have some defects! In this volume the errors are chiefly those of omission. We notice, however, a slight anachronism. In the first sentence of the preface we read: "In January, 1861, I saw my first case of malignant Diphtheria, a malady then hardly known in Philadelphia." At page 11: "The first severe cases that fell under my own observation, were in the beginning of the year 1860." At page 17, our author says: "During the recent epidemic in Philadelphia, I have observed this intermingling of scarlet fever and Diphtheria in *twenty* cases;" while at page 63 he writes: "Of the complication with scarlet fever, there came *twelve* cases under my treatment, generally slight, and all terminating in

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recovery." But such errors are, perhaps, inseparable from a first edition of the work.

We could have wished the chapters on Contagion and Sequelæ, as well as the remarks upon the differential diagnosis of Diphtheria, had been more extensive and exhaustive. It is not enough to deny the contagiousness and inoculability of this disease simply; or to pass over its various and most interesting sequelæ in so slight a manner. Neither does the conclusion that Diphtheria, scarlatina, and membranous croup are similar, identical, or even convertible, have any considerable weight, unless we know the steps of reasoning and experience by which the Doctor has reached such an opinion. We beg to suggest that Dr. Neidhard owes it to the profession and himself to clear up this part of his subject in a subsequent essay.

The arrangement of topics is faulty, since it is not adapted to the ready reference of the practitioner. A more copious index would, perhaps, have remedied this defect in a measure.

In conclusion, we wish to say frankly and unreservedly, that, in our judgment, this is the best monograph upon Diphtheria and its Homœopathic treatment with which we are acquainted. R. L.

AN ESSAY ON CLEFT PALATE. By Wm. Tod Helmuth, M.D., Prof. of Theory and Practice in Hom. Med. College of Missouri, etc., etc.

This brochure, upon a subject which has challenged the investigation of some of the ablest minds in the profession, and upon which such illustrious names as Fergusson, Pollock, Mütter, Crampton and Warren have stamped the impress of their genius and research, has given of late an additional impulse to these investigations.

Dr. Helmuth has furnished the profession with a neat and well-illustrated pamphlet of twenty-nine pages, on the subject of "cleft palate;" and we felicitate our friend and *con-*

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frère on the very creditable manner in which he has treated his subject. The anatomy of the hard palate, the illustrations of the various processes entering into a complete description of this deformity, the muscles, arteries, veins and nerves connected with the performance of the operation for its relief, are so faithfully and correctly drawn, that little is left to be supplied by the most critical investigator. Besides these, the various steps of the operation are so minutely and thoroughly given, from "the preparation of the patient" to "the after treatment," as well as the various instruments required in the procedure, that almost every surgeon of mediocre attainments can, by the assistance of these aids, perform the operation himself, with great hopes of success.

The concluding pages describe the operation as performed by Messrs. Fergusson and Pollock, and the various steps employed in its progress and completion; but to that of Mr. Pollock we accord the highest meed of praise, as being the most simple, most likely of success, and most perfect in all its details.

We heartily commend this little pamphlet to the profession, as the most complete and perfect monograph upon this subject that we have ever seen. Treatises of this character tend both to elevate the standard of Homœopathic surgery, and to give confidence and support to the adherents of the system generally. With these guides, so plainly and concisely laid down by Dr. Helmuth, we opine that no Homœopathic surgeon will hesitate to perform an operation so frequently required, and which can be done with such fair hopes of ultimate success. F.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A Handy Book for Students and Practitioners. By Henry Hartshorne, M.D., Prof. of Hygiene in the University of Pennsylvania, etc. Philadelphia: Henry C. Lea, 1867.

This work, in the compass of 400 pp., gives a summary of our knowledge, under the heads of General Pathology,

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Semeiology, General Therapeutics, Nosology, Special Pathology and Practice. Each separate disease is treated of with marvelous completeness, considering the narrow limits assigned thereto, and with this, valuable references are given to further sources of information. The following heads, under which Phthisis Pulmonalis is exhibited, may serve to show how each disease is taken up: Definition, Varieties, Symptoms and Course, Stages, Physical Signs, Physical and Microscopical Peculiarities, Terminations, Complications, Diagnosis, Prognosis, Treatment.

His treatment, of course, is allopathic. How little he knows of true Therapeutics, is readily seen. After giving a list of "the reformers and deformers of medical practice," and their essential ideas, he adds: "I leave out of the list the Thomsonian extravaganza of Thermalism, and the Hahnemannic Homœopathism; as, however serious may have been their detrimental effect upon the welfare of the public at large, they have scarcely influenced the progress or status of medical science, either for good or evil." The clearness of this sentence and its truthfulness are about on a par; and we can not help advising Dr. Hartshorne to reflect upon the opinion of Dr. Sir John Forbes, before he publishes another edition of his valuable work:

"*Hahnemann was undoubtedly a man of genius and a scholar, a man of indefatigable industry, of undaunted energy. In the history of medicine, his name will appear in the same list with those of the greatest systematists and theorists; surpassed by few, in the originality and ingenuity of his views; superior to most, in having substantiated and carried out his doctrines into actual and most extensive practice.*"

RANKING'S HALF-YEARLY ABSTRACT — January-June, 1867. Henry C. Lea, Philadelphia.

We take pleasure in again recommending this valuable semi-annual to all our readers. It is indispensable to every man of progress, giving in a small compass the cream of many medical works and journals. Beside many instructive, it contains many queer things, as allopathic writings always do.

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On page 11, we have a note, in which we find Dr. Geo. Johnson saying: "It is a most unquestionable fact that since the discontinuance of the opiate and astringent treatment (of typhoid fever,) the diarrhœa and the other intestinal symptoms have been far less troublesome to the attendants, and far less distressing to the patients." He condemns the use of vegetable and mineral astringents, avoids the risk of irritating the bowels by repeated doses of mineral acids, gives alcoholic stimulants more sparingly and with more discrimination than formerly, and thinks that so far from seeking to restrain the diarrhœa by astringents, we ought occasionally to exhibit a mild laxative, to get rid of irritating secretions from the bowels. Dr. Murchison, *per contra*, in some clinical remarks on a case of typhoid fever, after saying that there is no proof that the retention, in the body, of typhoid stools is deleterious to the individual, avers his belief that we have positive proof that diarrhœa does harm in typhoid fever. From the considerations he lays down, Dr. M. concludes that the best line of practice consists in checking the diarrhœa of this fever as much as possible; and he recommends the very remedies which Dr. J. disapproves!"

Pray, which must we believe, to be regular, scientific, allopathic? We can not tell, but we know that when Dr. M. gets a little further along, he will find other diseases than typhoid fever in which "there is no proof that the retention, in the body, of the stools is deleterious." We remember to have treated a case of hæmorrhage from the lungs, with Dr. D. S. Smith, of this city, nearly twenty years ago, where the patient had no stool for nearly twenty-five days, and without the least unpleasant symptom resulting therefrom. When the hæmorrhage was fairly checked, the bowels began to move, and the most of one day was occupied in attending to their calls. The first stool was somewhat hard and dry, but the rest were as when in a usual state of health. We are glad to see the light which the Homœopaths have had on this point any time the last half century, penetrating the darkness of allopathic treatment.

TO CORRESPONDENTS.

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EDITORIAL.

THE change which has been made in the editorial management of this Journal is sufficiently obvious, and needs no comment. It is hoped that it will add to the usefulness and influence of the Journal, but as that is a matter which time will determine, we will waste no words about it; we only wish to take this occasion to say that no editor will be responsible for what the others say, nor for what is said by contributors. The great end of a journal is to be a medium of interchange of opinion, and to subserve this end, the greatest freedom of expression must be allowed. This is especially necessary in the review department, and beyond restricting reviews within certain limits, the editor-in-chief will assume no responsibility either as regards matters of taste, or medical science. A review of Dr. Hale's New Remedies appeared in our last number which was perhaps open to criticism in the eyes of some, and our present number contains a review by Dr. Hale which may give offense to others. In both we see much that is objectionable as literary productions, yet our respect for the liberty of the press does not permit us to restrict our correspondents in the full expression of their opinions, so long as personalities are avoided. Personal attacks will not be admitted unless the editor is satisfied, first, that the allegations are true, and second, that there is necessity for their publication.

The following letter from Prof. Temple of the Homœopathic Medical College of St. Louis, will be read with interest.

HOMŒOPATHY IN PARIS.

PARIS, *July 21st*, 1867.

IS IT dead? I think not. Is it languishing, and fading into dissolution? I think not. My reasons for answering these questions negatively, I will give you, so that you may judge as to the soundness of my conclusions.

Paris is very healthy, and yet the Homœopathic physicians are not idle, but daily occupied in relieving the sufferings of the sick. Except with a few shallow-brained M.D.s, the fangs of prejudice have been extracted, and courtesy and kindness exchanged daily between those practicing the two systems, are evidences of the vitality of the one, and the progress towards truth on the part of the other.

In my visit to the Hospital Lariboisière, I witnessed the kindness of the attending physician to one of our Homœopathic doctors, with whom he seemed well acquainted — and who examined the cases of particular

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interest. In the ward of uterine diseases, where some cases of tumours of the uterus presented themselves, our Homœopathic physician examined *per vaginam* as well as the attending surgeon. I also observed that in many of these diseases of the womb, *Belladonna*, the Homœopathic remedy, was prescribed *viva voce.*

In this Hospital (a partial description of which I have sent to our *little* paper in St. Louis, which please see) there are now 650 patients. The plan, management, and, indeed, every thing appertaining to this Grand Hospital comes as near to perfection as I can conceive. But I am digressing. I find here, that in every circle, at every party, with every nationality, there are Homœopaths out and out, and those who are inquirers, and anxious to *know* something about the system which so excites the ire of some allopathic doctors. To this class I give my particular attention, and I think not in vain, as in many instances I receive thanks for information imparted, which I am assured had never been before received. Truly the harvest is plentiful, but the laborers are few; would to God that we had true, honest, enlightened, zealous missionaries in every land, to proclaim the great truth, that there is balm in Gilead, and that Homœopathy is a science, and a blessing to the world.

In reference to Dr. Curie, I am glad that I can give you the whole transaction, so that the readers of the journal may correctly estimate the statements of our enemies, and the importance of the Te Deum, which they have chanted, in commemoration of the downfall of Homœopathy in Paris and Europe. It is sad to see these poor, drowning creatures, grasping at shadows, to save them from a doom as overwhelming, as it is certain and inevitable.

The history. In a meeting of the Homœopathic Society of Paris, a discussion arose, during which the question of dose and attenuation was brought into consideration, when Dr. Curie's remarks were replied to by a few questions, matter-of-fact questions, which made the Dr. so angry that "*he did not know what he was doing, and by what he said, has only injured himself, not Homœopathy.*" Our glorious cause has never occupied a more imposing and progressive position in Paris than it does at the present time.

In my visit to Mrs. Hahnemann, my anticipations were more than realized. She is truly a splendid lady, refined, accomplished, social, and dignified; in fact a perfect model of all that is noble and lovely in woman. She speaks English tolerably well, and is enthusiastic in the admiration of *the great truth* which filled her illustrious husband's mind, and which is destined to fill the whole earth with its beauties and its blessings. In conversing with Madame Hahnemann, in a room, the walls of which were covered with beautiful paintings, and the mantle and tables with statuary, I thought of the great man whose love of the fine arts had gathered these beautiful specimens of genius to comfort him in the close of a life replete with toil, persecution, conflict, triumph and glory. I thanked God that the sunset of that good and great man was unclouded and beautiful.

In my visit to Dr. Jahr, who, next to Hahnemann, has been most instrumental in propagating the great therapeutic law, I was truly delighted

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with his venerable and excellent wife. I had a long and very interesting talk with her, for she speaks English well, but her husband does not. He is about the height of ordinary men. His features and whole appearance bear the impression of deep thought, and constant study. He has accepted your proposition to furnish an article for each number of the Journal, and will make the exchange of Journals as you desire. He is the principal manager and writer of the French Bulletin of Homœopathy, published in this city. In my interview with Dr. Curie, he assured me that he treated all diseases in strict accordance with the law of similia, but always gave sensible doses, because he had no experience in the attenuations. He appears to be a sensible, candid and gentlemanly physician, and one whom allopathic flattery, or sycophantic attentions, will never turn aside from the path of conscientious convictions. The European Congress of Homœopathic physicians meets here in August next, and having received an invitation to attend, I shall return here from England and Scotland to attend this august body, where I expect to see the great Homœopathic lights of Europe in council convened.

I leave for London to-morrow, 22d July.

Ever truly yours, in the cause of humanity and Homœopathy.

JOHN T. TEMPLE.

A CASE OF PRETERNATURAL LABOR.

Arm and Funis presentation, version by the vertex, with Ludlam's expedient of forceps in an inverted position. Reported to the Cook County, Ill., Homœopathic Medical Society, by A. E. SMALL, *M.D., Emeritus Prof. of Theory and Practice in Hahnemann Medical College, Chicago.*

MR. PRESIDENT AND GENTLEMEN,—The following case is similar to one recently reported to this Society,* both with respect to its diagnosis and treatment, and withal was so successfully managed, that I am induced to lay it before you.

On the morning of the 17th of August, I was called to the residence of J. J. R——, Esq., to see his wife, who was pregnant, and not expecting to be confined until the last of the following month.

I found her very much depressed in spirits, and suffering from severe prostration; she complained of a cold sensation over the region of the abdomen, and slight uterine pains, which led her to fear a premature labor. After inquiring into her situation, I prescribed the 3rd trituration of *Caulophyllin* and directed her to remain quietly in bed. Five or six hours after she felt quite relieved.

At 9, P.M., she began to experience pains of an equivocal character, resembling those of labor, but different from any thing she had experienced in previous labors. She described them as being a heavy burning pressure, confined entirely to the fundus uteri, and coming on with great severity every ten or fifteen minutes, with no perfect intermission between them.

At 11, P.M., the pains became intense and agonizing, confined entirely

* See United States Medical and Surgical Journal for April, 1867, page 304.

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to the superior portions of the uterus, and leaving a faint sickly sensation after the severity of each passed off. I made an examination *per vaginam* but found the os tincæ undilated. This fact led to the conclusion that the pains were preliminary to those of genuine labor, and might soon give place to them; a dose of *Pulsatilla* was administered, and after an hour or more the pains were still intense, but passed off more clearly. Chloroform was now administered carefully until the patient came under its influence. A further examination revealed the fact that there was no perceptible dilatation of the os uteri.

August 18, at 3, A.M., the pains seemed more general, but violent and brief, and there was a perceptible dilatation, but as yet insufficient for the introduction of the point of the index finger. The patient appeared to be exhausted, restless, and discouraged; she was allowed to change position often and to sit up or walk about the room.

At 5, A.M., it became apparent that but little, if any, progress had been made, the pains began to lessen, an entire cessation soon followed, and the patient fell asleep; I left her at half past six in a refreshing slumber, and was absent about two hours and a half, during which time she was occasionally aroused by returning pains.

At 9½, A.M., the labor began to assume a more normal character, and at 11, A.M., the dilatation was considerably increased, but not sufficiently so for ascertaining satisfactorily the presentation. The neck of the uterus exhibited but little tension and yielded readily to pressure even when contracted in labor. At 11½, A.M., the dilatation was barely sufficient for introducing the finger. At 12, A.M., a strong effort was made to ascertain the presentation, and by pressing forward the anterior lip, the finger came in contact with the vertex thrown forward upon the right side of the pelvis, thus leaving but little doubt of there being a neck and shoulder presentation.

The os was not sufficiently dilated to admit of any mechanical aid in changing the position of the child, except by upward pressure upon the abdomen, and by variously changing the position of the patient.

After repeated efforts to aid the patient in bringing about a favorable change, I found at 2, P.M., that there had been no progress. Finding myself in the midst of complications, and resting under a heavy responsibility, I requested the husband to call in Prof. Ludlam, to assist me by his counsel and skill.

Up to 4½, P.M., the patient labored intensely without effecting a further change, and although her sufferings had been greatly ameliorated by chloroform, her strength, nevertheless, became seriously impaired, and there was demand for immediate relief.

Prof. L. made a careful examination, and found evidence of the neck presentation, with the vertex resting far forward upon the right brim of the pelvis, and after waiting a little time and finding no change of the situation, he advised an effort to reach the head with *Hamon's* French forceps. The patient was placed upon her back with her limbs drawn up; but in this position it was found impossible to make an advantageous effort. She was then placed on her left side, with her limbs flexed as before. In

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this position it was found that the head could be reached, and the forceps were introduced, but the vertex was resting so far forward, that only an indifferent hold could be had, and, consequently, the forceps slipped. Immediately following this effort a new complication occurred, the umbilical cord and one arm of the child came down, filling the entire orifice of the dilatation.

It was thought best to try the postural treatment, and put the patient upon her face with her limbs, or knees drawn up under the abdomen, as this would be favorable for replacing the protruding arm and afford a better opportunity for adjusting the forceps. Prof. L. then proceeded to push back the arm and cord so as to reach the head. An effort was now made to effect a delivery with Elliot's long forceps, but owing to the unfavorable position of the vertex, only an indifferent hold could be obtained, and these forceps slipped, as did the others.

Prof. L. then made search for the feet by carefully introducing his hand. This effort was unsuccessful. We then succeeded in changing the presentation by performing version by the vertex so as to admit of the use of Elliot's forceps. He very soon introduced and adjusted them in an inverted position, and carefully applied sufficient force to extract the child's head from its abnormal resting place and to bring it through the superior strait into the pelvis. At this juncture, Hamon's forceps were substituted and the delivery accomplished.

What is particularly worthy of note in this case is, that no advantageous position for the use of the forceps could be had without placing the patient upon the face with her knees drawn up under the abdomen, nor until subsequent to the correction of the presentation, the vertex being carried as far as possible toward the promontory of the sacrum.

The lady had passed through ten previous confinements, each at full maturity and without difficulty. This eleventh struggle in parturition was premature, but probably providential, as a month later might have rendered her case more hazardous, in spite of version by the vertex, the forceps, and the same skillful hands that applied them. The patient thus far appears to be doing well. Her eleven confinements have taken place within the last fifteen years.

COPY OF RESOLUTIONS

Passed by the Board of Directors of the NEW YORK OPHTHALMIC HOSPITAL, at their Regular Monthly Meeeting, held at the Hospital Rooms, on the Evening of the 10th June, 1867.

WHEREAS, We, the Board of Directors of the New York Ophthalmic Hospital, are fully convinced that the Homœopathic system of treating diseases of the eye is more effective in restoring sight, and less painful to the patients, than the one now in use in this Hospital;

Resolved, That there shall be in New York City at least one Eye Infirmary, in which the principles of Homœopathy may be applied free of all charge.

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Resolved, That the official duties of the Consulting and Attending Surgeons and Physicians, and Apothecary, now practicing the Allopathic system in this hospital, be, and are hereby, discontinued from this date.

Resolved, That the retiring Consulting Surgeons and Physicians of this hospital are held by this Board in the highest esteem for their personal worth and professional eminence, and that the thanks of this Board are hereby tendered to them for the promptness with which they have ever stood ready to give their advice and aid; and that the thanks of the Board are also tendered to the retiring Attending Surgeons and Physicians, for all the useful labors they have performed in connection with the offices they held as Physicians and Surgeons in this hospital.

Resolved, That the retiring Consulting and Attending Physicians, Surgeons, and Apothecary, who are acting in their professional capacity in behalf of this hospital, be immediately informed, individually, of the discontinuance of their services, and that this information be accompanied to each of the Surgeons and Physicians with a certified copy of the above resolutions.

OBITUARY.

DIED, at St. Louis, Missouri, July 18th, 1867, Sarah Augusta, daughter of Captain D. B. Morehouse, and wife of Dr. E. C. Franklin.

Our readers, we are sure, will share with us in our grief over the severe blow which has fallen upon the family circle of our colleague, Dr. Franklin; and if such sorrows as his could be mitigated by being shared by many, his cup would be relieved of much of its bitterness.

But Mrs. Franklin deserves a place in the memory of Homœopathists not merely on account of her relation to our bereaved colleague, — she herself was an ardent Homœopathist, and an earnest advocate of the great principles for which we contend, and our system owes much to her labors for the standing which it has attained in St. Louis. One well qualified to appreciate and speak of Mrs. Franklin's many excellences, writes thus:

"It is seldom we are called to mourn the loss of one so universally beloved; it may be well said, "she was pleasant in her life." and seemed to live emphatically to promote the happiness of others, not alone in her own family circle, but her influence for good was felt among all her friends and acquaintances. In her intercourse with those who knew her most intimately, she was ever planning something for their happiness, and her departure has left a void which can not be filled. To the poor, and all in distress, she was always ministering some thing material from her own substance, as well as giving them personal attention and words of consolation, pointing them upward to Heaven, and encouraging them to have faith in the merits of the Redeemer for a final triumph over all their sufferings. It is sad that one so lovely should have suffered so much in her last illness, which was short but distressing. She seemed to think for some days before her death that her attack would terminate fatally, and expressed a willingness to die, having resigned herself to the will of God, and trusting in the merits of Christ her Saviour. It was sad for her to leave her husband and children, by whom she was idolized. A good wife and kind mother has been cut down, as it were, "in the days of her youth," and we may truly say she lived beloved and respected, and died lamented, while many are the tears that will be shed over her grave.

'Calm on the bosom of thy God,
Fair spirit, rest thee now,
E'en while with us thy footsteps trod,
His seal was on thy brow.'

R. E. C."

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BOOKS RECEIVED.

The North American Journal of Homœopathy.
The Pacific Medical and Surgical Journal.
The Western Homœopathic Observer.
The New England Medical Gazette.
The Nashville Journal of Medicine and Surgery.
The Detroit Review of Medicine and Pharmacy.
The Chicago Medical Journal.
The American Journal of Pharmacy.
The Chicago Medical Examiner.
The Dental Cosmos.
The Hahnemannian Monthly.
Medical Record.
El Criterio Medico.
The Journal of Materia Medica (Bates and Tildens').
Proceedings of the Homœopathic Medical Society of Ohio.
Proceedings of the Indiana Hom. Institute. 1867.
The Buffalo Medical and Surgical Journal.
Neidhard on Diphtheria. W. Radde, New York.
Hartshorne's Essentials of Medical Practice. H. C. Lea, Philadelphia.
Die Allgemeine Homœopathische Zeitung.
Journal du Dispensaire Hahnemann de Bruxelles.
The American Homœopathist.
Publications of the Mass. Hom. Med. Society. Vol. II.
The Ohio Medical and Surgical Reporter.
The Boston Journal of Chemistry.
The New York Citizen. *A subscription to this excellent weekly ensures the receipt of the Galaxy and Oliver Optic's Journal for Young Folks. The rare literary taste and high moral tone which mark this journal, commend it to the favorable consideration of every body, while the bold and vigorous blows which it strikes for Homœopathy, especially commend it to all Homœopathists.* No. 32 Beekman street, New York, is the address.

RECEIVED TOO LATE FOR FURTHER NOTICE.

The American Journal of Hom. Mat. Med. By C. Hering, M. D., and Henry Noah Martin, M. D.

The Homœopathic Directory of Great Britain and Ireland for 1867. Henry Turner and Co., London. An interesting and valuable work, presented in an elegant dress.

Franklin's Science and Art of Surgery, Part II.

The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases peculiar to Women and Young Children. By Henry N. Guernsey, M. D., Prof. of Obstetrics, etc., in Hom. Med. Coll. of Phil. F. E. Boericke. 1867.

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, etc., etc. Fourth edition, revised and enlarged, with 279 illustrations. Philadelphia: H. C. Lea. 1867.

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Reprinted

BIOGRAPHICAL SKETCH.

CONSTANTINE HERING.

CONSTANTINE HERING was born on the morning of January 1st, 1800, at Oschatz, in Saxony. His father was one of the propagators of the new educational ideas which resulted in the "People's schools;" introduced first in Leipzig, afterwards in the whole kingdom of Saxony, and still later in Prussia. These schools received from the foreign emissaries and learned travelers the name of "the Prussian system." His father was promoted to such new schools in Zittau (1811,) and his oldest son frequented the classical school, while, following his inclinations, favored by the surrounding mountains and by his father's friends, he there commenced the study of natural sciences. A large collection of minerals, herbariums, skulls of animals, etc., were left behind, when he commenced his medical studies in the Surgical Academy in Dresden, and in the University at Leipzig.

His "preceptor" in the latter place, Dr. J. Henry Robbi — who had been Surgeon in the army of Napoleon, and had served in Larrey's ambulance — introduced him into practical Surgery, and, in 1820, made him one of his assistants.

C. Baumgärtner, the founder of a publishing house, where the oldest of all Homœopathic journals, the *Allgemeine Homœopathische Zeitung*, is published, wanted at that time a book written against Homœopathy; for, after Hahnemann was obliged to leave Leipzig, to escape the prosecutions of the doctors and apothecaries, it was expected that Homœopathy would die out, but, as it did not seem to be willing to do so, the book was intended to kill it forthwith. Dr. Robbi had good reasons for refusing, but he recommended his assistant, as "the very man to do the job." The contract was made, and the book was to be written during the winter season, 1821–2, so as to be printed and be ready for the spring sales. It was nearly completed when, for the sake of making quotations, the young author was provided with Hahnemann's works. In the third volume of the Mat. Med. he met with the "*Nota bene* for my critics." (See Dudgeon's Lesser Writings of Hahnemann, page 659.) This induced him, as a matter of course, to make experiments.

Surprised at the results, his book was discontinued. Still, supposing the new doctrine monstrous and chimerical, his object now was to separate the true from the false, for it seemed to him there was much of truth contained in it. He did this against the advice of all his patrons, teachers, and friends, and continued his critical examination, notwithstanding he was banished, on account of it, from all "good society!"

In the course of two years he became, step by step, more and more convinced of the truth of all the practical rules of Hahnemann. In the mean while he suffered persecutions, great want; even hunger. The worst was, he had to postpone his examination for his degree, on account of the heavy expenses connected with it in Germany.

In 1825 a younger brother offered to loan him the money, and while

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inquiring at which of the thirty universities this necessary title could be had the cheapest, he happened to see notes which had been taken by a student in *Wuerzburg*, while attending the clinical lectures of *Schoenlein*, the most renowned pathologist of the day. These notes inspired him with such enthusiasm, that he at once took up his bundle and walked into Franconia, to sit at the feet of *Schoenlein*. He remained there till spring, attending the hospitals, but he would not deny his adherence to *Hahnemann's* doctrines, and therefore had to undergo the most rigorous examinations.

According to an old custom of the German Universities, every one who has passed his examinations, has to invite the faculty and students, through the Dean, to a public debate (*disputatio inauguralis.*) This printed invitation contains a number of short propositions (*Theses*) which the candidate for the degree offers to defend against an attack of any one who may be present. The solemnity is opened with the reading of short treatises by the presiding professor and by the candidate (*Questiones inaugurales.*)

The subject of Constantine Hering's treatise was: *De medicina futura*, wherein he stated that there was no progress in the healing art, except in following the path which Hahnemann had opened; and among the propositions which he offered to defend, were several acknowledging the Homœopathic doctrines.*

After a successful defence, he received the degree as Doctor of Medicine, Surgery, and Obstetrics, on the 22nd of March, 1826.

A few weeks after this he was offered a very acceptable situation, as teacher of Mathematics and Natural Sciences, at an Academy in *Dresden*, for educating, principally, young noblemen. He was a resident in the Institution all summer. The President of the Institution made him an offer, in the autumn, to go to South America, particularly to Surinam and Cayenne, to make zoological researches and collections, under the particular protection of the king. He accepted, and, in accordance with his suggestion, an old acquaintance of his, Christophe Weigel, was appointed botanist of the expedition.

Among his letters and reports, were some to the Editor of the *Homœopathic Archives*, Dr. *Ernst Stapf*. They offended the physician of the king, an old adversary of Hahnemann; consequently the Minister of the Interior issued orders to the intermediator, *Blockmann*, who wrote a most polite letter, advising Constantine Hering to attend to zoological duties alone, and avoid, hereafter, publishing any thing of such an offensive nature. The day after receiving this letter, the first vessel which left the port conveyed an equally polite answer, containing a statement of accounts to date, and breaking off all further dependency.

* For instance:

6. Quod Hippocrati pathologia, id Hahnemanno est Iamatologia.
10. Quisque morbus in quoque stadio tolli potest.
11. Hahnemanno nemo adhuc exstitit, qui eum refutaret.
12. Homœopathia est Heterosthenia, primaria ejus lex, contraria contrariis.
16. Non singulos homines ab singulis morbis, sed universum genus humanum ab aegrotandi materia liberare, scientiarum medicarum ultima meta.

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Commencing practice in *Paramaribo*, and continuing his researches and collections, he soon found that he had to give up one or the other. Learning through his friend George Bute, who was sent there as a Moravian missionary from Bethlehem, Pennsylvania, that an Academy of Natural Sciences had been founded in Philadelphia, and that Rev. Schweinitz, the well-known Mycologist, was a prominent member, he concluded, in 1830, to send all his own botanical, principally cryptogamic, and zoological collections to this Academy. In consequence of this donation, he was made a corresponding member.

A few years later, he turned his face toward his fatherland, but stopped on the way in Philadelphia, to assist in introducing Homœopathy there. Arriving in January, 1833, he found that his friend G. Bute had, by his astonishingly successful treatment of the *Cholera asiatica*, during the summer of 1832, already opened the way. Dr. *Wm. Wesselhoeft*, in Bath, Pennsylvania, had also acted as an apostle of the new gospel, and spread its blessings all around him. Dr. *John F. Gray* told him of Dr. *Gram* and his school in New York. Dr. *Matlack*, in Philadelphia, had also commenced the study of the new art. Dr. *Ihm*, from Frankfort, tried to practice Homœopathy, at the instigation of *Wm. Geisse*, a prominent merchant in Front street, and zealous advocate and personal friend of Hahnemann. About this time Dr. *Humphreys*, an old navy surgeon; Dr. *Green*, of Philadelphia, afterwards of Washington, and now in New Orleans; and Dr. *Richard Gardiner*, now living in Philadelphia, were beginning to make experiments.

Instead of leaving the country, he remained, and the Academy of Allentown was established, according to plans proposed by Dr. Wm. Wesselhoeft. Constantine Hering's intention was, to offer to the students of medicine an opportunity, during the summer months, to attend a course of lectures in Homœopathy, before, during, or after they had attended lectures in the allopathic colleges; also, to induce them to learn the German language. The main plan for sustaining the institution was, to have all the good Homœopathic works translated into English, and also to establish a central institution for the preparation and sale of Homœopathic drugs, at the same time giving ample opportunity for the employment of poor students, etc., etc.

A new revised edition of *Hahnemann's Organon* was printed at its expense, and *Jahr's Manual* was translated and published. This was the pioneer of all the translations of the Materia Medica into the English language, and was made principally by Dr. *A. Bauer*, now in Cincinnati.

Out of this Institution came the following pioneers of Homœopathy, viz.: Dr. *Bauer;* Dr. *Reichhelm*, later in Pittsburgh, Pennsylvania; the late Dr. *Gosewisch*, of Wilmington, Delaware; Dr. *Howard Okie*, now in Rhode Island; Dr. Geist, later practicing in Boston; Dr. *Wolford*, now in Ohio; Dr. *Becker*, going to Surinam; Dr. *Floto*, later in New England, and several others lost sight of. Dr. *Neidhard* and Dr. *Lippe* were at this time pupils of Dr. W. Wesselhoeft. Our most successful pioneer westward, Dr. *Pulte*, now in Cincinnati, was one of the founders of the Academy.

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All the money matters were in the hands of one person, and the Institution was intentionally undermined by him, for he was a secret enemy of Homœopathy, and a "hater of the Dutch." Constantine Hering, after discovering this, returned to Philadelphia, and worked several years to pay off his private debts. For a few years Dr. W. Wesselhoeft endeavored to save the Institution, but he found it impossible, and subsequently went to Boston, Massachusetts, where the remainder of his life was devoted to repairing his losses.

In Homœopathy, Constantine Hering's intentions were, not only to spread the new art of healing, but also to bring our Materia Medica in the way of becoming a real natural science.

His provings were mostly undertaken with that view. After having proved *Iodine* as early as 1823, he added the other "Salt-formers" of Berzelius; in 1836, *Bromine*, and in later years *Fluor. ac.*, in which he was assisted by the Bureau of Materia Medica, consisting of Drs. *Jeanes*, *Williamson*, *Kitchen*, of Philadelphia, and by other Homœopathicians, viz.: Drs. *Campos*, in Norfolk; *Freitag*, in Bethlehem; *Geist*, *Gosewisch*, *Husmann*, *Lippe*, and *Pehrson*. Still later, *Chlorine*, and immediately after its discovery, in 1845, *Ozone* was proved.

As a chemical neighbor to *Sulphur*, he proved *Selenium*, and *Lithium* as standing chemically near *Kali* and *Natrum*; as next to *Antimon*, *Tellurium*, and as next to *Platina*, *Palladium*.

Having proved *Arum maculatum* in 1824, he added, in Surinam, *Caladium*; and in Philadelphia, *Pothos foetida*, — all belonging to the same family. These provings led him to introduce *Arum triphyllum* into our practice, for the worst forms of Scarlatina.

During forty years, he made provings on himself with fifty and more different drugs, and induced others to prove about twice that number; at the same time completing, as much as possible, the older provings of *Hahnemann*, *Stapf*, and others; for instance: *Sabadilla*, *Mezereum*, *Colchicum*, etc.

His most important experiments were with the snake-poison. In 1825 he tried to get the poison of the German viper; believing that the assertions of Physiologists and Toxicologists, that this poison could not influence animal life except as a ferment in the blood, were erroneous.

In 1828 he succeeded in getting — because, at that time, he thought a quantity was absolutely required — about ten drops of the saliva of the largest poisonous snake, *Trigonocephalus Lachesis*, while alive. With this he made a long series of experiments, beginning with the lowest triturations. The first provings were published in 1831, in Stapf's Archives X., 2, page 1 (three years later;) and not until 1835, Archives XV., 1, 1, *Lachesis* was introduced as a healing drug (seven years later.)

At the same time, Constantine Hering hastened to make known to the world, as soon as he discovered it, what had been placed in an appendix to *Redman Coxe's Dispensatory*, and overlooked, viz.: In 1824, Dr. *James*

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Westwood Wallace, of Fauquier, Virginia, took the bags, venom and all, from two teeth of a large and vigorous rattle-snake, which he mixed, by friction in a glass mortar, with some cheese, and then divided the mass into one hundred pills. Of these "I occasionally took some times one, at other times two, three, or four pills a day." (Compare J. R. Coxe's *American Dispensatory*. Philadelphia. 1831. Page 738.)

Was not that a real proving? Using cheese instead of sugar of milk!

Even two years before Gram arrived in New York, and C. Hering in Paramaribo, high up in the mountains of the Old Dominion, a proving was made of the snake-poison! And what is most remarkable, C. Hering could quote from the collected facts, corroborations of every thing mentioned by J. W. Wallace, notwithstanding his applications had been made without the light of our law.

After many experiments and researches, C. Hering had ascertained that the best and most practical and applicable antidote in case of a snake-bite was radiated heat. He applied the hot iron, near the wound, as hot as the patient could bear it; he found the spreading of the poison was at once arrested in this way, in men and animals, and that the most dangerous symptoms ceased. May not heat, analogously, also be applied in cases of other poisoned wounds, even after the bite of the mad dog?

Dr. S. Weir Mitchell, of Philadelphia, discovered (1861) that rattle-snake poison may be boiled without being destroyed as a poison. This apparently contradicts C. Hering's proposition to apply heat; but Dr. Mitchell found that the boiled poison, although it killed, did not cause any local symptoms, as inflammation, gangrene, etc., and thus proves C. Hering's assertion, that it ceases to act as a ferment. The fact that alcohol does not destroy the medicinal qualities of the poison, while taken inwardly in large quantities, but acts as an antidote to it, is also explained by these experiments.*

C. Hering has been a contributor, editor, and co-editor of a great many journals. He has published several pamphlets, some of which have been translated into different languages. The latter was particularly the case with his Domestic Physician. Since 1837 it has appeared in English, French, Italian, Spanish, Russian, etc., besides thirteen editions in the German, and there have been nearly 100,000 sold.

He is now engaged as Professor of Materia Medica in the Hahnemann College in Philadelphia, and as co-editor of the *American Journal of Materia Medica*, wherein he has begun publishing, in monthly numbers, a complete collection of all the results, provings, and cures, obtained by the Homœopathic school, combined with all that may be useful from the old schools.

[Written in August, 1867.]

* A treatise explaining this more fully will appear in the next number of this Journal.

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ERRATA IN VOL. II.

Page 91, 13th line from top, introduce "our" between "of" and "contemplation."
Page 93, 21st line from top, for "an organic" read "inorganic."
" 94, 11th " " " "ultimate" read "intimate."
" 94, 3rd " bottom, for "quality" read "quantity."
" 95, 1st " top, " "
" 95, 9th " " for "every" read "even."
" 95, 18th " " "remedial" read "chemical."
" 96, 15th " " "profess" read "prefers."
" 110, 31st " " "must" read "can not."
" 111, 16th " " "one" read "our."
" 358, 8th " " "fact" read "factor."
" 358, 12th " bottom, for "even" read "ever."
" 359, 3rd " top, after "therefore" read "easily."
" 359, 6th " " for "internal" read "intense."
" 360, 16th " " "just" read "first."
" 360, 18th " " "give it" read "gain its."
" 366, 4th " bottom, for "this" read "one."
" 367, 14th " top, for "now the" read "the non-."
" 388, 6th " bottom, for "nominally" read "normally."
" 389, 11th " top, for "go" read "goes."
" 391, 18th " " "Dr. D." read "Dr. L."
" 391, 22d " " "once" read "were."
" 394, 4th " " "145" read "154."
" 394, 6th " bottom, after "Remarks" read "by."
" 396, 7th " " " "reminds" read "us."

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Yours Very Truly
J. H. Pulte.

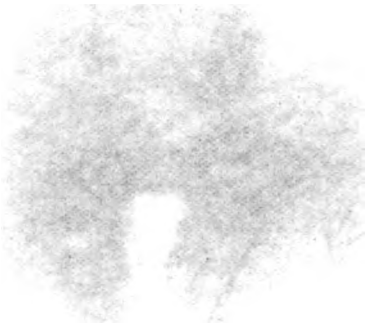
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UNITED STATES

Medical and Surgical Journal.

Vol. III.—JANUARY, 1868.—*No.* 10.

THE ESSENTIAL NATURE OF DISEASE—ITS CAUSES AND ITS CURE.

By P. P. Wells, M.D., Brooklyn, N. Y.

The practical duties of the physician are: first, to prevent, and second, to cure diseases. In the discharge of these, a first requisite is a clear view of the essential nature of that which he is to prevent and cure. In this, truth is of the first importance. Error, at this starting-point, can only be detrimental to success, however sincerely it may be received, or sanctioned by authorities. Then, before attempting a second step, let him answer this general question: *What is disease?*

There has been no want of effort to settle this, as to individual affections, by pains-taking and observant physicians, who have uniformly failed in their investigations, because of their erroneous views as to the essential nature of disease in general. Hence, they gave but a partial consideration to the subject; and this of such a character that it could only lead to a complete dead lock on the progress of practical medicine. This is well illustrated by the labors of Louis,

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and especially those he gave to the subject of Typhoid Fever. He would know its essential nature; and he proceeded to examine dead bodies, which could give him no response, except as to the changes of tissue, which had resulted from its action, previous to death. Were these *the disease?* M. Louis, and a host of followers, say yes. They are not merely satisfied, but jubilant, over what they regard as a grand discovery. Being satisfied, labor and observation ceased. Typhoid Fever was now understood; and the world and practical medicine went on, as far as this fever was concerned, just as it did before, and just as it would if Louis had never lived, and these thousands of bodies had never passed through his dead room. His own therapeutics, as applied to this fever, were not in the least modified by his discoveries. He continued at last, as at the first, the same routine prescriptions; and at last, as at first, they were followed by the same apparent absence of curative results. In the progress of his labors, he never seems to have lacked dead bodies. They were as plenty in his own hospital, at the last as at first; and they are as plenty to-day, in the practice of his followers, as they were twenty years ago. The results of their practice and his, deny his claim to have added any thing to our knowledge of the essential nature of this fever, or to have added aught, by his great labors, to the power of practical medicine to deal successfully with it. When M. Louis points to inflamed and ulcerated Peyer's patches, and says, "These are Typhoid Fever," we add our earnest denial of the fact, to that of the practical experience of his own life, and that of his followers.

We go further, and enter our protest against this exploration of dead bodies for the discovery of the essential nature of disease. We protest against the *results* of diseased action, in whatever form, or in whatever disease, being imposed on science as *the disease itself.* We protest against this, as utterly confounding the radical distinctions of cause and effect. And while uttering this protest, we affirm, without hesitation, the only investigation which can throw light on the essential nature of disease, is that of the disease itself,

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during life, and not of its *products* merely; and, least of all, as these are revealed in the cadaver. In this, we are not to be understood as opposing *post-mortem* dissections, but only the attempt to discover from them what they can never disclose; and the other attempt to palm off its revelations of the effects of diseases, as being, themselves, their own discovered causes.

The cause of the failure of these gentlemen to satisfactorily answer our question, is further illustrated, and the error of their views proved, by another class of cases, of which the following may serve as an example. A little girl, 11 years of age, went to her school at 1 o'clock P.M., so far as was known, in perfect health. At 3 in the same afternoon, she suddenly cried out, putting her hands to her head, and complained of pain there. This was immediately followed by vomiting, and appearances of a violent attack of illness. She was at once sent to her home, and all that the best of the old school could effect for her relief, left her, in sixteen hours, a corpse! The question was a natural one — Why did she die so suddenly? What had killed her? To answer this, the most careful dissection was resorted to. It was made by the hand which writes this paragraph. But, after the most exact inspection, nothing could be found which could be accepted as a reply to the enquiry. Nothing was found, absolutely nothing, which differed in any degree from the ordinary appearances of the internal organs in health, except a *moderate congestion of the cerebral meninges.* Was this the fatal disease? The cause of death was called Scarlet Fever; but, other than this, it had left no traces on the tissues of the interior organism, which dissection could discover. Was the case, then, a mystery, beyond the reach of scientific solution? Because no change in the tissues could be found to account for the death, was its cause, therefore, past finding out? Was there, therefore, no disease? The failure, here, as in the other illustration, to find the answer sought, was a foregone conclusion at the outset. The inquirers, in both cases, were looking for disease as a *material thing.* This is the error which has bound practical med-

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icine in bonds which have effectually made progress in it an impossibility. The inquirers failed to find that which they sought, because, in the form in which they sought it, it has no existence. And, further than this, the answer which they sought by these labors can never be so found; and this from the nature of the answer itself. They sought for a something distinct and separate from the living organism and the vital principle which animates and controls it, which could be recognized by the senses. This, disease is not. Here is their great error; and hence their inevitable disappointment. And not only this, but from this materialistic view of the nature of disease, has sprung the long series of mischievous resorts for cure, which have so long and so greatly cursed the world. And yet, till Hahnemann, men were taught and believed no other philosophy of disease.

What, then, is disease? The true answer to this question was first given when Hahnemann proclaimed its *immaterial nature.* Let us endeavor to make this clear: In order to a perfect understanding of the matter, let us first answer the question — *What is health?* The reply to this must begin by defining *life*, which, for the present purpose, we may consider as the continued action of the sum of those forces which pervade the organism, and preserve it from decay. And health is that balance of the action of these forces which preserves the integrity of all its parts. *Disease* is such a disturbance of this balance as prejudices the integrity of one or more of its parts. Hence, disease is a *condition*, or *state*, as immaterial as the forces of life; and not a material entity, to be seen and handled.

In the class of rapidly fatal cases represented by that of the little girl, just related, nothing is added to or taken from the substantial organism, but there is only such a disturbance of the balanced action of the living forces, as brings on rapid and complete destruction of the whole. In this case, this was accomplished before any material product of modified vital action had resulted; though such products were then, and are still, regarded as the disease itself. But was there, therefore, no disease?

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There is another class of cases which end in rapid destruction, which, on dissection, present phenomena not a little instructive, and which we use to further illustrate our subject. Let the following stand for the class: An individual is seized, it may be, while walking in the public street, who, but a moment before, was wholly unconscious of any ailment. His attack is instantaneous. He feels first strange, then is conscious of sudden loss of power; the limbs become heavy; the mind is first mazed, and then bewildered; he staggers, falls, and seldom rises again in this world; and, if help be not offered, he dies in the street, as many have done, before he reaches his home. He has usually but little pain, and only shows in his physiognomy the expression of rapidly approaching death. Now, if the body of this man be dissected, what will be found? The large blood-vessels will be empty — or, more likely, partially and scantily filled with dark, thick blood. The intestinal tube will be filled with greyish serous fluid, in which are diffused whitish particles and flocks. Dissection discovers these, and no more. They are sufficient, however, to warrant the verdict, "Died of *Cholera Sicca.*" But were these few results the disease? Did they produce themselves? What so acted on the living currents that they parted with their serous elements? and what on the gastro-intestinal mucous surfaces, that they secreted whitish granules and flocks, as never before? What has happened to the walls of the intestines, and to the vessels of their own proper circulation, that the whole volume of the watery element of the blood is thus suddenly poured into this cavity?

If the material philosophy of disease be maintained, these questions are wholly unanswerable. There is no change revealed in the material organs, which in the least explains these remarkable facts. But the case is different, in the light of the truer philosophy taught by Hahnemann, not yet so generally received as it ought to be. What does this philosophy teach in this case? It asserts that the essential changes, which brought so rapid destruction, were in those living forces which the Almighty appointed to be the con-

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servators of parts, and the regulators of the processes essential to the continuance of life; that the balance of the action of those forces which had hitherto maintained the integrity of the volume of the blood currents, and their equal distribution, which has maintained the normal secretions, and secured the due performance of other functions, has been suddenly so disturbed that the whole character of the blood is changed; its movements are stopped; its elements are left to the action of other laws, and are resolved into their constituencies, some to pass into rapid decomposition, as the fibrin and the globules; while the serous is poured into the gastro-intestinal cavity, there to remain, the power of expulsion having been paralyzed by this same deranged condition of the vital forces. While these forces were in balanced action, the blood was preserved in that integrity essential to life. Its moving currents were restrained within those walls appointed for its distribution from, and return to, its natural center, and the whole made continuously to subserve the purposes of life. But these forces have now been acted upon by another, their healthful balance is lost, the restraints which they have hitherto imposed on the living processes have ceased, the vessels no longer retain their contents within their own walls, but give up by far the largest portion, to be suddenly transferred to another receptacle, where it can no longer serve these purposes. Under this loss of balance, other functions of bodily organs are changed, and many are at once arrested, and the whole soon stop, to move no more forever.

Now, all this, we assert, has resulted from changed force, which is wholly independent of any appreciable change in the material tissues of the body. The most careful inspection fails to disclose any thing which throws the least light on the cause of the change in the character of the blood, or of this remarkable transfer of one of its important elements. The same is true of the paralysis of functions which so speedily end life. The material philosophy is completely silent before these facts, while that taught by Hahnemann throws light upon them all, and is found adequate to their

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rational explanation; and it alone answers clearly to all the questions they suggest.

There is a fourth class of cases which may be used in illustration of our subject. There appears on some part of the surface of the body, a small red spot, with a pustule in its center. It tingles, feels tense, burns, throbs, enlarges, becomes intensely painful, suppurates, and, with the secreted pus, is bye-and-bye discharged, a portion of dead cellular tissue, in shreds, leaving a cavity which is soon filled with granulations; the spot is covered with skin, as before, and only the well-known scar remains. This represents a class of affections which, more than others, seem to be local in their character, and to be composed wholly of material elements.

We have now presented, for the purpose of illustration, four examples of disease, each with distinctive features; a proper consideration of which, it is believed, will be sufficient to show the rational foundation of the philosophy of disease, which it is our object to inculcate. The first reveals changes of material substance, on dissection; the second, no such change, but only a slight abnormal gathering of blood in the membranes of the brain; the third, only changes in the fluids, both in character and location; the fourth being of that class which superficial observation regards as local in its character, and material in its nature. For the purposes of the examination we propose of these diseases, for the present we concede the material nature of the exciting cause of the three first — not because this has been proved, but as a fact generally received, which it does not concern our present purpose to controvert. It is admitted that each of these is the result of the action of its own specific poison. Of the exciting cause of the fourth, little or nothing is known.

In the first example — that of Typhoid Fever — it is to be noticed that, though the nature of its exciting cause is to diffuse itself through the air, like gaseous bodies, and, within limited space, to pervade all parts of it equally, yet all persons who are equally exposed to its action are not equally

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affected by it. While some who are thus exposed sicken, others escape apparently unaffected. Then, it appears, in order to the full development of its effects in the form of disease, another factor in the case, besides the poison and the living individual, is required. This is *susceptibility* to the action of the poison. This is true, also, of both our second and third examples. All who have lived in the same atmosphere and circumstances, do not become subjects of the disease, for lack of this susceptibility; while all who are its subjects have been first exposed to the action of its poison.

What is this susceptibility, and where does it exist? Is it a *material* element of our existence? If ten persons, composed of equal physical parts, as to form and volume, could be found, and all were equally exposed to the action of these poisons, who does not know that, while some would sicken, others would escape? All observation and experience confirm the probability of this. If this be so, then we are to look elsewhere for the seat of that susceptibility, the difference in which has caused this different result in the case of those exposed to these poisons. And where shall we look, but to those living forces which constantly determine the state and destiny of men? We can look no where else. And what need is there for doing so? Could any one of any number of such bodies, deprived of these forces, be affected in any degree by these poisons? The question is at once seen to be absurd. It comes, then, to this: The poison, in the first instance, addresses itself to the vital principles or forces of the individual; and accordingly, as these are, or are not, in a state to receive the impression, is the disease developed, or the victim escapes. It is only afterwards that these forces, changed as to their balanced or conservative action, work changes in the material organism.

Thus, in Typhoid Fever: The patient, first after the reception of the poison, shows signs, not of organic, but of vital affection. He is listless, dull of apprehension, weary, sleepy, disinclined to all exertion, bodily or mental, is restless, peevish, discouraged, wants only to lie down and be let alone, etc. We have no difficulty in recognizing, in this

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group of symptoms, the effects of the poison on the vital forces. It has produced such a change in them, as has resulted in these new and threatening phenomena. It is not until later in the action of these forces, thus changed, that they effect the results disclosed by dissection. But was there no Typhoid Fever till these last changes were completed? Was it not this, and nothing less, from the time of the first sign of change in the vital phenomena, after the reception of the poison? Was it not this, and nothing else, up to the beginning of the change in the organic tissue? If so, then, for this period, we have the existence of the disease complete, in the vital forces alone, changed from their conservative to a destructive state, by the action of the specific poison. And after this period, we still have the disease complete in these forces, which, in their destructive progress, now effect those results which a material pathology has declared to be the disease itself. This, with whatever of the sanction of authority it comes before us, is no less an absurdity than making an effect its own cause. By parity of reasoning, the same is true of every other disease, whatever may be its cause, or whatever the phenomena it presents. It will always be true of all diseases, till one can be found which can be produced in a body where vital forces are not.

But, it may be asked, are not these diseases, produced by these supposed material causes, the result of the action of these causes directly on the material tissues, thus constituting them material in their nature? It is a sufficient reply to this question — though it expresses, in the form of inquiry, the whole of the material philosophy of diseases — to state that vital phenomena always precede material, in the series of events which follow the impress of the morbid poison, and that these latter follow only after the lapse of a greater or less length of time. If there were needed any additional argument to place the negative reply to this question beyond cavil, it is found in the fact that these, and all other morbid poisons, are capable of producing their specific effects in the material tissues, only through the medium

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of the vital forces, and through these only as they are charged with that susceptibility to the action of these poisons, without which they are wholly incapable of affecting any impress of evil on the living organism. This susceptibility, this *sine qua non*, it is to be remembered, is but a condition and special state of those forces, and not at all of the material tissues. This is proved, first, by the fact that many diseases, the product of specific poisons, exhaust this susceptibility by a single attack, so that the individual is no more affected by exposures to the action of these poisons, though the material organism remains, in all its parts, as it was before the attack. And, second, by the fact that those tissues, deprived of their conservative vital forces, have no power of response to whatever of impression from whatever of morbid poisons. In other words, dead bodies can never be made the subjects of disease. It is believed the advocates of the material philosophy are driven to affirm this absurdity, or to abandon their whole ground.

If this be denied as to whole abandonment, and the class of cases represented by our fourth example be brought forward as in part a defense of their position, we are bound to examine this class of cases, to see how far they can be made to sustain this claim to a partial acceptance of their material views. Our fourth example was introduced for this very purpose.

This class of cases, we have said, is apparently, to superficial observation, made up wholly of material elements. What is the reality? There is not here, as in our first example, a period more or less *protracted*, in which only vital phenomena are found. On the contrary, almost immediately after the first sign of ailment, there are appearances of material change. Redness and swelling *follow* the tingling, heat, and throbbing, after a brief period. These signs of local changed nutrition are soon followed by severe pain, and all the attendants of progressing suppuration, till the discharge of the pus and the sloughed shreds of dead cellular tissue. Now, the central point of the whole has been this dead slough. What destroyed it? What determined

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its location? Was it self-destroyed and self-located? It has appeared on the right arm. Why not on the left? Why not on the leg, or any where else, as well as on the right arm? Was there any determining cause of these two facts? The material philosophy is driven to the absurdity of self-production, or to a confession of utter ignorance, while it persists in its dogmas, and cherishes its blindness. And then it meets this additional difficulty — that of accounting for the very brief series of vital symptoms which *preceded* the material.

And then, is the disease *merely* local in its character? So far from this is the truth, that those who have thus suffered have at the same time had general fever, differing much in severity in different cases, loss of appetite, restlessness, depression of spirits, disinclination to exertion of body or mind, sleeplessness, lassitude, and the whole train of general vital phenomena which accompany other painful affections. So we see, if the *pain* is chiefly localized at the inflamed point, there is no lack of those signs which indicate a general affection of the vital forces. Indeed, these are more numerous than those which refer more especially to the local affection, and declare plainly the truth, that the cases under consideration are *first* vital, and then, as they progress, become of a mixed character; the priority of vital affection being shown by the brief series of symptoms which preceded the appearances of material change, and the material by the swelling, death, and discharge of the slough.

The vital character of this class of affections is further demonstrated by the fact that they are cured by agencies which act directly on the vital forces, and change them from that destructive modification which sometimes produces a succession of these troublesome cases, to the normal balance, which is a complete protection against them. The single attack is also not unfrequently cut short by a single dose of a highly potentized remedy, given at the outset of the case, so that it is arrested before the death of the part involved.

It would not be difficult to add indefinitely to these examples of disease others equally illustrative of the true nature

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of that which physicians are to prevent and cure; but the object of this paper is rather to suggest the course of reasoning and illustration applicable to the discovery and maintainance of the true philosophy of disease, than to attempt an exhaustive treatment of the subject. This, it is believed, may be done as effectively by a few examples, properly considered, as by a multitude. In our selection, we have purposely given preference, in three out of four of the classes of affections considered, to those generally supposed to have their origin in material causes; and in the fourth, to one the cause or causes of which are but little known. It was not that, in a general consideration of the true nature of disease, it was not clearly understood that a stronger case might be made by giving place to that class of affections which have their origin in causes wholly immaterial; such, for example, as those resulting from excessive passion, as joy, anger, indignation, etc. But it was from the belief that, if the argument for the vital and the true could be well and truly maintained, from facts and experience drawn chiefly from the domain most cherished and cultivated by materialists, the position of the truth would be made stronger than by a course of illustration wholly or in part from sources confessedly altogether vital in their character.

For our object, as thus stated, it is believed our illustrations are sufficient, and that the conclusions we have drawn from them are fully warranted. It may be doubted whether increasing their number would add materially to the strength of the position assumed. It would be easy to do this, to an unlimited extent. But the result would be so much of the nature of repetition, as rather to detract from, than add to, the interest of the subject. It is only necessary to suggest the class of cases which so fully illustrate the subject, and the course of reasoning by which the truth is established, to bring to the minds of experienced practitioners a multitude of other facts, susceptible of a similar course of reasoning, sufficient to place our conclusion on an immovable foundation.

If, then, disease be essentially immaterial in its nature, in

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the first instance — if it be only a change in the state of the vital forces — does this fact throw no light on the essential nature of those causes of disease, which may have been too hastily assumed to be material? Is it not reasonable to suppose, *d priori*, that similarity of nature of cause and effect would be found, on a proper examination of the subject? For the sake of the argument only, we, for the time, have conceded the material nature of the causes of those classes of diseases we took for our illustration, not because we admit the truth of the assumption, but only that we might show, if it were so, the true nature of disease was none the less certainly a state, or force, changed by these causes from a conservative to a destructive nature. We now wish to withdraw that admission, and contend that, as the nature of disease, the effect, is immaterial, so is that of its cause. In this discussion of the true nature of the causes of disease, we exclude, for the present, those affections which result from chemical and mechanical causes, as well as those from the violation of the laws of hygiene. Indeed, as in the discussion of the nature of disease, we made use of but few illustrations, so here we propose to examine but a few of the more important miasms, and to use such facts and considerations as we shall present to illustrate their true nature.

In the first place, the material nature of the miasmata has been assumed, and never proved. To so regard them, was almost a necessary result of the materialism which pervaded the whole of medical philosophy. Not only has this been thoroughly characterized by materialism, but by this in its grossest forms, equally as to cause, disease and cure. This was so inwrought into the minds of physicians, that when the true philosophy was first announced, as to the two last, it was met by an opposition the most bitter, and a scorn which to this day has refused a candid examination of the grounds on which it claims to be accepted as truth. The immaterial nature of disease, and of the active principle in curative drugs, was declared, without either examination or consideration, to be an absurdity so extravagant that no

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enlightened physician could enter on an examination of its claims for acceptance, and retain his self-respect. It was to be rejected, and the opposite maintained, not because this had ever been proved true, but because, if the new doctrine were received, the whole foundation of accepted medical philosophy was destroyed. This has been, and is still, a reason of sufficient force to prevent, not the acceptance, but even a rational examination of the truth. Men have not yet learned that rejection of truth does not annihilate it, and that scepticism only makes victims of its friends.

That this class of morbid causes (the miasmata) is a class of forces, each, in certain circumstances, making its own definite impression on the susceptibilities of the vital forces of the living organism, and so producing its specific result, its disease, and not in any wise a definite form of matter, is proved, first, by the fact that they are not governed by the laws which control material bodies. Force, predicated of matter, can only be conceived of as *proportioned to the quantity of matter from which it emanates.* The reverse of this is not unfrequently the case with those forces which produce disease, thus declaring, in language too plain to be misunderstood, their distinct and separate existence; and that, when found in connection with material bodies, they exist in association, and not as identities. This was demonstrated by the following case:

A young physician was called into a neighborhood where small-pox was prevalent. In the course of a few weeks, he there treated twenty-six cases of this loathsome disease. He had been vaccinated in infancy, and repeatedly in after life, so that he was thought to be in no danger of contracting the plague. The patients were all poor, and, as happens when epidemics attack these unfortunates, they had no choice but to crowd the sick in a single room, in such numbers and circumstances as to accumulate the poison in the greatest quantity. And, if this be but a form of matter, then, where there were four, five and six patients, pouring it out into the air of the room, at the same time, it should have been found in its greatest power. Here the danger of

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contracting the disease should have been greatest, and the poison the most deadly. Twenty-five of these cases were attended, in these circumstances. They all recovered, and the medical attendant received no harm. There seemed no good reason for doubting that, in his case, vaccination had secured a complete protection.

But it happened, right after the recovery of these cases, all of which were severe, he saw the last, a little girl of nine years, who had but a slight initiatory fever, and not more than half a dozen pustules in all. She was the only one sick in the room where she was attended. So that, if the poison of small-pox be but a form of matter, here it was in least quantity, and consequently in least force. And it was from this mild case, in these comparatively favorable circumstances for his escape, that he contracted the disease in its most violent form. The writer of this attended him through the attack, and has rarely, if ever, seen a worse case. He was also perfectly acquainted with all the facts of the origin of the case, as here stated.

Now, on the hypothesis of the material nature of this poison, the result was just the reverse of what it should have been. Where the accumulation of the poison was greatest, there danger should have been greatest; and yet it was just there that there was complete immunity, while, where the accumulation was least, and consequently, on the material hypothesis, the danger least, the disease was contracted, and developed in extreme severity.

If the predicate that force from material agents must be proportioned to the quantity of matter from which it emanates, be accepted, then the material nature of this poison is further negatived by the experience of years, in the practice of innoculation with it, so generally resorted to before the unfortunate introduction of vaccination. Nothing was better established, than that the disease resulting from the introduction of the crude matter of the pustule or scab, was much lighter and safer than that taken from the poison, infinitely diffused in the atmosphere. That is, experience settled the fact, and it was universally received, that the

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greater the quantity of the cause (if this were material), the less the effect. To escape this absurdity, we are driven to the acceptance of the truth that this poison is a something of which quantity, as of matter, can not be predicated. We are left only the truth for which we contend, that it is a *force*, emanating from material bodies, being itself no essential part of those bodies, but having the power to reproduce itself in other similar bodies, which possess the requisite susceptibility to its action.

There was a similar experience of ague malaria, in the neighborhood of Brooklyn, a few years since. A row of some sixteen or twenty tenement houses was erected on a marsh where ague poison was known to abound. The houses were speedily filled with families, and were so occupied for ten years. It was supposed they would soon be found untenable because of ague; but careful inquiry failed to discover a case of the disease, in either of the tenements, during the whole period they were occupied. At the same time, ague was rife all around on the side-hills about the marsh, though the residents here were wealthy, or in independent circumstances, abundantly able to observe the laws of hygiene, and avail themselves of all circumstances which could tend to their protection from the action of the poison. Notwithstanding, they were frequently sufferers from it, and to the extent that the hill-side gained the reputation of a bad location; while right upon the face of the marsh, the origin and home of the poison, and where, if in any place, it would be supposed to be in greatest abundance, no case of ague occurred in ten years. This is the more remarkable, when the character of the occupants of these tenant houses is remembered. They were the families of Irish laborers. In their persons and their houses, were all the disregard of the laws of health common to this class of people. Their exposures to the poison were constant, while no means were employed to protect themselves from its action; and yet their immunity from it was complete.

The case perfectly establishes the point we make. The poison did not obey that law of matter which determines

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the sum of its force by the sum of its quantity. Here, as with the small-pox, where the matter (if the poison be matter) was in greatest quantity, the effect was least; and this though the circumstances of the case were all such as to favor, in the extreme, just the opposite result to that furnished to our observation and experience. We are compelled by this, and many similar examples, to conclude that as these poisons are not governed by the well-known laws of matter, but are controlled by laws proper to themselves, that they are not material in their nature, but are forces only; their connection with material bodies being that of association, and not of intimate, essential existence; that these poisons are no more an essential part of the material bodies with which they are so associated, than the magnetic force is an essential part of the steel, through which it acts with power one minute, and the next passes away, leaving every particle of the steel as it was before the presence of this temporarily associated force.

There is another class of miasmatic poisons, which, by their mode of action, sometimes demonstrate their immaterial nature in a manner which throws light on our general subject, and confirms the view we have expressed of the general character of this whole class of morbid causes. We refer to the class which first attracted the attention of physicians in connection with the famous "*National Hotel Disease.*" The numerous instances of this affection occurring among the inmates of this house, were at first, and with seeming reason, referred to poison, criminally administered by some one or more of the usual attendants of the establishment. A more careful inquiry, however, traced it to its true cause — the contents of the common sewer, which had escaped, through a defect in this conduit, into a cistern from which the water used in the house was drawn. Gases from the sewer were also discharged into the house through this same defect. The result was an exceedingly obstinate and often fatal diarrhœa, with rapid wasting of flesh and strength, and if the patients were not removed promptly to other quarters, and treated both by proper medicines and hygiene,

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there was soon great sinking of the vital forces, indifference to all affairs, and even to life itself; and, in many cases, where the patients remained in the house, death closed the scene.

It has been the fate of the writer of this paper, to suffer repeatedly from the action of this poison, till now he has acquired a susceptibility to it altogether unusual. His repeated experiences have, however, given him opportunities to study the character of its action and results, with which he has so many times been made unpleasantly familiar. It is to but one point, however, that it is intended to refer here, and that the one already alluded to as throwing light on the general character of these poisons, and tending to confirm the views of the nature of morbid causes in general, which we are endeavoring to present. The first and second attacks were during a period of foreign travel, near ten years ago. About three months after the first — from which he recovered only after a short sea-voyage — while passing from the office of the hotel to his room, he became aware of his near neighborhood to a leak in the soil pipe, which conveyed the drainage of the house; and at the same instant, *with the suddenness of a blow*, of the damage which this had already inflicted on him. He had a sudden sense of weakness, general exhaustion and *malaise*, special sense of weakness in the abdomen; these were soon followed by a sensation of approaching diarrhœa, restlessness, depression of spirits, and in a few hours there was a thin, watery, light-colored, part slimy and painless diarrhœa. This was obstinate in the extreme, and was cured, like the first attack, only by a sea-voyage. The only point of interest to the argument of the present paper is, the *suddenness* of the attack. In three subsequent poisonings, the results of the first impression of the foul effluvia were almost as immediate; in one, equally so. The point we wish to establish from this experience is, the impossibility of material particles affecting so instantaneously and so thoroughly the whole organism. There was no function of body or mind which was not impressed by the poison. The suddenness

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of the attack entirely negatives the ordinarily received theory of materialists, that material particles of the poison are received into the lungs, which through them pass into the general circulation, and so are carried to the centres of the nervous power, and through these effect their deleterious influence on the organism. The mischief was sensibly complete long before this roundabout process could have been accomplished. It was literally with the suddenness of an electric stroke. All this is easy of comprehension, if we regard the cause, thus acting on the vital susceptibilities, as a *force*, which, coming suddenly upon another force, instantly changes it from its normal conservatism to that state of destructive disturbance we call disease. Extend this idea to other morbid causes and their results, and we have a philosophy of etiology at once simple, comprehensible, and adequate to all the demands of general morbid causation. While on the other hand, an etiology of materialism meets difficulties at every step of investigation.

It is not reasonable to suppose that the few examples of the miasmata we have chosen to illustrate our subject, differ essentially, in their ultimate nature, from other morbid causes. However they may differ from each other in those qualities which give to each its individuality, and the power of variously affecting the living organism, in the general characteristic we are now discussing, there is no good reason to doubt that they are all, in their ultimate nature, equally and alike *force*, and not *matter*. As in the case of the nature of disease, so in that of its cause, the multiplication of illustrative examples might be extended almost indefinitely; but it is believed the above are sufficient for the purposes of the present paper.

There is, however, one other fact of experience, which goes far towards demonstrating the truth we maintain as to the nature of these causes. We refer to the often observed progress of existing epidemics, in a direction the exact opposite of that of constantly prevailing wind currents. This has been repeatedly observed in epidemics of malignant cholera. In one of its early advances from east to west,

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across the continent of Asia, its progress was steadily and constantly against strong westerly winds. In the epidemic of 1816, for example, it crossed the Indian Peninsula in opposition to the south-west monsoon — a strong, continued and cold current of sea air, accompanied by copious rain. (*Griesinger, in Virchow's Path. u. Therap.*, II. Band., 2 Theil., s. 245.) If the poison were a form of matter, instead of this, it would have been borne on that strong current, and its extension would have been in the direction of the monsoon, instead of the opposite, as, in fact, it was. It would have been conveyed from south-west to north-east, like other minute forms of matter, in accordance with known laws which govern the movements of all minute material bodies. The fact in the case of the cholera miasm being just the opposite of this, furnishes another interesting example of a miasmatic poison refusing obedience to natural laws, which govern those forms of matter which can be brought more immediately under our observation, and which laws, we have no reason to doubt, are general in their application to, and control of, material bodies. The above fact is wholly incomprehensible, if the miasm be *matter*; if it be *force*, it is free from all difficulty. It then owes no allegiance to the laws which compel light material bodies to accompany wind currents, and limits their movements to the direction which these may take.

WHAT WAS IT?

A. B., Æt. 32, of a large, rather plethoric form, light hair and eyes, had a scrofulous affection in 1849, for which he took blue pill for a long time without benefit. Finally, in '52, he took *Corrosive sublimate*, sixteen pills a day; but does not know how much each pill contained. With the above exception, he enjoyed good health till December 25th, 1866, when he noticed a swelling on the upper part of his right thigh, inner surface, near the groin. He thought it was a boil.

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There were other smaller swellings around it. The largest of these swellings had a scab on it, which he picked off. It looked purple, or bluish-red, underneath. On the 28th, he squeezed it, when it opened out like a cauliflower, the edges being everted. I saw it first, January 7th. It had been touched, a day or two before, around the edges, with *Nitrate of silver.* It was elliptical in shape, nearly two inches long, and more than an inch wide, and projected about one-fourth of an inch from the surrounding skin. It was of a dark purple hue, looking somewhat like the skin of a very dark grape; and the dressing, when removed, was found to be full of blood; no pus. It was very sensitive to the touch — so much so that, the day before, he fainted away from having it touched with a sponge. It was quite painful when he moved about; but when he settled down on his lounge, it was less painful. He described the pain as a fine pricking, like that of a needle. Around this, there were several little prominences, of about the size of half a small pea — purplish on their tops, and looking as if they were ready to break out, as the first one had.

The first prescription was *Arsenic.* I saw him next, January 9th; and, in the mean time, had been seeking what light I could find on the subject. I thought it a case of *Fungus hæmatodes*, plainly enough — the first I had ever seen. I could not find any writer who gave a very cheerful prognosis of this disease — amputation at the hip-joint, with Death at the door, seemed the only resource offered by Allopathic authorities. Homœopathic were but little better. I found a case of Hering's, (Archiv., Bd. IX., H. 3, S. 153,) in which he cured a negro in Surinam, in 6 months, with *Phosphorus;* his indication being that *Phosphorus* produced this symptom: "Slight wounds bleed freely." I thought this rather a faint indication; but mine was poorer yet, for I merely followed Hering. However, I decided upon *Phosphorus*, and gave him six pills of the 30th, every 4 hours, dressing the sore with a tomato poultice. By the 13th, I thought there was some change for the better. On the 15th, it was very decided; the sores around had nearly dis-

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appeared, and the large sore was much smaller; it could be touched now without pain; the edges of the sore were raised, and somewhat ragged; the sore bleeds less; the general health is pretty good — the appetite as good as could be expected; sleeps pretty well, although the pain keeps him awake some.

The same treatment, internal and external, was kept up, without any change, till the 19th, when all sign of the fungus had disappeared, and there was a simple superficial sore, much smaller than the original one, and showing an evident disposition to heal kindly. On the 21st, he walked out; and on the 26th, the whole affair was almost entirely healed up. As he wanted to go about, I told him to dress the place, which was yet tender, with *Camphor ice.*

On the 28th, he called at my office. The upper half of the site of the sore was somewhat hard, as was the adjacent tissue; and at the very extremity, it was pouting, and had bled a little. There was a small prominence, as large as a split pea, which looked almost black. I directed him to return to the tomato poultice, and continue the use of the *Phosphorus;* and in a few days the part was entirely healed up, and has continued so till the present day, December 20, 1867.

The question with which I began, returns again, "What was it?" All my Allopathic neighbors who hear the patient describe his case, unite in saying that he gives a very accurate description of *Fungus hæmatodes;* and they all agree, too, in saying that it never could have been *Fungus hæmatodes*, because — it got well, substantially, in about a fortnight, and — under Homœopathic treatment! The most of them say it must have been a carbuncle; but of these I have seen no lack, and it was no more like a carbuncle, in any particular, than it was like a comet. G. E. S.

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CAMPHOR.

V.

(Continued from page 57.)

A TREATISE on *Camphor*, without Raspail's experience, would be incomplete indeed, as this drug occupies a promiment place in his Pharmacopœia. Here is what he says, in brief.

After stating what evil effects are ascribed to this drug, he says:

" *Camphor*, taken in a large dose, at either extremity of the alimentary canal, is capable of producing serious disturbances of its functions, principally by reason of its antifermenting and hence anti-digestive properties, which is but the property of absorbing and appropriating to itself the oxygen and the carbonic acid destined to be taken * up by the tissues.

However, its concrete state places it, in this respect, the last in the list of essential oils: *medicamenta enim non agunt nisi soluta;* and even the essential oils act by reason of their fluidity. Without being narcotic and stupefying, *Camphor* then may produce vertigo, by suspending every alimentary operation, all absorption of blood-making fluids, and hence, by producing congestions in the brain. I will add, however, that but few of such cases are known; for vomiting, or the alvine evacuations, very quickly relieve the alimentary canal of a cause of disorder which remains concrete, and which passes into the other organs in minute quantities only, leaving there at last no trace. I have experimented with this drug, upon myself, at great lengths; and I have never expe-

* *Aspiration* is the word used by M. Raspail, which can not be translated; nor can it be explained, without giving a lengthy exposition of his peculiar views.

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rienced any symptom but an unpleasant heaviness and load in the stomach, which finally transferred itself to the brain.

For the last five years, however, I inhale *Camphor* day and night, by means of a cigarette; * and I sleep with a pound of purified *Camphor* under my bolster. My nights, far from being thereby agitated, are passed in sleep, calm and uninterrupted. Vague dreams, reproducing only the scenes of every-day life, have taken the place of the terrible nightmares which tortured me nearly every night, for a quarter of an hour, at least. Every time that I awake, I chew three or four grains of *Camphor*, which I afterwards swallow, with a little water; so that it sometimes happens, in the course of a night, that twelve grains of *Camphor* are introduced into my stomach. I often take as much during the day. As a hygienic measure, I use frictions, with camphorated alcohol, on retiring and rising, and every time that I feel the least lassitude of mind or the least exhaustion of body. And after such an incendiary medication as the Brunonian, Rasorian and Physiological school would call it, I never enjoyed better or more permanent health. I have begun a new life. I have shed, so to speak, the skin of the old sick man. I have renewed my physical and moral powers, and am more disposed to work, and less distracted than ever. Hence, I have felt authorized to make others partakers of the benefit of such long and positive experiment. My own family first, then all my poor patients, have made a test of it, without danger, and with great advantage. The rich have acquired a taste for it. The dealers have turned their thoughts to *Camphor*, well knowing that the contagion would not stop there, and that this blessed poisoning would not excite any war. Imprudent patients have not been wanting, who have taken an over-dose; but they have all escaped with more or less vertigo, heaviness, or undue excitement; effects, the duration of which has not exceeded an hour. More than that: in 1835, a person less cautious than usual,

* Note. — Raspail's cigarettes are made of a quill, stopped up at each end, leaving a small aperture, and filled with crumbs of *Camphor*. This is held in the mouth, and the air drawn through it.

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having thought that thirty centigrammes of *Camphor* were the same as thirty grammes, swallowed this latter quantity at one dose — an ounce of *Camphor!* That, for instance, was more than could be endured. He lost his senses; as the violent efforts which he made to vomit, forced the blood upon the brain. A doctor was hastily called, but on his arrival, the patient was quite well. Vomiting having taken place, relieved him of the delirium; though the violence of the disease had been such that he had dislocated his shoulder, which, however, was readily reduced. The doctor, finding himself of no use in one respect, sought to show himself officious in another. He did not fail to warn the patient that the *Camphor* had made him crazy; and this poor fellow, cured of the *Camphor*, fell sick of the doctor, and had not recovered when I saw him. I soon cured him of the doctor, however, by the same means by which he had been cured of the excess of *Camphor;* and the brave fellow was better than ever. In his brief illness, he learned a little lesson about the decimal system."—(Hist. Nat. de la Santé, etc., I., 239.)

The following case of poisoning is furnished by a late journal:

A boy 20 months old, well developed and well nourished, in good health on the morning of the 5th of March, helped himself, at noon, during the absence of his mother, to a glass containing camphorated oil, and swallowed a small quantity, as his mother supposed; for when she returned home, his breath smelt of *Camphor.* The child continued to play till 2.30 P.M., but then it seemed indolent, weary, wanted to sit in its mother's lap, upon which it fell unconscious at the end of a quarter of an hour, its face being pale. Then a sort of tetanus showed itself, affecting the whole body; and on his arrival, Dr. Lemchen observed the following state of things: The child is quite stiff, and in the early stage of opisthotonos; he is cold, quite cyanotic, his eyes turned upward and inward, the pupils contracted, and insensible to light; the pulse is excessively feeble, frequent, and scarcely appreciable; the contractions of the

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heart are unequal; the sensibility of the skin diminished; the odor of *Camphor* is still perceived in the breath. The tetanic stiffness did not continue long, and was followed by convulsive shocks in the extremities. Dr. Lemchen prescribed an emetic composed of *Ipecac.* The matter vomited had a strong odor of *Camphor.* Soon after vomiting, the child appeared more quiet; the color and heat returned to the face, as well as to the whole body; the face became burning hot, the pulse full and frequent. The child fell into a sleep. Iced fomentations were applied to the head; cold water was poured over the whole body; the feet were bathed with mustard water, and finally they were able to get down a few drops of water and of milk. In the evening he was sensibly more quiet, the skin less burning, and the sleep appeared more natural. The child slept all night, felt well on awaking, had appetite, and in the evening was as well as ever. The quantity of oil taken could not be known. —(Gaz. Med. de Strasbourg and Bull. Gén. de Therapeutique, etc., LXXII., 278.)

The following notice of the proving of *Camphor* by the late Dr. Joslin, of New York, deserves attention. By introducing it here, we do not mean to endorse it—if for no other reason, because nothing we could say would add any value to any observation of Dr. Joslin: he was as unlikely to deceive as to be deceived; nevertheless, proving, like every thing else, must stand on its own merits. He says, in a note, (Joslin on Cholera, p. 107): "The prevalent opinion that *Camphor* is a medicine which does not bear much attenuation, has not been established by experiment. Of the high attenuation, I know of no other proving than the following:

"In 1849, on Tuesday evening, February 22d, at 20 minutes of 10, I took a few dry pellets of Bœnninghausen's *Camphor*, 200*th*, and administered the same dose to Dr. H. H. Cator, and Mr. (now Dr.) Brown. In twelve minutes, I had cold perspiration, especially on the forehead and chest. The same was simultaneously experienced by the two other provers."

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HOMŒOPATHIC TREATMENT OF ULCERS.

By J. Grant Gilchrist, M.D., Owatonna, Minnesota.

(Continued from p. 70.)

As there is no way of telling what the *general* indications may be, the *local* ones only, with some few constant, general ones will be given.

Acid Muriaticum. — Stinging, itching, and painful ulcers; with fœtid odor, although covered with a scurf; when touched, a stinging pain; scrofulous, or putrid ulcers, with burning pains, or heat in the edges; jerking pains. *Pus* fœtid, and scanty. *Worse* in the afternoon, and at night before midnight; also from cold, or lying down, trying to lift any heavy weight, and in windy weather. *Better* from pressure; itching is relieved by scratching. Seated on the left side generally.

Acid Nitricum. — Drawing pain in the ulcers, which are very sensitive, and have an offensive odor; burning pain, and heat at the edges; shooting and pricking pains; superficial ulcers; ulcers from the abuse of mercury; readily-bleeding, deep ulcers; fistulous ulcers, difficult to heal; pricking in the ulcers. *Pus* very fœtid, copious, bloody, corroding or ichorous. *Worse* in the morning, evening, and night; also, from bathing in cold water, or awaking from sleep, lying on the affected side, and from being touched. Left side principally affected.

Acid Phosphoricum. — Inveterate ulcers; itching; indented base; burning pain; the pains are either unchanged or relieved by pressure; ulcers without much feeling; painless; putrid, sensitive, with sore pain. *Pus* dirty, fœtid or putrid. *Worse* after midnight, and in the morning; also, from lying on the painful side, before menstruation, occa-

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sionally from standing, or sitting, or getting warm in bed, and from being touched. *Better* from changing the position, and moving about. They may appear on either side of the body.

Acid Sulphuricum (?) — Gangrenous ulcers; corrosive pain; biting and cutting. *Pus* corrosive. *Worse* in the forenoon and evening; also, on getting up after lying down. Principally seated on the right side.

Ambra Grisea (?) — Burning or itching ulcers; painless; chronic ulcers; stinging in the ulcer. *Pus* grayish, thin, like a salty ichor. *Worse* in the evening; also, in the spring of the year, on lying down, or on awaking, and getting up after sleep. *Better* on getting up and moving about after sitting for some time. They may appear on either side.

Ammonium Carbonicum. — Putrid, flat ulcers; pungent sensation. *Pus* white, and smelling putrid. *Worse* in the evening; also, on awaking from sleep, from cold, lying on the painful side, after lying down, before menstruation, and from wet poultices. *Better* from outward pressure, keeping the limb elevated, and during dry weather. Either side may be affected.

Ammonium Muriaticum (?) — Ulcers with, for the first few days, an itching in and around them, followed by a burning. *Worse* in the morning and evening. Either side may be affected.

Antimonium Crudum. — Fistulous, deep, or flat ulcers; pain as if they were burnt; spongy, with an itching or pricking; high, exuberant granulations; spongy ulcers, with a severe pain. *Pus* scanty. *Worse* in the evening; also on bathing them, on getting heated near the fire, and on turning the part. *Better* in the open air. Chiefly situated on the left side.

Argentum Metallicum. — Ulcers with a burning pain. *Pus* copious and glutinous, or bloody and yellow, corrosive. *Worse* in the forenoon, and afternoon; also, when lying down in bed. *Better* in the open air, on rising from the seat, and moving about; also, less pain on ascending an eminence than descending. Principally on the left side.

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Arnica Montana. — Jerking pain in the ulcer; bluish ulcers; readily bleeding; indurated, induration of the surrounding skin; painless; pricking, pulsating, and sensitive; swollen, with feeling of tenseness, and shocks in them. *Pus* bloody, gelatinous. *Worse* in the evening or night; also, from any bodily exertion, walking, moving or turning the affected part. *Better* from warmth, from letting the limb hang down, from external pressure, and when lying down. Situated on the left side.

Arsenicum Album. — Burning, particularly in the interior of the affected part; pains are felt while sleeping; burning, as if the ulcer were on fire; mortifying, putrid ulcers, with bright edges, and shining redness of the surrounding skin; the base of the ulcer is either of a black-blue color, or has the appearance of lard; proud flesh; thin scurf on the surface; it bleeds slightly on bandaging; flat, gangrenous, and inflamed, the surrounding skin being of a dusky red, or rather purple color. *Pus* copious, fœtid, bloody, ichorous, corrosive, or putrid; thin and watery. *Worse* in the morning and night; also, before falling asleep, again on awaking, from cold, bodily exertion, or lying down in bed on that side; also, on ascending an eminence, and in windy weather. *Better* from warmth, on getting warm in bed, while lying down, if on the painless side; when the pains are severe, better on getting up from the bed. Appear on either side.

Aurum Metallicum. — Mercurial ulcers; itching, shooting, or burning pains; bluish-red, deep, fistulous, swollen, and painful ulcers. *Pus* yellow and fœtid. *Worse* in the morning; also, during rest, going off during motion. *Better* when lying down in bed. Right side chiefly. (Low-spirited, with desire to commit suicide.)

Baryta Carbonica. — Gnawing pain in the ulcers; burning, or a pain as if burnt; corroding pains; scabby, crusty ulcers; indurated ulcers; difficult to heal; itching, or entirely painless; pricking and pulsating; swollen ulcers, with a feeling of tenseness. *Pus* scanty, or totally suppresed; gelatinous pus. *Worse* in the night; also, from cold, lying on the painful side, lifting the part affected, and

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from pressure. *Better* when lying down, if on the sound side of the body. Left side principally.

BELLADONNA. — Desire to remain still, dread of motion; burning in the ulcers on touching them; soreness and inflammation around the edges, with a black crust of blood in the centre; deep, scabby ulcers, with cutting pains; fistulous and indurated, with induration of the surrounding skin; painless, though inflamed ulcers, or those with pricking and redness, and inflammation of the skin for some distance around; inflamed, sensitive, and swollen ulcers. *Pus* deficient in quantity; bloody ichor. *Worse* at night; also, on motion, even the slightest, from the softest touch. *Better* while standing. Right side affected.

BOVISTA (?) — Itching and burning in the ulcers; scabby, inflamed, or itching ulcers; painless; pricking or pulsating. *Pus* scanty, ichorous, and putrid; viscid, and yellow. *Worse* in the morning and evening. Usually on the left side.

BRYONIA ALBA. — Smarting pain; stinging during motion; throbbing, indurated edges. *Pus* brownish. *Worse* at night, after midnight, in the morning; also, from exertion of the body, getting heated, lying on the sound side, from motion, and on rising from the bed or seat; chronic ulcers worse in summer and winter, and when the weather changes; also, from being touched, and while walking. *Better* when descending, lying on the sore side, from pressure, scratching, and from sitting still. The right side usually affected.

CALCAREA CARBONICA. — Unwholesome, readily ulcerated skin; fistulous ulcers, with redness, swelling, and hardness of the surrounding skin; cutting pain; inflamed, and putrid ulcers; ulcers with high and feeble granulations, but little pain; painful soreness; tearing and throbbing in the ulcers: white or yellow ulcers. *Pus* scanty and albuminous. *Worse* in the morning; also, just before going to sleep, and awaking, from letting the limb hang down, and before menstruation, from wet poultices, in the spring of the year, on turning the part, and in wet weather. *Better* from keeping

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the limb elevated, in dry weather, and from rubbing and scratching. Mostly on the right side.

CALCAREA PHOSPHORATA (?) — Carious ulcers; sensitive, easily excited; ill-humor, and want of disposition to do any thing; the warmth of the room is intolerable. (Compare *Calc. C.*)

CALENDULA OFFICINALIS (?) — Inflamed ulcers; painful, as if beaten; the surrounding parts are red; stinging in the ulcer during fever. *Pus* copious. *Worse* at night.

CANTHARIDES. — Itching and lacerating in the ulcers; burning, smarting and stinging. *Pus* inodorous, slightly yellow, and sometimes tinged with blood. *Worse* in the afternoon, and night; also from drinking coffee, from rubbing, and scratching. *Better* of all the symptoms, while lying down. For ulcers on the right side.

CARBO VEGETABILIS. — Pressure and tension around the ulcer in the leg. (An ulcer which has become cured, breaks out again, and, instead of pus, emits a bloody lymph.) Surrounding parts hard to the touch. *Pus* cadaverous smelling; corrosive humour; brownish, fœtid pus, or fœtid sanies; scanty secretion of pus, with burning in the ulcer. *Worse* in the morning, and at night before midnight; also, in the open air — particularly the evening air; before menstruation, and from warmth. They may be on either side.

CAUSTICUM. — Bleeding ulcers, with blisters on the surrounding skin; boring and burning in the ulcers; burning in the edges; pain, as if burnt. *Pus* bloody, corroding, greenish or gray, ichorous, thin and watery, or yellow. (Sensitive ulcers, with pustules around them; swollen, with a feeling of tenseness.) *Worse* in the afternoon, and sometimes at night before midnight; also, from cold, on first waking up, from drinking coffee, from rubbing and scratching, in clear dry weather, and in the north wind. *Better* in damp weather, and on wetting the ulcer. Mostly on the right side.

CHAMOMILLA VULGARIS. — The skin is unhealthy, and every cut and abrasion ulcerates; an existing ulcer, hitherto painless, suddenly becomes painful; darting or lancinating,

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smarting or burning pain at night; creeping in the ulcer, with excessive sensitiveness to the touch; great sensitiveness to the currents of air, and to the wind. *Pus* corroding, gelatinous. *Worse* at night; also, in the open air, during menstruation, from motion, wet-poultices, and from pressure on the sound side; also, from drinking coffee, on rising from the seat or bed, from the warmth of the bed, and in windy weather. *Better*, from cold. Left side mostly affected.

CHELIDONIUM MAJUS. — Old, putrid, spreading ulcers; when lying in bed at night, there is a chill, with a warm body; deep, fistulous, spreading, itching ulcers. *Worse* in the morning; also, in the open air, on turning the part, and during walking. *Better* from a firm pressure. They appear on either side.

CHINA OFFICINALIS. — Boring, with painful sensitiveness in the ulcer; beating pain, only when moving the part; burning and pressing; burning and digging in the ulcer; fœtid, flat, and gangrenous ulcers. *Pus* bloody, ichorous and fœtid; secretion of putrid ichor. *Worse* at night; also, in the open air, from motion, the slightest touch, and in windy weather. Left side chiefly.

CLEMATIS ERECTA. — Burning in the ulcer; creeping, jerking, throbbing or shooting pains in the ulcer; shooting pain in the edges, only when touched; scabby, deep ulcers; indurated ulcers, with high, elevated edges; difficult to heal; itching in and around the ulcer. *Pus* scanty, or totally suppressed; serous, yellow, acrid or ichorous pus; copious secretion of corroding pus; watery pus. *Worse* at night; the pains and *all* the symptoms worse from poulticing. *Better* when washing the sore. Principally on the left side.

CONIUM MACULATUM. — Pains at night, which rouse the patient from sleep; bleeding ulcers; the edges of the ulcer become black; gangrene of part of the ulcer; creeping, with tensive pain; ulcers which are bluish, have a livid appearance, and are tumid; pain in the part, as if it were being broken to pieces; burning, crusty, deep ulcers; painless, hard and fistulous; swollen ulcers, hard to heal; ulcers

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that are inflamed, with a feeling of tenseness. *Pus* fœtid; fœtid ichor. *Worse* at night; also, on descending an eminence, on beginning to move, before menstruation, from rubbing or scratching, or from sitting or standing a long time. *Better* on ascending, from letting the limb hang down, from motion, and from outward pressure. Right side.

CUPRUM METALLICUM (?) — Old ulcers, with a feeling of contraction in the surrounding skin; flat ulcers; hard, inflamed ulcers, with a jerking pain; sensitive ulcers, with redness of the areola. *Pus* scanty, insufficient and corroding. *Worse* at night. Principally on the left side.

DULCAMARA (?) — Insensible, painless ulcers; hard, sensitive, swollen ulcers. *Pus* little, very scanty, yellowish. *Worse* in the night; also, from cold, wet, or change of weather. *Better* from motion, and movement of the part. Principally on the left side.

DROSERA ROTUNDIFOLIA (?) — Bleeding, burning ulcers; cutting pain. *Pus* bloody, thin and watery; ichorous. *Worse* in the morning, and in the night, after midnight; also, while lying on the painful side, sitting, or getting warm in bed. *Better*, from cold, on rising from the seat, rubbing and walking. Ulcers on the right side.

EUPHORBIUM OFFICINALIS. — Old, torpid ulcers; lancinating and lacerating pains; ulcers turning black; insensible ulcers; biting in the ulcer; gangrenous. *Worse* in the morning; also, from getting heated near the fire, from lying down, on changing the position, as in beginning to move; also, while sitting, or from touching them. *Better* from motion, and walking. Principally on the left, though may be on either side.

GRAPHITES. — Unhealthy ulcers; proud flesh in them; tearing in the ulcer; crusty or scabby ulcers; hard itching ulcers, difficult to heal; sensitive, sore, spongy ulcers, that emit a salty flux. *Pus* may be serous, aqueous, sanious, acrid, ichorous, corroding, or putrid; pus smelling like herring-brine. *Worse* at night, before midnight; also, during and after menstruation, and on moving. *Better* while lying

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down, and from an outward pressure. Chiefly on the right side.

Hepar Sulphuris. — Mercurial ulcers; burning in the ulcers; at night only, a burning pain; pains resembling recent excoriations; throbbing and shooting; ulcers with jagged edges, surrounded by pustules; bluish bleeding ulcers, with a burning pain in them, and surrounded by blisters. *Pus* smells like old cheese; may be laudable, acrid, ichorous, sanguineous, fœtid. *Worse* at night, and in the morning; also, on first waking up, from cold, on lying down on the sore side, from pressure, from touching them, in clear dry weather, and in a north or *east** wind. *Better* while lying down on the painless side, and in damp weather. Left side chiefly.

Hyoscyamus Niger. — Inflamed ulcers, the surrounding skin being of a bright vermilion redness; large pustules around the ulcer. *Worse* in the evening; also, during menstruation, and from touching it. *Better* from getting warm. Left side.

Iodium. — Bleeding ulcers, destitute of feeling; hard, spongy and sensitive ulcers; swollen ulcers, with a feeling of tenseness and soreness. *Pus* copious, bloody and corroding; thin, watery and yellow pus. *Worse* at night; also, while lying on the sore side, from pressure, on getting warm in the open air, from bodily exertion, or rapid walking. *Better* from cold, or lying on the sound side. Either side may be affected.

Kali Carbonicum. — Gnawing in the ulcer; bleeding, burning, boring, corroding ulcers. *Pus* copious, bloody, ichorous, thin and watery. *Worse* at night, after midnight; in the morning; also, from cold, on getting heated, during menstruation, or after moving. *Better* from warmth. On either side.

Kreasote. — Burning, or pain, as if burnt, in the ulcers; putrid, sensitive or spongy ulcers. *Pus* acrid, ichorous, fœtid and yellow. *Worse* in the morning; also, after menstruation. Left side chiefly.

* In Germany, this is a *dry* wind.

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Lachesis. — The ulcer is large, and has a tendency to extend rapidly; surrounded by smaller ulcerations, or pustules; considerable swelling, with a mottled, dark, blue, or purple color of the surrounding skin; burning pain, only when touching the sore; ulcers which are small, have jagged edges, surrounded by papillæ, and are bluish or livid in appearance. *Pus*, a very scanty secretion. *Worse* in the evening, and at night, before midnight; also, in windy weather, in the open air, on changing the position, from outward pressure, when sitting, and in wet weather. *Better* while lying down, on rising from the seat, and in dry weather. Usually appear on the right side.

Lycopodium Clavatum. — Fistulous ulcers, with hard, red, shining, inverted edges; inflammatory swelling of the part; itching in them, only or chiefly at night; also, when touching them; gnawing, shooting or tearing pain; tumid ulcers, with elevated and indurated edges, surrounded by papillæ. *Pus* copious, albuminous, sanious, gray, yellow, or acrid. *Worse* in the afternoon or evening; also, when lying down on the painful side, before menstruation, on beginning to move, and on outward pressure; also, while sitting, on being touched, and on beginning to walk. *Better* from cold, on motion, and on getting warm in bed. Right side.

Mercurius Sol. — Spreading ulcers; spongy, readily bleeding ulcers; are excessively painful, and sensitive to the slightest touch; unequal elevations and depressions; [neither hot nor cold applications allay the intolerable darting, lancinating pains. G.] pains almost intolerable, gnawing or throbbing; of a bluish or livid appearance, with hard, elevated or jagged edges; superficial ulcers, of a whitish appearance. *Pus* may be scanty or profuse, and of almost any character. *Worse* at night; also, in the evening air, from or during walking or motion, from the slightest touch, on getting warm in bed, and in wet weather. *Better*, from cold (?), while lying down, or sitting. Ulcers on the left side, principally.

Mezereum. — Pain of a burning character, or feels like a

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recent excoriation; shooting pain; biting pain; pricking in the ulcer, or soreness; feeling of tenseness. *Pus* scanty, or not any at all. *Worse* in the evening, and night, before midnight; also, from rubbing or scratching. *Better* in the open air. Left side, chiefly.

NATRUM CARBONICUM. — Burning ulcers; pricking and pulsating ulcers. *Pus* corroding, acrid, putrid and yellow. *Worse* in the forenoon; also, while lying down. *Better* from an outward pressure, on getting up after sitting for some time, and on rubbing or scratching. Principally on the left side.

NATRUM MURIATICUM. — Superficial ulcers; red, angry-looking, smarting on touching them, and surrounded by vesicles; dry ulcers, with no suppuration. *Worse* in the morning, and in the forenoon; also, from exertion of the body, before and after menstruation, from motion, and pressure. *Better* while and after lying down. Right side, chiefly.

NUX VOMICA. — Raised ulcers, with pale red edges; pain, as if being beaten to pieces; burning; pain, as if burnt; jerking pain; prurient itching; sensitive, sore ulcers, with a feeling of tenseness. *Pus* greenish and corroding. *Worse* in the morning, and at night; also, in the open air, after menstruation, while lying on the back, from motion, on touching it, from drinking liquors or coffee, on walking, in clear, dry, windy weather, and in winter. *Better* while lying down, if on the sound side, while sitting, and in damp weather. Right side, chiefly.

PETROLEUM. — Fistulous ulcers; rapidly spreading; shooting pain; elevated, indurated edges; deep or flat ulcers, that are difficult to heal; pricking in the ulcer, edges, or areola; proud flesh in them; redness of the areola; painful, sensitive or spongy ulcers. *Pus* acrid and corroding; scanty, or none at all; sanious, watery and acrid. *Worse* in the morning; also, in the open air, from cold in general, and in winter. Right side. (?)

PHOSPHORUS. — Fistulous ulcers, with callous edges; gnawing pain. *Pus* fœtid, badly colored, with hectic fever;

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may be copious or scanty. *Worse* in the evening, and at night before midnight; also, before falling asleep, on awaking, when the weather changes, and in the wind. *Better* on awaking sometimes. Right side mostly.

PULSATILLA. — Flat, putrid, carious ulcers; fistulous ulcers; itching, burning, or excoriated feeling in the ulcers; smarting and shooting pains; the surrounding parts are discolored; indurated and elevated edges; ulcers surrounded by papillæ. *Pus* copious, albuminous, and yellow; also, bloody, or green. *Worse*, in the afternoon, evening, and night before midnight; also, when changing the position, when lying down on the well side, during menstruation, on beginning to move, after lying down, after moving; also, from rubbing or scratching, while sitting, and in windy weather. *Better* in the open air, from cold in general, from moving, and motion of the part, on arising from the bed or seat, on walking, and on wetting the affected part. Right side mostly.

RANUNCULUS BULBOSUS. — Itching or burning in the ulcers; shooting pains; smooth ulcers; boring in the ulcer; flat, superficial ulcers; pricking in the ulcer. *Pus* sanious and acrid. *Worse* in the morning, evening, and night before midnight; also, from cold in general, and on being touched. *Better* while standing. Either side may be affected.

RHUS RADICANS. — Hard red edges, and itching of the ulcers; sore, inflamed ulcers; itching-smarting or itching-biting of the ulcer; feeling as if salt were in them; erysipelatous swelling and inflammation around the ulcers; the skin in the neighborhood was covered with itching, burning vesicles, smarting when scratching them. *Worse* in the evening, and at night; also, on beginning to move, from cold, or on drinking cold water, and when the weather changes. *Better* from long-continued motion. Either side may be affected.

RHUS TOXICODENDRON. — Small vesicles turn to putrid, gangrenous and spreading ulcers; tingling and smarting, as if from salt in the ulcers; burning, creeping or crawling sensation, with a pain resembling a recent excoriation;

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smarting and soreness; ulcers surrounded by papillæ. *Pus* sanious, acrid, or sanguineous. *Worse* in the morning, evening, and at night after midnight; also, in the Autumn and Spring, from bathing in cold water, and from cold in general; also, from bodily exertion, from lying down, after moving, from poultices, on rising from a seat, when the weather changes, and in wet weather. *Better* from motion, and motion of the affected part, while walking, and in dry weather. Either side may be affected, but mostly the left.

Ruta Graveolens (?) — Gnawing, jerking pains; secretion of sanious *pus*. *Worse* in the afternoon; also, in damp or wet weather, while sitting, or lying still. *Better* on motion. Left side.

Sabina (?) — Deep ulcers, with pricking in them, and feeling of tenseness. *Worse* in the morning and evening; also, from any bodily exertion, from being touched, and on getting warm in bed. *Better* in the open air, from cold, and on elevating the limb. Left side.

Secale Cornutum. — Bleeding ulcers; ulcers becoming black; feeling as if burnt; painless ulcers; pricking, producing a prurient sensation. *Pus* putrid. *Worse* in the night; also, on being touched, and on getting warm in bed. *Better* from cold. Right side, chiefly.

Sepia. — Ulcers with blisters around them; pain, as if burnt; deep and scabby; flat ulcers, with digging; destitute of feeling; fistulous, hard ulcers; high, elevated edges; jerking, itching or pricking, with proud flesh; pustules around it; redness of the areola; sensitive, sore, swollen or spongy ulcers; swelling of the edges; tearing in the ulcer. *Pus* copious, corroding, gelatinous, greenish or ichorous; or, may be scanty, putrid, or sour-smelling, viscid, whitish or yellow; thin, salty ichor. *Worse* in the morning, forenoon and evening; also, before falling asleep, on awaking, while sitting, and from being touched. *Better* on awaking; also, on rising from the seat. Right side, chiefly.

Silicea. — Aching pain in the ulcer; it becomes black at the base, or on the edges; bleeding from the base or edges; boring or burning; burning in the edges and areola; sensa-

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tion of coldness in the ulcer; deep or flat crusty ulcers, destitute of feeling; hard, fistulous or gangrenous ulcers; ulcers with high, hard edges; difficult to heal; jerking and itching in, or itching round about the ulcers; maggotty; pricking in the edges or areola; proud flesh in the ulcers; pulsating, putrid; ulcers with redness of the areola, and sensitive edges; spongy on the edges; swollen ulcers, with white spots and tearing pain. *Pus* copious, brownish, corroding, gelatinous, grayish, bloody or ichorous; or it may be scanty, putrid, thin, watery and yellow. *Worse* in the forenoon, afternoon, evening, and in the night; also, in the open air, in a draught, while lying on the painful side, from pressure, and when the weather changes. *Better* when lying on the sound side. Either side; left principally.

STAPHISAGRIA. — Itching or burning in the ulcers; gnawing, jerking, shooting or tearing pains; smarting. *Pus* copious, acrid, ichorous and fœtid, or scanty. *Worse* at night; also, on moving, from outward pressure, and from being touched. *Better* while lying down in bed. Principally on the right side.

SULPHUR. — Readily bleeding ulcers, with raised and swollen edges, surrounded by pimples; fistulous ulcers; stinging or lacerating; proud flesh in the ulcers; violent bleeding of old ulcers; irregular ragged edges; œdematous swelling, and reddish-brown discoloration of the skin. *Pus* thick, yellow, and fœtid. *Worse* in the evening, and at night; also, on awaking, from bodily exertion, while lying down, before menstruation, from poultices, from being touched, on getting warm in bed. *Better* from cold, from rubbing and scratching, and in dry weather. Left side.

TARTAR EMETIC. — Deeply-penetrating, malignant ulcers; broad and deep sloughing ulcers; gangrenous ulcers, with hectic fever; the ulcers are surrounded by black pustules, that break down into deep ulcers; no suppuration, merely an oozing of fœtid humor. *Worse* in the morning, evening and night. Left side.

THUJA OCCIDENTALIS. — Ulcers with indurated edges; elevated, jagged edges, surrounded by large pustules; deep,

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burning, fistulous ulcers; itching, pricking, and proud flesh in the ulcers; serrated edges. *Pus* yellow. *Worse* in the afternoon; also, on rising from the bed. *Better* from rubbing or scratching. Either side.

VERATRUM ALBUM. — Bluish ulcers; hard ulcers; itching, painless ulcers; redness of the areola. *Pus* scanty. *Worse* in the morning; also, in Autumn, in Winter, while standing, and on getting warm in bed. *Better* on rising from the bed, and in dry weather. Right side chiefly.

ZINCUM METALLICUM. — Herpetic ulcers; bleeding and burning ulcers, destitute of feeling; itching, redness of the skin; sore ulcer; tearing, and feeling of tenseness in the ulcer and surrounding parts. *Pus* is bloody and corroding. *Worse* in the afternoon and evening; also, on getting heated near the fire. *Better* from rubbing and scratching. Left side.

This completes the indications for the remedies named in the earlier part of the chapter. There are a few others that it may be well to mention, albeit but little can be said in their favor. *Gelseminum* and *Phytolacca*, particularly, are either of doubtful efficiency, or the provers have been unobserving. HALE, in the clinical index to the first edition of his "New Remedies," mentions both of them; yet no symptoms of value are given. The remedies are few, and will occupy us but a short time.

APIS MEL. — With this remedy, I once obtained the most surprising results in the treatment of cancer. The indications for its use are: Small ulcers; large ulcers, that spread rapidly, and are surrounded by pimples; redness and heat in the areola; pricking in the ulcer; stinging in the ulcer and areola; high florid granulations. *Pus* thick, white, acrid and corroding. *Worse* in the morning; also, from heat. *Better* from cold water, and pressure. Left side.

HYDRASTIS CAN. — This remedy is a close analogue of *Merc.* Having no preparation of it, at one time, I used a lotion made from the decoction of the root. Perfect cure.

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See case reported in Vol. I., "United States Medical and Surgical Journal."

The symptoms were as follows: Ulcers on the leg; dry, superficial, angry-looking; covered with a yellow scab; pain stinging, or stinging-burning; areola inflamed, covered by pimples, which frequently degenerate into ulcers; faint fœtid odor. No pus. *Worse* at night; also, from the warmth of the bed, on motion, and touching them.

PHYTOLACCA DECANDRA. — *Worse* on motion or pressure; pains, pressing or shooting; sometimes drawing or aching; severe pains. Right side. (?)

HAMMAMELIS VIRGINICA. — The best remedy I know of for "*varicose ulcers.*" Deep, circular, flat ulcer; ulcers that are very dark at the base; the surrounding skin is almost black; oozing of blood; edges on a level with the surrounding skin, and sharp-cut; burning and stinging or biting in the ulcer. *Pus* very thin and watery, and bad smelling. Right side. (?) (G.)

GELSEMINUM — Has been recommended by Hale and others, but I can not find a symptom for its use, and have no experience with it.

Let me make *one* more confession, and then close. Although I condemn *local* treatment, yet I have used it twice, once as already detailed. The second time was in the case of a lady, from whose shoulder I had removed a large fatty tumor. From some cause unknown, the wound never healed. The ulcer was a perfect circle, shallow, as large as a silver half-dollar, no pain, edges a little raised and rounded, pus greenish, scanty and thick. The whole sore was filled up with immense granulations, that hung away over the edges. After exhausting my knowledge of remedies in her case, at the suggestion of Dr. G. R. Starky, in Philadelphia, I made a cerate of lard, bees-wax and *Sempervivum Tectorum.* It should have been made into a tincture, diluted to the 6th at *least*, and given internally. It was applied on a piece of lint; and the ulcer, which had been in existence for five months, *was healed in three weeks.*

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ONONDAGA COUNTY ORPHAN ASYLUM. PHYSICIAN'S REPORT.

By William A. Hawley, M.D., Syracuse, N. Y.

(*Read before the Central New York Homœopathic Medical Society, Sept.* 12, 1867.)

This Institution, located in the city of Syracuse, N. Y., has, for twenty years or more, intrusted the treatment of its sick exclusively to Homœopathic physicians. Since the writer has been acquainted with it, now a little more than six years, it has had an average of about one hundred and sixteen children, from two and one-half to twelve years of age, constantly under its care. But few of these children, and those the younger ones, remain there year after year, as homes are sought for them, and obtained as fast as possible, and new subjects are all the time being received. Large as this family is, it is worthy of note, in the beginning of this report, that it is now fully five years that there has been no death among its inmates — a fact that I think all will admit to be remarkable, when it is considered how many ills the children of poverty always inherit.

It would be interesting to review the whole history of Homœopathy in this establishment, but records have not been preserved, so as to furnish the data. I propose, therefore, only to speak here of what I have observed among these children since May, 1865, at which time they were placed in the care of Dr. A. R. Morgan and myself. For many years, they have been greatly afflicted with Ophthalmia and Stomacace; and when we assumed their care, we found these diseases very prevalent, and almost the whole house infested with Scabies. An effort was at once made to eradicate these, and all other diseases which might prevail, by

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purely Homœopathic means. This soon developed the fact that the matron was accustomed to treat the Scabies by the local application of red precipitate ointment; and that, during all her administration, it had been her custom to treat all the various forms of skin diseases, so prevalent among this class of children, with the same local application. This was at once banished from the house.

During the years 1861–2, I had much of the care of this same institution, when the same Ophthalmia and Stomacace prevailed, which we found on resuming it. It was then observed, what still was true, that the majority of the cases of Ophthalmia were accompanied by Stomacace, which showed itself chiefly in a soft, spongy condition of the gums, which bled on the slightest pressure. The cause of this was then a puzzle to me and my partner, Dr. Morgan; but when we found the red precipitate, we thought we had the explanation.

From May, 1865, to May, 1866, during which time Dr. Morgan did the greater part of the work, there were under treatment the following cases:

Ophthalmia	71	Stomacace	45
Hernia Scrotalis	1	Impetigo	10
Diarrhœa, Acute	1	Intermittent Fever	1
Tinea Capitis	2	Remittent Fever	1
Scabies	55	Tinea Furfurans	1
Ecthyma	5	Onychia	1
Psoriasis	1	Eczema	6
Gastrosis	5	Trichosis	3
Gastric Fever	1	Herpes	2
Aphonia	1	Rheumatism	1
Pneumonia	1		

These were treated with so much success that the next year shows only the following record:

Scabies	20	Gastrosis	14
Ophthalmia	4	Tinea Capitis	2
Syphilis, Congenital	1	Eczema	1
Tonsilitis	1	Abscess	1
Pneumonia	1	Scrofulous Synovitis (knee)	1

ALL these cases have been treated by *strictly Homœopathic means*,* and with one remedy at a time, the majority with

* Since the presentation of this report, it has become known to the

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the two-hundredth potency, while no potency lower than the thirtieth has been used. The result is that Scabies may fairly be said to be eradicated, there remaining, at present, only three cases under treatment, and these are improving; while with the red precipitate has gone the Ophthalmia and Stomacace, so that to-day you can scarcely find the same number of children any where, whose skins are smoother or eyes brighter than these.

The remedies found most effective in the treatment of Scabies, were: *Rhus tox.*, *Sulphur*, *Croton tig.*, *Causticum*, and *Carbo veg.;* the first three answering to the pustular varieties, and the others to the dry.

The Ophthalmia and Stomacace invariably yielded to the same remedy, and disappeared together. There was no case of the latter without the former.

While many of these cases have been very interesting, two or three of those occurring the last year seem to me to be especially worthy of particular notice.

C. C., a lad of about six years, after having chicken-pox, for which he had no treatment, was attacked with Eczema. When my attention was called to him, the eruption almost literally covered his whole body, except his face, hands and feet. Behind the ears, on the nape of the neck, the under side of both arms, from the elbows to the axillæ, both sides of the trunk, from the axillæ to the ilium, and fully a quarter of the way around on each side, were as red and raw as it is possible for flesh to be; while from the nates to the calves, the back of both legs was in the same state. All this surface secreted a pale yellow, sticky serum, which, on the edges, dried with a dirty yellowish scab, beyond which

writer that for some months past, the matron, following the advice of an allopathic physician, a personal friend of hers, has been using an external application of *Sulphate of potassa* for Scabies among these children. This fact is stated, because the said allopath has reported that he knew these children were not treated without external medication, as was stated in the annual report to the Board of Managers. The use of this drug has been discontinued, and a few new cases of Scabies, chiefly among those recently admitted, are now rapidly improving under treatment by high potencies only. — [October 13, 1867.]

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might be seen patches of the diagnostic vesicles, on a red and inflamed base. The case was characterized by an intolerable itching, on getting warm in bed, or standing near a fire. Two doses of *Rhus tox.* completely cured the case. The second dose was given, because, after about two weeks of improvement from the first, the case became stationary. Amendment began again immediately on the administration of the second, and continued to the end.

L. R., a boy of five years, was brought to the Asylum in the early summer of 1866, with scrofulous inflammation of the right knee. I could get no history of the case, except that the present condition had existed "more than six weeks." The knee was enormously swollen, semi-flexed, white almost to transparency, very sensitive to touch, and without heat. Fluctuation was very distinct over the whole joint, which admitted of very little motion. Owing to the child's age, I could get no subjective symptoms whatever, all he could tell about it being that the knee was sore. Guided solely by his generally scrofulous condition, and this symptom under *Silicea*, "*Swelling of the knee*, also inflammatory, with blue redness, nightly pains, and excessive sensitiveness to contact," I selected that remedy, and gave him one dose of the six-thousandth. Seeing no improvement, after a week, I gave him a single dose of the two-hundredth, which was immediately followed by amendment. Three doses, all of the same potency, at intervals of about three weeks, completed the cure.

Another case is worthy of citation, as showing the value of what some call "minor symptoms," when those symptoms characterize the case. On the 8th of June, 1866, my attention was called to W. S., a lad about nine years old, whom I found with pneumonia, marked by great fever, hard dry cough, hurried respiration, and redness of the face. I prescribed *Aconite* 30*th*, once in two hours. 9th — not so well; breathing more hurried, and cough more troublesome; face not as red, but chilly on the least moving of the cover; expectoration scanty, and rust-colored. *Bryonia* 30*th*, once in two hours. 10th — condition much the same. Contin-

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ued *Bryonia* 30*th*. 11th — apparently much worse; lies on the back, and can scarcely speak above a whisper; respiration, fifty per minute. Examining his chest by auscultation, I noticed a *semi-lateral* sweat, very marked on the left side. This symptom directed me to *Pulsatilla*, which was given in the 30th potency, once in two hours. 12th — respiration reduced to twenty per minute. Can lie on either side; has slept well all night. 13th — finds him up and dressed, and the case is discharged.

The significance of this report will, I think, be understood, when it is remembered how universally Ophthalmia prevails in all our eleemosynary institutions for children. Most of them employ allopathic means in the treatment of their sick; and in this one, the same means have practically been used, in the treatment of cutaneous affections, till the present administration. Does the cause of this Ophthalmia lie in the fact that it is universally customary to repress all the cutaneous diseases to which this class of children are always exposed, by the use of external medication? This is a question which, it seems to me, the facts of this report show to be worthy of the serious consideration of all concerned in the management of such institutions.

NITRATE OF POTASSA IN INTERMITTENT FEVER.

Dr. Sawyer, of Illinois ("Cincinnati Lancet"), found this salt more effectual than *Quinia* for the cure of intermittent fever. He gives ten grains at a dose, and deems it a specific in ague, having never failed to arrest the paroxysm if uncomplicated." Patients thus treated are less liable to relapse than after *Quinia*. "In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish." *Pacific Med. and Surg. Journal.*

It is quite possible that the Doctor is right about this, and that we have overlooked a valuable remedy. Hahnemann recommended it for quotidian fever with drawing pains in the limbs, and the following case from Frank iv., 626, seems to indicate that something of value might be found if sought in this direction:

"A woman in Edinburgh took a handful of saltpetre in warm water. Immediately after, severe pain in the stomach and whole body, nausea and repeated vomiting, sense of weakness in the head with vertigo, ringing in the ears, trembling of the whole body and an extraordinary chilliness."

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A WORD TO "THE OTHER SIDE."

By E. Tietze, M.D., Philadelphia, Pa.

I.

In the July number of the "Hahnemannian Monthly," we find an article on the value of objective symptoms, which, like almost all the good things we have of late received from that side, comes from its chief defender and spokesman.

Unfortunate as it may be for us, we nevertheless can not agree with the ideas and doctrines set forth in that opus, and beg to be permitted the pleasure of stating wherein we differ with the members of that self-complacent persuasion. In so doing, we are well aware of the danger we probably encounter in entering into contest with men who, in the words, "*and coming, as they* (always) *do, out of the conflict, much the worse, and badly beaten,*" with such blushing modesty hint at their well-proven invincibility, and, with aching hearts, foretell the inevitable defeat of all their future opponents; yet, notwithstanding all this, we desire to have our say — little concerned as we are about our own fate, and fully consoled by the hope that, whatever painful accident may possibly happen to our opponents, on our account, they will skillfully ameliorate with the soothing oil of their highly pardonable self-sufficiency. And now our objections to the article:

"Objective symptoms," the author says, "or what is often understood by them — a changed pathological condition of the organs or structures — are not always present, in all cases." This definition of objective symptoms, we can not accept as correct, for the reason that, in all diseases, no matter what they are, a pathological condition of one or other

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organ or tissue, etc., must be present; since, without such a condition, without a pathological state, the idea of disease would be a non-entity, and since even subjective symptoms originate from such pathological changes — although, in many cases, we are, as yet, unable to prove their existence by direct demonstration. Hence, in order to render the above definition acceptable, it seems to us necessary to insert into it the words, "*directly demonstrable;*" and we would say: "Objective symptoms, or what is commonly understood by this designation, directly demonstrable pathological changes of organs, tissues, etc., etc."

The doctor adds: "And it may be as well to remark, at this time, that the most careful physician will so manage his cases as to prevent this pathological condition." But would not "the most careful physician," in preventing this pathological condition — provided that such a feat could be accomplished — at the same time prevent the possibility of his having any case whatever, since a "case" without this respective condition, is — and it may as well be repeated here — an impossibility, sheer nonsense. Yet, even if the Doctor had expressed himself correctly, it would still be exceedingly doubtful whether it be within the power of the "most careful physician" to accomplish this end in the majority of cases. For, even granted that there be no limit to his almost divine penetration and skill, and that the prevention of material organic changes in the course of a pathological process were but mere child's play, which some medical men failed to accomplish for the reason only that they did not belong to the "most careful physicians" — we yet could not free ourselves of our reasonable and fully justifiable doubts, until we had some convincing evidence to the contrary. And as long as the Doctor has not demonstrated to us *de facto*, or, better, *de factis sufficientibus*, his ability to perform such miracles as, for instance, to prevent, as a "most careful physician," the directly demonstrable pathological changes in cases of scarlatina, variola, syphilis, etc., etc., he ought certainly not to lose his patience with us on account of our apparently criminal and perhaps some-

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what impolite incredulity. However, physicians are rarely so fortunate as to be called upon at the first indications of disease; and it undoubtedly happens more frequently, that their advice is not sought for until directly demonstrable pathological changes have taken place. Yet, admitted, even, that they were always fortunate in that respect, we still should deem ourselves correct in saying that even then the best they could do, in most cases, would limit itself to the restriction of those pathological developments, within moderate bounds.

"If Skoda," the author continues, "as quoted at our March meeting, 'forms his diagnosis by objective symptoms alone,' he may be all right in his own way, but we are not obliged to accept his mode of forming a 'diagnosis.'"

In this, also, we beg leave to differ with the Doctor, since, in our estimation, we must accept, in many, if not in the majority of cases, the method of diagnosticating pathological conditions, taught by the physiological school, provided we claim for our diagnosis the acumen, weight and validity of scientific argumentation; for it is well known that in a great number of morbid affections we are only thus enabled to decide correctly as to their locality and nature, their extent and different stages, their increase or decrease, curability or incurability; and that only in this way we can form a more correct estimate of their causes and effects; and that, in following up their manifold phenomena back to their original causes (*causæ proximæ*), we also acquire a better understanding of their subjective symptoms, and can better rate them, as regards their relative or absolute, lesser or greater importance. Yet, as regards the diagnosis of the remedy, it is no doubt equally true that here, in most cases, objective symptoms alone can not be our all-sufficient and only guide; and, so far as we know, no one has ever attempted to set up such a doctrine. For, when the progressive members of our school have deemed it necessary to remind their orthodox friends, from time to time, of the vast importance of the objective symptoms, they did not think of thus denying the great value of the subjective

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signs, but pointed to the great weight of the former, partly for reasons given above — to which we may also add the advantage of a greater facility and certainty with regard to the remedial selection, and the pleasure and satisfaction of a better understanding of the curative sphere and relative importance of our drugs, which again must result in a gradually increasing improvement of our future therapeutics, and render medical experience more trustworthy and valuable — partly in view of the bitter and blind opposition which their orthodox friends have attempted to arouse against this doctrine; and, finally, on account of the utter neglect which, in this direction, that portion of our school has frequently, though not wisely, prided itself on being guilty of.

"And allow me," our author proceeds, "to repeat once more what has been so often said, that, in this particular, we differ from Skoda and the whole allopathic school: that we treat patients."

What small quibbling this is! However, our Doctor glories in it, and why should we not let him fuss a little while over his innocent and amusing toy? Yet, if our Doctor can really treat patients without treating their diseases, we acknowledge him to be a wonderful man indeed, and only hope that his scientific ardor and greatness may not carry him so far as even to tempt him, some future day, to remove his patients, rather than their diseases.

"And that our aim is," the writer adds, "to obtain a full, correct picture of the abnormal condition — that this is our diagnosis — while Skoda and Co. must form a diagnosis by the objective symptoms alone, and be guided by this diagnosis, by a mere name of a disease, in their treatment. The results of the opposite modes of treatment are the only criteria of the correctness of the one or the other mode of practice; and our appeal is to the experiment."

According to the first part of this passage, the Doctor's diagnosis consists merely in a full and correct picture of an abnormal condition. This is a new way of diagnosticating diseases, and an easy one, at the same time; yet we fear that this opinion is as little correct as would be the assertion

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that a pile of stones and timber was already a building of a certain architectural style. Or did the Doctor mean that Homœopaths stand in no need of a diagnosis?

Besides this, we can not imagine why the writer of that article troubles himself so much about "Skoda and Co.," since that firm, at the best, will but smile at this ill-placed sympathy. And as for us, we are perfectly satisfied if those gentlemen find the end of their journey agreeable and pleasant; for, having reserved to ourselves the liberty of bidding them farewell at the therapeutic bend in the road, it is our own fault if, in following them any further, we are disappointed in our company. And as for the Doctor's sleight-of-hand trick with "the mere name of a disease," we can not but advise him to empty out that bag once before him, for he may possibly find it to contain a good many more valuable articles than he thinks of; and will, so far as we are concerned, in remembrance of our deeds, probably come to the conclusion that, although we put our patient in that bag, we have, as yet, always taken good care to tie it up loosely below his head, in order that he may enjoy, at all times, a little say of his own.

In his last sentence, we are sorry to observe that our author has again fallen into one of his old, bad habits. That is, by twisting, turning and shifting, he has entirely removed the point of debate, and now closes up triumphantly with the straw man of his own making. For, the question as to better therapeutical results, in this case, is not between homœopathic and allopathic treatment, but between that part of our school which, in duly considering and fulfilling, to the best of its ability, the demands of modern medical science, gains a firmer foothold in therapeutics, acts with a better understanding and greater circumspection, and has brighter hopes, in the future, of solving, step by step, the deep problems of therapeutical success or failure; and the other side, which, in wedding itself to untenable, obsolete, obscure and misunderstood doctrines, willfully obstructs its sight, becomes one-sided, narrow-minded and bigoted in its views and actions, often deprives itself of happy results,

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and even when gaining such, stands before them as before an all-mysterious goddess, without any hope of ever being allowed to loosen a single fold of her tightly-gathered veil.

In his following remarks, the author endeavors to show how objective symptoms came to be incorporated into our *Materia Medica*, and, taking up for his illustration the uterine symptoms of *Platina*, at first quotes those Dr. Gross obtained from a proving on his wife, and continues as follows:

"Hahnemann now adds evidently a clinical observation, and incorporates an objective fact in the symptom 288—'Spasms and stitches in the indurated uterus.' The subjective symptoms 286, 287 and 289, observed by Gross, no doubt induced Hahnemann to give *Platina* in uterine diseases, and he was now enabled to add an objective symptom, 'indurated uterus;' but he takes good care not to give it alone, as then it might be misconstrued into an assertion that *Platina* would cure all cases of indurated uterus; he couples it with the subjective symptoms — spasms and stitches — in the indurated uterus, and gives this clinical observation a characteristic point, thereby enabling the physician to determine under what circumstances *Platina* will and must cure an indurated uterus."

In all this, we can not agree with the Doctor; but, on the contrary, hold his explanations and comments with regard to symptom 288, to be entirely arbitrary and erroneous. Hahnemann added symptom 288 to the pathogenesis of *Platina*. This symptom had not been observed by any prover, but had evidently been cured by Hahnemann in a patient suffering from a certain uterine affection. On what ground, then, did he administer it, and what reason had he to expect a favorable result from its application? In the pathogenesis of *Platina*, as published by Stapf, in Vol. I. of the Archiv., Hahnemann undoubtedly found unmistakable evidence that this remedy would prove efficacious in certain uterine troubles, and notwithstanding that the symptoms of his case, at least so far as symptom 288 was concerned, were not represented in the proving, gave it, for some reason or other. Although we do not know, with entire certainty,

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what was Hahnemann's special motive for administering *Platina* in the respective case, yet we know that the subjective part, contained in that double symptom (288), can not have decided his remedial selection, since it was worthless to him, on account of the absence of a corresponding symptom in the pathogenesis of the remedy. Besides this, the subjective part of that symptom — "spasms and stitches" — contains nothing that is in any way characteristic of the morbid affection, since a painful sensation of this kind may accompany all forms of induration, and may be present in other entirely different uterine troubles. Here we must also remember that the peculiarity of a pain, in a good many instances, depends upon the peculiarity of the tissue and the peculiar structure and form of the organ in which it is felt, and is, therefore, to a great extent, fixed in its character. Thus, for instance, we find "stitches" peculiar to affections of serous membranes, in general, (pleura, pericardium, peritoneum, etc.,) or to muscular structures or other organs, which are covered with a serous coating, (heart, liver, spleen, uterus, etc.,) while "cramps" are characteristic, especially, of muscles of a peculiar structure and form, depending upon the peculiar arrangement of their fibres, and the various directions of their different layers, (œsophagus, stomach, uterus, bladder, etc.) Hence, we may observe sameness of pain in one and the same organ, under entirely different pathological processes. The painful sensation, under such circumstances, does not, therefore, constitute a characteristic point of one defined pathological anomaly, and can thus be of but secondary value in the treatment of the case. It is probable, then, that Hahnemann based his remedial selection on the objective part of symptom 288, upon the pathological condition. But since this, as the representative of a terminal affection, produced and maintained, as it may possibly have been, by a series of disturbances, either in the uterus itself or in organs more or less intimately related to it, like the subjective part thereof, had not been observed by any prover, it can have been of decisive importance to him only, if one or the other

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disturbance (*causa proxima*) producing the pathological condition in question, represented at the same time the pathogenetic effects of *Platina* with regard to the respective organs. In short, since Hahnemann undoubtedly had some good reason for the selection of this remedy in the respective case, we must, for want of any other or better explanation, infer that, guided either by other subjective signs, not mentioned to us, or upon the strength of some more indirect evidence, he traced, by a careful analysis, the pathological condition back to its promoting cause — to its ætiological momentum. Hence, it was the essential character of the remedy, the starting-point of its action, with regard to the female sexual organs, as indicated in the pathogenesis, by its uterine symptoms and its anomalies in the sexual sphere, which led him to infer that it would prove efficacious in certain pathological changes of the uterus, as, for instance, in induration; for the reason that the origin, the starting-point, of this pathological state, in certain cases, can be correctly referred to such anomalies of the sexual sphere, as *Platina* has caused in the prover.

It is true, the term "indurated uterus" gives us no clear and distinct idea as to what special pathological anomaly Hahnemann meant; yet we are probably not amiss in supposing that he understood by this designation what modern pathologists describe under the name of "chronic infarction of the uterus." Indurations of the uterus result either from exudates and deposits of a normal character, in consequence of chronic congestion or inflammation; or from pseudo-formations, such as fibroid and carcinoma, in consequence of a similar inflammatory process in connection with certain constitutional anomalies. Let us see, now, whether the principal general character of *Platina*, as we gather it from its pathogenesis, can not guide us as to the special nature of the uterine affection, which Hahnemann termed induration in the respective case. That he can not have meant carcinoma, the character of the remedy shows beyond the shadow of a doubt; that he can not have thought of fibroid, one would infer, partly on the same ground, partly

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for the reason that pathology, at his day, did not know of any such affection as a separate and different disease from the former, and, no doubt, frequently confounded the one with the other. Thus, only the uterine infarction (*induratio benigna*), as the result of chronic metritis, remains; and it seems quite probable that Hahnemann, by the term used, understood what is now-a-days designated by that name.

Now, the ætiological momenta of the chronic uterine infarction, rest either directly upon idiopathic troubles of that organ and its most important appendices, the ovaries, as upon lasting irritation, chronic hyperæmia and inflammation of the uterus, in consequence of a morbid irritation of the ovaries, upon chronic metritis, developed from the acute form, upon dysmenorrhœa, climaxis; or indirectly, upon morbid conditions of other organs, as upon diseases of the heart, lungs, liver and *intestinum crassum*. It is evident that, according to the difference of the ætiological momentum, entirely different remedies will come under consideration; and that, from the remedy selected, we can infer, perhaps, what ætiological momentum had been supposed to be prevailing. If we apply this to *Platina*, in the given case, we see at once that it is, above all, the chronic infarction of the uterus, resting upon a morbid irritation of the ovaries, observable in an abnormally increased *nisus sexualis*, with lasting congestion and too profuse and too frequently returning menses, to which this remedy corresponds best; and that if, in Hahnemann's opinion, the affection had originated from any other of the causes mentioned, he would, no doubt, have selected entirely different remedies.

From these remarks it may be seen, perhaps, that Hahnemann incorporated symptom 288 into our *Materia Medica*, without giving, in the symptom itself, the special condition, the characteristic indication for *Platina* in induration of the uterus. On the contrary, this characteristic indication was given in the essential character of the remedy, and it was for us to find it by analysis and induction; for Hahnemann, no doubt, supposed our knowledge of this remedy to be sufficient to enable us to decide in what cases of infarction

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it would promise successful results. But by no means did or could he give the subjective part of symptom 288 as the *characteristic* indication for *Platina* in uterine infarction, since, for reasons given above, it can be looked upon merely as a *concomitant* symptom; and just as little as Hahnemann can have been guided by this part of symptom 288, in the selection of *Platina* in the respective case, just as little it can serve us as a characteristic indication for *Platina* in similar pathological processes.

For his second illustration, the Doctor has selected the objective symptoms, or, rather, pathological terms, incorporated in Hering's proving of *Apis mellif.* — inflammation, dropsy, hypertrophy and induration of the ovaries. After having first quoted the symptoms obtained from a healthy prover, then those produced by this remedy upon patients suffering from ovarian disease, he names the pathological conditions, together with their concomitant subjective symptoms, in which *Apis* has proven itself efficacious in practice, and sums up as follows:

"This analysis of Hering's *Apis*-proving, establishes also some facts:

"1. The subjective symptoms indicated *Apis* in a form of disease in which an objective symptom and a changed pathological condition predominated, which *Apis* had not caused on the prover.

"2. The objective symptom, as the result of a clinical observation, was incorporated into the *Materia Medica*, and to it were added, from the same source, some guiding subjective symptoms."

In this, we believe the Doctor as much mistaken as he apparently is in his conclusions with regard to the characteristic indications of *Platina* in chronic infarction of the uterus. For the subjective symptoms mentioned in connection with the pathological conditions, which, according to his opinion, are to constitute the characteristic indications for *Apis* in similar pathological anomalies, can, for reasons similar to those given above, be considered, even here, merely as symptoms of secondary importance; and it is

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only the deeper, inner character of the remedy, which can guide us safely in its application. However, this essential, general character of *Apis* is not represented in the symptoms quoted by the Doctor, but, in our opinion, to be found in its well-marked effects upon the blood (symptoms 820 and 821,) the action of the heart (816, 819,) the temperature of the body (1076, etc.,) the vital powers (970, etc.,) the function of sleep (1026, etc.,) etc.

Now, if we collect all the above phenomena under one pathological phrase, we may say, perhaps, that the essential pathogenetic character of *Apis* presents itself to us in a high degree of *adynamia*, which arises from important disturbances of the nervous centres, and, in consequence, either of anomalies in the function of the vaso-motory nerves, or, on account of a direct, abnormal vito-chemical process, produces an *adynamic* state of the *sanguineous crasis*, which, according to the local affinities of the drug, occasions *adynamic* inflammatory processes of different organs, etc., which more or less manifest the character of *sanguineous paresis.*

The therapeutical results gained with *Apis* in a number of diseases — as, for example, in certain forms of erysipelas, angina, diphtheria, scarlatina, meningitis, dropsical affections, etc., would be utterly impossible and unaccountable, if the essential character of the remedy were a different one from what we have alluded to.

Among the remedies of our *Materia Medica*, bearing well-marked relations to the ovaries, no one assumes, perhaps, a higher rank than *Belladonna*, which has proven itself, in practice, one of the most reliable drugs in certain inflammatory processes of that organ. Yet, notwithstanding the apparent similarity existing between its pathogenetic effects upon that and other organs, and those of *Apis*, the differences between the two are so well marked and so essential, as to enable us, even by a striking symptomatic resemblance, to draw a distinct line of demarcation between them. For, while the essential character of *Apis* is predominantly *adynamic* and *asthenic*, *Belladonna*, on the contrary, is the true representative of *hypererethismus* and *hypersthenia.* Thus we

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observe with the latter, *a high degree of sanguineous and nervous irritation* — active congestions, acute inflammatory processes and fever of a highly sthenic character, plastic infiltrations, excited and tumultuous action of the heart, great heat, nervous excitement, sleeplessness, convulsions, apoplexia sanguinea; with the former, *a considerable degree of sanguineous and nervous depression* — passive congestions, acute, oftener sub-acute, inflammatory processes and fever, quickly assuming the adynamic character, serous exudates, depressed and feeble action of the heart, chilliness and coldness, nervous exhaustion, syncope, somnolence, paresis, apoplexia nervosa.

This comparison with regard to the essential general character of the two drugs, incomplete as it is, will nevertheless aid us, we think, in fixing their respective therapeutic spheres in ovarian diseases; for, with that rough sketch for our guide, we may correctly infer that —

Belladonna, cæteris paribus, corresponds best to the phlogistic stage — stasis — of acute, purely inflammatory processes of that organ, which bear the hypererethistic and hypersthenic character, are associated with a high degree of hyperæsthesia, and end in plastic infiltrations, tending to resolution or suppuration.

Thus the remedy will be indicated, above all, in young, otherwise healthy, vigorous and active subjects, with quick and strong powers of reaction, who, on account of a healthy nutrition, have an abundance of plastic material, and predispose to plethora.

Apis, on the contrary, corresponds best to the exudative stage of acute, oftener of sub-acute and chronic, more or less complicated inflammatory processes of that organ, which soon assume the adynamic and asthenic character, and are very rarely associated with hyperæsthesia, but, more frequently, with a greater or less degree of anæsthesia, end in serous exudations, with a limited chance for resorption, yet without any tendency to suppuration.

It will, therefore, be especially suitable for feeble, weak and inactive subjects, with slow and insufficient powers of

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reaction, who, on account of an impoverished nutrition, or in consequence of chronic constitutional diseases, such as chlorosis, scrofulosis, etc., are deprived of plastic material, and predisposed to depletion, anæmia, hydræmia, etc.

PHYSIOLOGY.

By C. Wesselhœft, M.D., Harrison Square P.O., Mass.

It is not difficult to accept a responsibility in words — to endorse a note, or assume an obligation of any kind; but when one suddenly discovers himself under the necessity of fulfilling his trust, the position is apt to produce unusual sensations — as, for instance, when one is politely tendered the position of assistant in the Department of Physiology, in a young but influential periodical, and when one very conditionally accepts the position, and then, having nearly forgotten what he did in a rash moment, is surprised to find his name figuring on the title-page of said periodical — what is he to do? Regret his rashness, and disclaim the intention? On first thought, this would seem the wisest course; but then, there is something to be said about Physiology, after all — and when that is exhausted, ample time will be found to consider the next step.

It has been said and written,* that our school demands "more pathologists and such learned physicians as Bennet, of Edinburgh, Watson, and a score of others — writers, for instance, upon female diseases and their surgical and mechanical treatment; and writers upon obstetrics, such as Bennett, of London, Sims, Simpson, and Barnes. When will issue from our ranks, writers of such works as Rayer, Cazenave, or Wilson, on diseases of the skin; Louis, Andral, and Skoda, on diseases of the chest; West on diseases of children; Ricord on syphilis; or such pathologists as Rokitansky, Virchow, and Bock?"

* See United States Medical and Surgical Journal, No. 6, p. 212.

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We have a right to feel slighted at the neglect exhibited in not mentioning representatives of our department of Physiology, and are tempted to espouse the cause of other departments, not represented in the above catalogue of authorities; but we curb our indignation, and consider the matter calmly.

Inasmuch as the above-named, and other not named, authorities and authors, have distinguished themselves as explorers and discoverers in their respective departments, they should be considered and honored without regard to any "school;" for pathology, pathological anatomy, obstetrics, physiology, as well as anatomy and chemistry, etc., have no relation to any party or school in medicine. Collectively, these branches of science constitute "medicine," in its most extended sense — but not allopathic medicine alone; as special sciences, they stand far above party or factional spirit, and are *free to all physicians*, of all parties or schools. If the old school claims those authors as necessarily arising from its ranks, from physiological or rational medicine, or whatever it chooses to call itself, it is wrong; displaying its narrow-mindedness and conceit. And Homœopathists are wrong, as well as weak, if they deplore the absence of such authorities in their ranks; because the progress and truths developed by those free and independent branches of science, are common property of all schools — requiring neither the praise of one, nor the lamentations of the other.

Besides, we have had, have, and shall have, as many eminent productive minds among the members of our school, as ever emanated from any scientific body. It seems too much like "backing down," to deny this. The difference between our school and the old is, that the latter claims as its greatest physicians, men who are eminent anatomists, physiologists, pathologists, etc., but who never claimed the cure of a toothache; while our school, whose first maxim is to *heal the sick*, necessarily strives to develop the means to that great end — *therapeutics and Materia Medica.* Have we no eminent authors and authorities in that department? If

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our opponents do not choose to share with us the benefits of the labors of our therapeutists, it is not our fault. Let us honor them, not merely as Homœopathists, but as free thinkers in a department of free science, which does not disdain the labors of men who do not happen to recognize our therapeutic principles.

But, inasmuch as Bennett, Simpson, West, Skoda, Rokitansky, Virchow, Bock, etc., are physicians — a title implying their obligation to heal the sick — the aspect of their relation to science changes. There is John Hughes Bennett, who has just discovered that pneumonia will get well without heroic treatment, under which, one in three died; while under the restorative, expectorant treatment, there was only one death in 32¼ of complicated, and none in uncomplicated cases. In other words, the school to which Bennett belongs has sacrificed, no one knows how many patients, before this very recent discovery. There is Simpson, the inventor of many barbarous mechanisms; Skoda, whose contempt for the art of healing is equaled only by his celebrity as diagnostician; Rokitansky and Virchow are entirely without any reputation as healers of the sick; while Bock, still smarting under the weighty blows of his abler antagonists among the disciples of Hahnemann, is now daily (see "*Die Gartenlaube*," published in Leipsic,) venting his rage upon every school of medicine.

We do not envy these men as physicians, but rather deplore the course blindly pursued by them — the very course which, in the beginning of this century, caused the great revolution in medicine, known as the origin of Homœopathy. This is cried down by the very "authorities," the absence of whom from our ranks we are called upon to deplore. Under the buncombe name of "physiological school," those "authorities" raise their standard, telling us we are ignorant and they are wise — a bold game, which has actually resulted in frightening many a follower of Hahnemann, to adopt their watch-word, and to extol the "physiological school."

This brings us home to our own department, and indi-

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cates the special view we take of it, as well as the line of discussion we propose to pursue. With special regard to the progress of natural sciences, and physiology in particular, we will endeavor to trace out the relation it bears to medicine — that is, the art of healing the sick.

REVIEWS OF BOOKS.

THE SCIENCE AND ART OF SURGERY; Embracing Minor and Operative Surgery, Compiled from Standard Allopathic Authorities, and Adapted to Homœopathic Therapeutics, etc. By E. C. FRANKLIN, M.D., Professor of Surgery in the Homœopathic Medical College of Missouri, etc.

The volume above named, contains 844 pages; its author was, in the commencement of his studies, a pupil of the late Dr. Valentine Mott, and during the late war, was the attending Surgeon of the "Mound City Hospital," and subsequently Brigade Surgeon of the staff and army corps of Major General Blair. He has had the advantage of a ripe experience in surgical practice, and the present volume is the first half of his work upon the "Science and Art of Surgery." The book commences with a historical sketch of surgery, from the earliest periods until the present time, then follows a history of surgery in the United States; — the latter is merely a notice of some of the most important operations performed by our countrymen, commencing in the year 1800, and ending in 1866. From page 42 to page 59, the work is devoted to general surgical pathology and therapeutics, and is divided as follows: Chapter I., Outlines of the Normal Nutritive Process; in which are discussed — 1st, Development; 2d, Growth; 3d, Adult Life; 4th, Old Age; and gives a very fair and concise *resumé* of the subjects. Chapter II. is devoted to Surgical Semeiology, and

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is well worth the attention and careful study of all young surgeons.

Part II. relates to Bandaging and Minor Surgery, and continues through 131 pages. The apparatuses required for surgical dressings, the various applications of the same, including descriptions of the bandages required in surgery, are all well and minutely described, and illustrated with 128 different cuts of the same. In chapter 3d, Anæsthesia and the Method of Administering Anæsthetics, are well treated, then comes a chapter upon Local Anæsthesia, the new discovery of Dr. Richardson, of London; with the improvements made by Dr. Bigelow, who discovered a new preparation called *Rhigolene.* This chapter considers the history of anæsthetic agents, and has placed on record the proof which renders it undoubted that they were known to the ancients, and it even asserts that certain passages in the Holy Scriptures refer to narcotic agents, administered to produce anæsthesia. As very much is said about this, at the present time, we will here make an extract from the writings of the French poet, Du Bartas, an old work written before the year 1600, and translated by Joshua Sylvester, and published in England about 1605:

"Even as a Surgeon, minding off to cut,
Some careless limb, before in use he put
His violent Engins on the vicious member,
Bringeth his Patient in a senseless slumber,
And griefless then (guided by Use and Art),
To save the whole, saws off th' infested part:
So God impal'd our Grandsire's (Adam) lively look,
Through all his bones a deadly chillness strook,
Siel'd up his sparkling eyes with iron bands,
Led down his feet (almost) to Lethe's sands;
In briefe, so numm'd his Soule and Bodies' sense,
That (without pain) opening his side, from thence
He took a rib, which rarely He refin'd,
And thereof made the mother of mankind."

From this we may conclude that before 1600, our forefathers knew something of anæsthetics, and we find that it is but little more than a century ago, since the Elector of

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Saxony and King of Poland, Frederick Augustus II., had his leg amputated, after having taken some narcotic or anæsthetic agent, which was secretly administered to him by his attending surgeon; and then the operation was performed without his royal knowledge. To Dr. Horace Wells, of Hartford, should be given the honor of having first discovered the anæsthetic properties of ether and nitrous oxyde gas. A very good cut is given of the instrument for producing local anæsthesia. Hypodermic injections are spoken of and approved. Chapter 4 is devoted to the means of arresting hæmorrhage, and the closing of wounds by sutures. Chapter 5 considers Disinfecting Agents. Among the list given, we do not find *Carbolic acid;* although subsequently it is specially recommended as a local application. We shall have occasion to speak of this again, when we come to abscess. Chapter 6 treats of catheterism of the urethra, lachrymal passages, œsophagus, injections, vaccination, removal of foreign bodies from the eye, and the various cavities, the ear, œsophagus, larynx, urethra and vagina. In removing foreign bodies from the larynx and œsophagus, he recommends, before resorting to any operation, to try the method of *inversion;* that the patient should be held up by his legs, with his head downwards, dangling in the air, and then slap him on the back, and the foreign body, obeying the laws of gravity, will very probably fall out. This is a practical suggestion, which should be remembered and acted upon. The celebrated Mr. Brunel, the engineer of the Thames tunnel, when a lad, swallowed while at play, a half-guinea. It passed into the larynx; and Sir Benjamin Brodie, Mr. Key, and Mr. Hawkins, were all called in consultation. They decided to perform the operation of tracheotomy, which was done; but they could not succeed in extracting the foreign body; — it remained in the larynx for a month. In the mean while, the boy suffered dreadfully; at the expiration of this time, he was held up in the air, with his head downwards; his back was struck forcibly by the hand of the surgeon, when he coughed violently, and out rolled the half-guinea. Prof. Hyrtl, in his "Topographical Anatomy,"

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relates the above, and instances several other cases where foreign bodies in the larynx and trachea, were removed by this simple manœuvre. For the past nine years, we have had occasion several times to recommend this procedure, to save the operation of tracheotomy. It is, for obvious reasons, much more applicable when such foreign bodies as marbles or coins are "swallowed the wrong way," than when small seeds, such as water-melon seeds, coffee kernels, or other small objects which have very little gravity, have been swallowed.

Chapter 10, upon *post mortem* examinations, is practical, well illustrated, and we consider it very appropriate to such a work.

Part III. treats of Inflammation, and takes up 58 pages of the book. Inflammation has been called the Alpha and Omega of medicine, as well as surgery; and the old professors formerly interrogated the candidates for the degree of Doctor of Medicine, upon inflammation; if they found them proficient on this subject, they were satisfied; and we have heard some of these same old professors say that "their opinion upon the merits of any and every medical book, would be formed as soon as they had read the chapter upon inflammation." Dr. F. has given us a very concise essay upon this subject. We find nothing particularly new, but it is all practical, candid, and can be well understood by students commencing the study of surgery. Our author treats first of vascular excitement; second, active congestion; third, true inflammation. He speaks of inflammation as "the parent of a larger proportion of evils to which the human family is liable; and it may be defined, in a medical and surgical sense, to be an alteration in the healthy structure and function of a part, accompanied by a perverted condition of the blood and capillary blood-vessels, ordinarily attended with *redness*, *pain*, *heat* and *swelling*, and inducing more or less febrile disturbance in the general system." This definition of inflammation is satisfactory — especially as some surgical authorities have dodged the question, and admitted that a true definition of inflammation is impossi-

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ble, but have ventured to call it a "diseased process, including hyperæmia, stagnation of blood, and exudation." Dr. F. considers at length the heat, redness, pain, and swelling, of inflammation; also its effects and terminations; then the different forms, causes, and the theory of inflammation. In the treatment of inflammation, he reviews the allopathic, or anti-phlogistic treatment; which consists, even at the present day, in blood-letting, purgatives, emetics, diuretics, diaphoretics, counter-irritants, diet, mercurials, and antimony. In speaking of those harsh measures to which our school of medicine, as a general rule, is bitterly opposed, we do not understand Dr. F. as denying that they can ever be of any possible good, (especially topical depletion by leeches.)

Speaking of purgatives, he says: "On the other hand, I am inclined to the opinion that mild purgatives sometimes do good in evacuating the contents of the intestines, which, unmoved, will produce more or less irritation of the system, with increase of inflammatory action;" an opinion perfectly correct, founded upon common sense, and which must meet the concurrence of every practicing surgeon of large experience, let him be Homœopathic or Allopathic. I think so great an authority as Prof. Henderson, of Edinburgh, admitted in one of his essays in the "British Journal," that he still, as a Homœopathic physician, reserved to himself the liberty to occasionally apply a leech or two, and sometimes even to give a dose of *Castor oil.* We are glad to see that Dr. F. does not entirely "expunge with the dash of a pen," the experience of physicians for a thousand years; for, as the great Hufeland said, "it is the duty of one who loves truth, not to remain silent, but to proclaim, with a loud voice, regardless of theory, that which nature has taught us during a long series of years. * * * * We ought to save from the wreck, those truths which have become the legitimate property of mankind, that they be not lost, and required to be again discovered."

Homœopathic Constitutional Treatment of Inflammation.—His preliminary advice in this chapter, is most excellent.

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He counsels the surgeon to study nature well, in the treatment of inflammation. The remedies for inflammation are given in the order of their importance; viz.: *Aconite, Gelseminum, Veratrum virid., Arsenicum, Arnica, Belladonna, Baptisia tinct., Bryonia, Chininum, Sulphur, Hepar. Sulph., Calcarea phosph., Mercurius, and Rhus tox.* The specific indications for each remedy are well and accurately given; he might have added to the list, *Antimonium tart.*, which is, strictly speaking, a remedy for catarrhal inflammations, agreeably to the law of *similars.* Homœopathic local treatment — Rest, position, puncture, cold applications, warm applications, fomentations, stuping, poultices, *Nitrate of silver, Iodine*, compression, counter-irritants, *Ammonia, Turpentine, Chloroform*, and *Baunscheidtismus.* These complete the list.

In the next 58 pages, inflammatory products and consequences are considered, embracing a large range of affections, such as suppuration, abscess, pus, ulcers, mortification, gangrene, pyæmia, etc., then follow chapters upon irritation, hectic, typhus fevers, and hæmorrhages. Change of texture, including softening, induration, hypertrophy, and atrophy, are considered at length; also the effects of heat and cold, specific forms of inflammation, including erysipelas, furunculus, anthrax, or carbuncle. In the treatment of abscess, a new method has lately been tried, and an account of the same published in the "London Lancet," since the appearance of Dr. Franklin's book. After opening the abscess, and carefully evacuating all the pus, it is sealed up by means of a kind of putty, made with common whiting, linseed oil, and *Carbolic acid.* The antiseptic properties of the latter, destroy and exclude those "atmospheric germs, or infusoria, which keep up putrefaction." It is proposed to throw a jet of *Carbolic* or *Phenic acid* spray, from an atomizer, on the point of the opening; or Dr. Lister, of Glasgow, directs that a cloth, wet in *Carbolic acid*, shall be laid upon the abscess, externally, and the point of the knife make the incision into it, under the cloth, and afterwards the *Phenic acid* be constantly applied in the

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form of putty, spread upon tin foil, and changed daily. Dr. Lister reports one case of psoas-abscess, cured by this novel proceeding. He directs the same application to be made to the wounds, in compound and comminuted fractures.

We advise our younger brethren to study well this chapter upon inflammation; for, as no one can be an operative surgeon without a perfect knowledge of general and surgical anatomy — so, also, no one can practice surgery, who does not thoroughly understand inflammation, in all its various stages.

The first chapter of Part IV. is devoted to Tuberculosis (scrofula or struma) affecting the bones. In chapter 2, Venereal diseases, embracing gonorrhœa, chancres, and syphilis, are very elaborately treated. Gonorrhœa and its complications! Our author says: "Gonorrhœa has existed from the earliest ages of which we have any record. It was mentioned by Herodotus, by Celsus, by Mesue, in 904, and by many other ancient authorities; while it is undoubtedly referred to by Moses, in Leviticus, 15th chapter, where rules are prescribed for those affected with a running issue out of the flesh." We quite agree with our author, in his opinion as to the existence of this disease from the earliest times, and are glad that he has placed on record the authorities for such a belief. Most of us have been taught to consider the venereal disease as being chancre, syphilis, and its consequences; but not embracing gonorrhœa, which is purely a local disease. Be this as it may, the term "venereal disease" includes all affections, the direct result of venereal pleasures. Our author regards gonorrhœa as possessing no point of resemblance to the syphilitic type of venereal diseases, aside from its mode of transmission by sexual intercourse. How shall we recognize the fact observed by physicians, that gonorrhœa is sometimes followed by secondary symptoms? Those who believe gonorrhœa to be a local disease, say, in such cases as the last-named, there must have been a concealed intra-urethral chancre; and this is our own opinion; but we must confess to have seen cases in practice, where we have observed the gonorrhœa from its first appear-

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ance, and we have never been able to detect any thing like a concealed chancre; and yet secondary constitutional symptoms have afterwards set up. In the etiology of gonorrhœa, Dr. F. says, "It generally proceeds from direct contact of the mucous membrane of the part, with a discharge occasioned by the existence of the same disease." He, however, admits that "the gonorrhœal virus is absent in the majority of cases, and that the disease often originates from *excessive coitus*, rather than from contagion; or else from repeated or prolonged sexual congress, or peculiar and intense excitement during the act. The frequency of such cases leaves no doubt that gonorrhœa is often due to accidental causes, and not to direct contagion. It is also quite impossible to distinguish gonorrhœa resulting from the menstrual or leucorrhœal fluids, from that induced by contagion; and instead of being of a mild type, is sometimes of an intractable character, being followed occasionally by gleet." We think the above opinions are correct; but Diday, of Lyons, whose authority is hardly second to Ricord, has lately advanced the opinion that gonorrhœa, as well as syphilis, are both of *parasitic origin*. His argument for this novel theory is this: "It is the prerogative of organized beings to produce their like. Venereal and other contagious diseases reproduce themselves; and hence must be of parasitic origin." Dr. Salisbury, of Cleveland, is said to have partially confirmed this doctrine.

Treatment of Gonorrhœa. — Dr. F. very appropriately says: "It is a fact of every-day observation, that in no other disease does the allopathic system of practice arrive so near the truth, as in the treatment of this variety of disease. All the principal remedies in the cure of venereal complaints, are of that type of remedies called *specifics*. Thus, *Mercury* is the universally admitted specific for syphilis, and is used by practitioners of both systems. The only difference — and that is of the greatest magnitude — is in the *amount* of the remedy prescribed. The same principle obtains in the use of *Copaiba*, *Cubebs*, and *Turpentine* — the true specifics for gonorrhœa." We are quite certain these

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opinions will shock many physicians of our school; but we have never met an experienced, skillful and reliable physician, in either the Allopathic or Homœopathic school, but what has had trouble in the treatment of gonorrhœa. We have seen this disease last for months, under the care of such celebrities as Ricord in Paris, and Sigmund in Vienna; and again, almost every physician has treated it with perfect success, the cure being effected in less than a week, by *Aconite* and *Cantharis*. In other cases, all of the Homœopathic remedies, most carefully chosen, will have no good effect; the disease will run on for months, and trouble the surgeon nearly as much as the poor patient; it is therefore necessary that he should be prepared to deal with such obstinate cases; and the advice of our author will be found timely. Dr. F. quotes from Yeldham; who, in comparing the two systems of practice, when employed in gonorrhœa, says: "I have tested both systems, in almost innumerable instances; and I say of the one, It will cure gonorrhœa, but it will cure in a disgusting and sickening way; I say of the other, that it will also cure gonorrhœa, as quickly and effectually, and without a shadow of medicinal annoyance. * * This is precisely the advantage Homœopathy possesses over its rival," etc., etc. The remedies advised by Dr. F. are: *Aconite*, *Mercurius corros.*, *Cantharis*, *Cannabis*, *Copaiba*, *Cubebæ*, *Capsicum*, and *Nux vom.* The special indications for each one are very well described. In speaking of injections, Dr. F. advises them to be used only during the second stage, and his directions about the way in which they should be given, are admirable; he says "it is absolutely imperative that the surgeon administer the injection himself, and not trust it to the patient." *Sulphate of zinc* he recommends, gr. ij. to the ounce of distilled water; other medicines as injections are also spoken of, such as *Hydrastis*, *Chlorate of potash*, *Nitrate of silver*, etc.

We do not find any particular mention made of the treatment of chordee. To the young surgeon, this will sometimes be found to be very annoying; and we know of no better remedy than absolute rest, night and day, and inter-

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nally, one of the following remedies: *Camphor*, *Belladonna*, *Hyoscyamus*, *Humulus*, or *Capsicum;* externally, we advise *Spirits of Camphor*, applied to the penis on retiring to bed, by saturating a linen cloth with it, and binding it around the same.

Our author says of gleet, the following: "After gleet has continued for some months, much benefit will be derived by the introduction of a full-sized metallic bougie, every second or third day. The instrument should be left in for the space of ten or fifteen minutes, and should be of the largest size the urethra will admit."

Epidydimitis, balanitis, and cystitis, are next treated; then, stricture of the urethra, and its complications. In the chapters upon stricture, he has completely exhausted the subject, with one exception. He has failed to notice that purely *American invention*, employed very much by Southern physicians; — we refer to the slippery-elm bougie. This form of bougie can be readily improvised, and is very practical; — it is moulded out of the slippery-elm bark, which, when dampened, should be cut so as to taper to a point, then rolled or twisted a little, into a rounded form, and dried. They may be made of all sizes, and can be readily introduced into the urethra, when they will swell almost as much as the sea-tangle tent of Dr. Simpson, for dilating the os uteri. Dr. McDowell, Professor of Surgery in the Missouri Medical College, has treated stricture for twenty years past, almost exclusively with the slippery-elm bougies. That they should never have been recommended in any surgical work, is indeed surprising. Dr. F. has given very good illustrations of all the most improved modern instruments for dilating, cauterizing and dividing strictures. This chapter is really one of the best in the whole book; and we know of no other work where the subject is treated so practically. Retention, extravasation of urine, and urinary abscess, are all ably treated. In the treatment of phymosis, the author speaks of the new method of treating it by mechanical dilatation, and thus doing away with the necessity of the operation of circumcision. We have tried this

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method in several cases, with complete success; — one was a case of congenital phymosis. An instrument is described by Dr. F., for the purpose of dilating the prepuce. This instrument will be found very practical, but in its absence, the common dressing forceps may be used. It only requires a little patience and perseverance to overcome the stricture. The parts are to be well fomented with hot hop-tea, for some fifteen minutes, and then the blunt points of forceps may be carefully introduced, and gradually expanded. Several trials may be requisite, in order to expand the prepuce sufficiently to draw it over the glans penis; but two or three — perhaps four — trials, will be sufficient.

A chapter upon gonorrhœa in women, and gonorrhœal ophthalmia, will be found very interesting. Our author has left out gonorrhœal rheumatism.

Section IV. commences with chancroid. Definition: "By chancroid is meant a contagious ulcer of the genitals, unattended by contamination of the general system." "Chancre is the initial lesion of syphilis, separated from the constitutional symptoms by a period of incubation." It will be seen that our author is quite up to the times, and advocates the modern doctrine of a *duality* of the syphilitic virus. It is now proved to a certainty, that not every sore which comes upon the penis, after an impure connection, is a real syphilitic chancre, as was formerly believed, and capable of producing after constitutional disturbances in the system; but that there are *two species of venereal poison* — first, that which gives rise to a simple non-infecting soft chancre (called *chancroid* by Dr. Franklin); and second, that which causes an indurated one, liable to be followed by constitutional syphilis. This last is real chancre, defined by Dr. F. as "the initial lesion of syphilis, separated from constitutional symptoms by a period of incubation." Fortunately for the human race, this doctrine of the *duality* of the syphilitic virus, is true; otherwise, the consequences would be dreadful. We have no doubt of the great antiquity of syphilis and gonorrhœa, and that they existed at the time the books of Moses were written;

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although most authorities regard syphilis as being unknown before the middle of the 14th century. So great an authority as Ricord advocated and taught the doctrine of *unicity* of the syphilitic virus, and it is only of late that he has given his assent to the doctrine of *duality*. The differential diagnosis of chancre and chancroid is given, so that the two varieties of sore need not be confounded together. The treatment of chancroid is by internal and external remedies. Constitutional syphilis is never a sequence of chancroid; but Herpes preputialis is very apt to result from it, and may annoy the patient by its recurring from time to time, for years. This Herpes affects strong, plethoric persons, who indulge at the table, and take too little exercise; are subject to fits of dyspepsia; and, withal, are not sufficiently clean in their persons; such persons are apt to believe that their systems are contaminated with constitutional syphilis. Among the internal remedies for chancroid, Dr. F. quotes *Arsenicum*, *Lachesis*, *Mercurius sol.*, *Cinnabaris*, *Nitrid acid*, and *Aurum*. For the serpiginous variety, our author says *Thuja* and *Graphites* have accomplished brilliant results. The serpiginous variety of chancroid is, in our experience, the most obstinate of any of the simple sores, and, in several instances, we have seen it last from sixty to eighty days, resisting the best directed and most skillful Homœopathic treatment. Our author speaks of "mixed chancre," a complication of chancroid with syphilis; and advocates the constitutional treatment of syphilis, and the local treatment of chancroid, as requisites for its complete cure.

Section V. treats of bubo. He divides bubo into three classes — symptomatic bubo, virulent bubo, and indolent bubo. The treatment advocated by our author, we approve of; and one extract, which he has quoted from Bumstead, we must here transcribe: "Recollect that the presence of bubo by no means proves that the patient has syphilis, the existence of which should not be admitted until after the most careful and thorough examination." We have often been astonished at the ignorance of physicians, in insisting

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that the presence of bubo was a proof of constitutional syphilis. We have seen a great many buboes made worse by the treatment of over-officious physicians; a simple bubo requires no blistering or irritating in any way; in our opinion, *pressure* is one of the best means to excite nature to absorb them. Our author has not spoken of this last-named therapeutical measure.

Section VI.—Syphilis. "The *primary* symptoms consist essentially in the occurrence of a characteristic sore (chancre), and induration of the lymphatic ganglia. The *secondary* symptoms include various affections of the skin and mucous membrane; while the *tertiary* symptoms are manifested in the deeper structures of the body, as the fibrous and osseous tissues." Our author then gives his opinion, supported by authorities, as to the antiquity of syphilis; and has collected a mass of valuable facts about syphilis, a few of which we can only notice. Chancre and its varieties are well described. As to the constitutional treatment of syphilis, our author believes in *Mercury;* and adduces evidence which can not be gainsayed, to prove that it is strictly a Homœopathic remedy for syphilis. "Of all medicines," says Hahnemann, "used in the treatment of syphilis, *Mercury* is the only one that has stood the test of experience." This is just as true to-day as it was fifty years ago, when first asserted by Hahnemann. Dr. F. recommends *Mercury* given in doses of from three to five grains of the second or third decimal trituration, three or four times daily, for one week; then he resorts to higher attenuations. "If the chancre is exceedingly obstinate, he uses at once the first trituration." He quotes several authorities, who have cured syphilis with the higher attenuations. Many preparations of *Mercury* are spoken of, and among these, the *Corrosive sublimate* is, in our experience, the best. He says: "*Mercury* may be administered by the *mouth*, by *fumigation*, or *inunction*." The method of Langston Parker, of administering *Mercury* by fumigation, is described; also the method of inunction, by Prof. Sigmund, of Vienna. Dr. F. does not give his opinion very definitely, as to the merits or demerits of inunction and fumigation. We can

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only say that, having been a pupil of Prof. Sigmund, we witnessed his practice in the Vienna General Hospital, for more than one year; we studied the cases carefully, and saw hundreds, both male and female, treated by inunction, and with the most complete success. For nine years past, we have occasionally tried the inunction method, in private practice, and in the wards of the "Good Samaritan Hospital," in inveterate cases, that resisted all other means — even where they had taken, internally, injurious quantities of *Mercury;* and we can not now call to mind a single failure. In some cases, the treatment has lasted for two years; it might even require three years to cure some cases of tertiary syphilis — and the patient will be necessitated to live in the North in summer, and in the South in winter; to resort to baths, especially the Hot Springs of Arkansas; and, in all respects, strictly obey the laws of hygiene. Syphilis is a disease, of all others, which requires that the physician should have had a large experience, to be able to master it.

We must pass over the chapter upon secondary syphilis, and syphilitic local lesions, diseases of the periosteum and bones; they are all ably treated. Congenital syphilis is well described, and a chapter upon syphilization finishes this subject. Syphilization is now about exploded, even in Paris; and we hope to see it consigned to oblivion. We pass over spermatorrhœa, which is an able article. Our author has not mentioned varicocele, as a frequent sequence of spermatorrhœa and masturbation. Tumors, carcinoma, and cancer, are well described, and worthy of a perusal.

Part VI. commences with an article upon the shock of injury, contusion, wounds in general, poisoned wounds, including hydrophobia. In the article upon hydrophobia, will be found a good description of the "mad stone," giving its origin, and illustrating it with cuts of the same. This is something to be found in no other work upon surgery, and will well repay the scientific surgeon, quite as much as the curious and superstitious, to read it. Chapter 9 treats of gunshot wounds. Our author's large experience

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as a military surgeon, gives to this article a peculiar interest. The laws of projectiles, course of balls, symptoms of gunshot wounds, treatment, extraction of balls, and operations after gunshot wounds, are all given in detail. This chapter is well illustrated with cuts taken from specimens preserved in the author's private museum. Dr. F. says: "The course of balls in gunshot wounds is exceedingly variable, and can never be pointed out with any degree of accuracy, before exploration." He relates a good many instances of the most strange and diverse accidents, from the course which a ball may take after it once strikes the human body. One of the most remarkable cases we have ever heard of, occurred in the practice of Prof. Hyrtl, of Vienna, in the Revolution there, in 1848. During the siege of Vienna, in 1848, the corpse of a boy was brought to the dead house of the general hospital. Upon examining him, no wound was perceptible any where; but over the right shoulder was perceived a swelling, the size of a fist. Upon cutting into this swelling, out rolled a six-pound cannon ball. A further examination showed no wound any where; the mouth was closed; but when opened, a very fine rent, scarcely perceptible, was found in the angle on the right side of the mouth. Within the cavity of the mouth, posteriorly, all the hard and soft parts were destroyed; the teeth and fragments of the jaws were driven backwards deep into the throat; and the only explanation for this remarkable case was, that at the instant the cannon ball was projected into the mouth, this boy must have been *gaping* — and, what is still more strange, his mouth must have been, at that moment, unusually stretched, to be able to allow such a large sized ball to enter, and scarcely wound the lips. Dr. F. is an advocate of primary amputations upon the battle-field, "using the time of collapse, or nature's anæsthesia, as the most opportune period, without reference to the reaction, upon which so much stress is placed in surgical works; and the best results have followed in those cases where the operation was performed before reaction set in at all, and while the nervous system was laboring under natural anæsthesia,

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from the shock." In such cases, the shock of operation is less severe, and the consecutive reaction less violent. Dr. F. very properly advocates conservative surgery in fractures of the thigh, from gunshot wounds; and in his table of statistics, he proves that such a practice is the safest, although it is against the authority of Baudens, who said, "Every fracture of the femur demands immediate amputation." In the treatment of compound fractures, Swinburne's method of extension and counter-extension, which discards all splints, is recommended, to the exclusion of all other treatment. We object to this, as altogether too sweeping an assertion. Swinburne's method is very simple, and, as our author says, "can be easily improvised;" but the objection to it is, that the patient is *always* liable to suffer from a sore heel, which can scarcely be avoided, especially in hospital practice. In such cases, we have found the simple anterior (heavy iron wire) splint of Prof. N. R. Smith, of Baltimore, as far better than any other, more convenient for the patient, very easily improvised, and giving a better result than any other. It is applicable for all fractures of the lower extremities, especially fractures of the thigh. The splint called "Hodgen's Splint" is a pretended improvement of N. R. Smith's anterior splint, but it is far inferior to the latter. Sabre and bayonet wounds, traumatic tetanus, and the ligature of arteries, close this chapter.

Part VIII. commences with tetanus, and includes neuralgia and neuroma. The other chapters which complete the volume, are devoted to diseases of the bones, necrosis, spinal curvatures, rickets, etc. But our space will not allow us to make any further criticisms. This first volume contains a mass of practical information, not found in any other one work. It has cost Dr. F. a great deal of labor; and we are sorry to say that thus far he has received very poor encouragement from the members of our profession. His appeal to the medical profession, to send to him contributions, giving a digest of their surgical experience, was not responded to at all.

As far as this work has gone, it gives the very latest

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improvements in Allopathy, as well as the therapeutics of Homœopathy, applicable in surgical practice. It should be in the hands of every practitioner of our school, in the United States and in England. When the second volume has been issued, we bespeak for it, that it will be a "master work," and that our profession will owe a debt of lasting gratitude to Dr. F. — one which they can not soon repay.

T. G. C.

HOMŒOPATHIC MATERIA MEDICA OF THE NEW REMEDIES, Etc. 1867.

THE science of Materia Medica embraces a knowledge of the properties of all substances that are capable, and in so far as they are capable, of modifying the functions of the human organism, and of changing the composition of its tissues. This comprehensiveness of definition results from the axiom that whatever possesses the power of modifying the functions and altering the tissues of the organism, may be capable of being used as a means of counteracting those modifications and changes which constitute, or result from, disease. Whether or how far this practical advantage may be derived from the knowledge which Materia Medica affords us, depends upon the status of the allied but independent science of Therapeutics, which teaches us how to apply to the treatment of disease, the knowledge of drugs which Materia Medica has given us. Homœopathy has given to the world a nearly complete science of Therapeutics. We know how to apply to the treatment of disease, whatever knowledge we possess of the power of drugs to modify the healthy organism.

Our power over disease, therefore, increases almost in direct proportion to the increase of our knowledge of drugs. But who can reckon the number of substances which are capable of modifying the functions and tissues of the body, — capable, therefore, of being employed as drugs for the cure of disease? Materia Medica is evidently an immense field. Its many departments are open to investigators and

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cultivators, and each may choose that which shall best please him. It is not just, then, to pronounce Dr. Hering's labors "impractical," when, pursuing those brilliant generalizations of his, to which we already owe so much, he devotes his time and abilities to proving the metals in their classes, the acids and salts after their affinities, and plants in the order of their natural relationship. Nor have we any right to say that Dr. Hale should have spent his energies in reproving old remedies which we wish to know better, instead of collating and discovering all that he could respecting indigenous and new, but evidently valuable and powerful, drugs. He has chosen, as he had a right to do, a line of labor ample enough to tax his energies, and second in importance to none. Nor can we justly reproach him with publishing "fragmentary" provings. He could give us no more than he had; and it was necessary to make public this vague and scanty information, in order that, by enlisting the profession in the work of proving and of clinical observation, he might acquire the means of making it ample and exact.

Having, in a previous number of this journal, taken exception to a feature of Dr. Hale's "Homœopathic Materia Medica of the New Remedies," the practical effect of which is, in our opinion, working a great evil among physicians, and especially among the younger members of our school, we feel bound to state the good that we have derived from the work.

It was the chief means of introducing to us *Baptisia*, *Æsculus*, *Hydrastis*, *Caulophyllum*, *Cimicifuga*, *Eupatoreum purp.*, *Chimaphilla*, and several other remedies of which we had never before seen provings. With these drugs we have successfully treated cases that, without them, would have baffled us. Estimating that a single cure pays for the book that taught us how to make it, our copy of this book has paid for itself many times over. Whether the pages occupied by notices of the twenty-nine substances, of which not even a fragmentary proving is given, will do more than excite our curiosity, remains to be seen.

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Having thus admitted Dr. Hale's perfect right to select his field of labor, and the propriety of his publishing fragmentary provings; and having acknowledged the benefits which (in common with most of our colleagues), we have derived from the provings scattered through it, we think we shall not transgress the limits of legitimate criticism, if we inquire whether the work is what it purports to be; and if not, whether it does not appear under a false title, misleading the rising generation of Homœopathists, and dishonoring the fair name of Homœopathy?

It is called the "Homœopathic Materia Medica of the New Remedies," etc. Is it a *Homœopathic* Materia Medica of these remedies in the same sense in which Hahnemann's is a Homœopathic Materia Medica of the *old* remedies? A *Homœopathic* Materia Medica is one which sets forth the properties of drugs in such wise that they may be selected and employed according to the Homœopathic law. Pathogeneses — symptoms and signs produced by the drug upon healthy provers, are the essence — the body and soul — of a Homœopathic Materia Medica. Hahnemann's Materia Medica is composed of such. Is Dr. Hale's? It contains notices of seventy-nine drugs; of only fifty have we provings, even most fragmentary; of twelve the provings are pretty complete. The work comprises 1,142 pages; of this number, we reckon, by very liberal computation, 402 pages which are occupied by provings; that is to say, by the only portion which could properly be called a *Homœopathic* Materia Medica. Nearly all the rest is a resumé of eclectic experiences and opinions. Whatever value these may have, can a work thus made up assume, with justice, the title "Homœopathic Materia Medica?" Under this name does it not dishonor the science which demands a pure pathogenetic Materia Medica, and the founder of which so well exemplified and fulfilled these demands by his own Materia Medica Pura?

But it is claimed that provings may be illustrated, and their availability increased, by clinical notes or practical remarks. True, Hahnemann proved this, by his valuable

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introduction to remedies. But the purport of such remarks should be to facilitate the exact application of the Homœopathic law by pointing out the distinctive peculiarities of one remedy as compared with others, and to call attention to the characteristic groups of symptoms. How little of all this do we find in the abundant remarks which encompass and overshadow the provings contained in this book! We meet, indeed, with recommendations of *Apocynum*, of *Eupatoreum purp.*, and of other drugs, in "dropsy," but no clue (even *ex usu in morbis*), to the distinctive symptoms which shall guide us in selecting one of them for a given case. We note hardly a reference to the vitally important matter of individualizing the case and the remedy — of prescribing, not for the *name* of the disease, but for the aggregate of symptoms which the patient presents.

On the other hand, we encounter passages like the following: "We are too apt to prescribe *China* in a routine way, without comparing the special indications, when *Chelone* or its congeners would be better;" page 192. As no proving of *Chelone* is given, how are we to know "its special indications? We *have* "special indications" for *China* in the Materia Medica Pura. Is it not the *essence* of "routine" to give *Chelone*, on eclectic experience, without any opportunity to apply the law of selection? Again, speaking of *Scutellaria*, page 965, Dr. Hale says, "I am disappointed in not receiving any clinical testimony from the members of our profession relative to its use. This may be owing to the absence of a proving, and to the fact that our school are averse to using a medicine empirically. I believe it to be better to do so, however, than to use *Chamomilla*, *Coffea*, and *Belladonna*, in a careless, routine manner, for these nervous affections of children and adults." But, pray, what reduces a Homœopathist to this dreadful dilemma of using these three drugs, "in a careless, routine manner," or of giving *Scutellaria*, because an eclectic says it is good "in nervous affections of children and adults?" Why use *Chamomilla*, *Coffea*, and *Belladonna*, "in a careless and routine manner?" There is no excuse for doing so. We have provings of these

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drugs, and our law of selection, and can know whether they are indicated. But how *could* we give *Scutellaria* in any other mode except in "a careless, routine manner," since the only knowledge given us of it is that it is good "in nervous affections," and this recommendation to use this remedy empirically ("I believe it to be better to do so"), is found in a "*Homœopathic* Materia Medica!" Place the essays which Hahnemann gives us on *Belladonna*, *Coffea*, and *Chamomilla*, on the one side, and the essay of Dr. Hale, on *Scutellaria*, on the other, and we have a fair parallel of the two works, entitled "Homœopathic Materia Medica;" the old, or "pure," and this of the "New Remedies."

Desiring to do all justice to the great industry of Dr. Hale, and to his praiseworthy motives, and estimating highly the knowledge for which we are indebted to his collations, we protest against the assumption which gives to his work the title "Homœopathic Materia Medica." Its title would convey a more accurate idea of the nature and contents of the book, if it ran thus: "A collection of traditions and records of empirical, clinical, and experiments with new and indigenous remedies; together with fragmentary provings of many of them, and tolerably complete pathogeneses of a few; with some Homœopathic cures based thereon; being a collation of materials designed to aid in the elaboration of what it is hoped may, one day, prove a valuable addition to the Homœopathic Materia Medica." No doubt can be entertained of its value when properly elaborated, nor of the honor which will accrue to Dr. Hale when, with the aid of his working colleagues, he shall give us a real addition to the Homœopathic Materia Medica, in the shape of provings of the "New Remedies." But let not the book, in its present shape, go forth to the world, without a protest, as an embodiment of what Homœopathists require and accept as a "*Homœopathic* Materia Medica." D.

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THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA, etc., etc. By CONSTANTINE HERING, M.D., and H. N. MARTIN, M.D., Philadelphia. Monthly, $2 per annum.

For more than thirty years Dr. Hering has been laboring, with untiring zeal, and at great expenditure of time and money, to extend and complete the Homœopathic Materia Medica. His collection of manuscript provings of new remedies, and of additions to the old ones, is immense. From time to time he has published provings of remedies, as of *Lachesis*, *Selenium*, *Tellurium*, *Lithium carb.*, and others, to the great advantage of our school.

After forming several plans for the publication of a complete Materia Medica, the execution of which was variously hindered, he has now begun to issue the provings in the form of a monthly journal, the size of which he most liberally promises to increase, in proportion as physicians shall signify their desire for the work, by subscribing to it.

In addition to provings, arranged in the Hahnemannian style, the journal contains, in each issue, several pages filled with groups of symptoms, which have been proved, by clinical experience, to be *characteristic* of the drugs which produced them, and with clinical cases, illustrative of the action of single remedies. The journal is devoted to Materia Medica, to the exclusion of polemics. We rejoice beyond measure at its appearance, and most earnestly urge every member of our school to become a subscriber at once, and to do his utmost to sustain and foster the enterprise of Drs. Hering and Martin.

A MANUAL OF PHARMACODYNAMICS. By RICHARD HUGHES, L.R.C.P., Ed. (Exam.), M.R.C.S. (Eng). London: H. Turner & Co. 1866. 8vo., pp. 557.

This pleasantly written little book, affectionately dedicated to one of our most accomplished colleagues, Dr. Madden, of London, consists of a series of letters upon the Homœopathic Materia Medica. They are addressed to a convert

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from the old school, who had applied to the author for advice and instruction, in the way of acquiring a knowledge of the Homœopathic "specifics."

Without pretending to the comprehensiveness of a Materia Medica, or to the exhaustive accuracy of a collection of monographs, this Manual directs the reader what standard works and periodicals he should procure, and then proceeds to give him, clearly and concisely, the views of Dr. Hughes respecting the various remedies with which the latter has himself become familiar, and the results of his use of them in treating the sick. Such observations on the practical use of our remedies are very valuable to us when they come from a highly educated and a hardworking physician like Dr. Hughes. We shall all find something from which to dissent in his views of various remedies, — shall notice points in which a wider range of study and experience would have given him clearer insight. Let us hope that we shall, all of us, equal him in earnestness of study, in freedom from prejudice and one-sidedness, and in determination to master our science, whatever labor it may cost us, and to help others in the same path. We look with interest for his volume on Therapeutics. D.

A Treatise on Human Physiology, Designed for the use of Students and Practitioners of Medicine. By Jno. C. Dalton, M.D., Prof. of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York; etc., etc. 4th ed., revised and enlarged, with 274 illustrations. Philadelphia: Henry C. Lea. 1867.

Dalton's Physiology is so well known to every body, that any words from us, characterizing or recommending it, would be simply thrown away. It is a *sine qua non*, in every medical library; and the guise under which Mr. Lea has presented it to us, is such that it would be no discredit to any collection.

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PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. Vol. II.: 1861–1866.

Here we have, in an elegant volume, the doings of our Massachusetts brethren since 1861. It is evident that they have not been idle, and that they think what they have done is worth being preserved in a presentable shape. The Transactions of societies are generally more valuable for their matter than their manner; but this volume deserves praise for both. The mechanical execution of the work can not be surpassed; while the matter of it is worthy the form in which it is presented. Thus, among the Provings, we have *Gnaphalium*, *Kali cyanuretum*, *Xanthoxylum*, *Myricin*, *Calabar-Bean;* with clinical notes upon *Arsenicum*, *Nux.*, *Chelidon.*, *Bromine*, *Gamboge*, *Calendula*, *Croton.* We have also notices, more or less extended, of the character and treatment of the following diseases: Croup, diphtheria, scarlatina, cataract, ovarian tumors, dysentery, gall stones, and other biliary obstructions, diseases of the nervous centres, and cholera. With these are intermingled annual addresses, historical notices, etc.; the whole making a volume which, taken all in all, is yet to be surpassed. Which of our State Societies wishes to enter the lists?

CHEMISTRY. By WM. THOMAS BRANDE, D.C.L., F.R.S.L.&E. of Her Majesty's Mint, Member of the Senate of the University of London, and Honorary Professor of Chemistry in the Royal Institute of Great Britain; and ALFRED SWAINE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians of London, and Professor of Chemistry and Medical Jurisprudence in Guy's Hospital. Second American Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.

The above-mentioned valuable work on chemistry, we have just received from the publishers, through Messrs. W. B. Keen & Co., of this city. The names of the authors are

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familiar sounds with all students of chemistry; and there are none which carry with them more weight. Both organic and inorganic chemistry are fully treated of, and brought up to the present time; and we know of no better work to put into the hands of the medical student.

An additional interest is lent to the work, from the fact that it is the last contribution to his favorite science which we shall receive from Mr. Brande; he having closed an active and honorable career on the 11th February, 1866.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS AND THE DISORDERS PECULIAR TO WOMEN AND YOUNG CHILDREN. By Henry N. Guernsey, M.D., Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania. Philadelphia: F. E. Bœricke. 750 pp. 8vo., with 100 illustrations.

This work is produced in Mr. Bœricke's usual elegant style, and being the first formal (Homœopathic) work on this subject published in this country, we take pleasure in commending it to the favorable notice of our readers. We had hopes to have a critical review of the work in readiness, somewhat commensurate with its importance; but for this, we are obliged to beg the forbearance of our readers, till our April number.

TO CORRESPONDENTS.

Articles for publication may be transmitted by mail, at newspaper rates, by being sent in open wrappers, and marked "MS. for publication."

Articles for a forthcoming number MUST *be received by the Editor at least* NINETY DAYS *before the date of publication.*

All communications on business should be addressed to the publisher.

☞ *Anonymous articles will receive no notice.*

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EDITORIAL.

Our exchanges of late have all taken notice of the recent action of the N. Y. Academy of Medicine, in expelling one of its members for consulting with a Homœopathist. The daily and weekly papers, too, have taken the matter up, and with one voice condemned the action of the Academy, in very severe terms. We fear that we shall not get much credit for modesty, in setting up our opinion against that of so many older and abler journalists; but, be that as it may, we do not hesitate to assert that the action of the Academy in expelling Dr. Gardiner was right, and not only right, but necessary; and we not only commend, but rejoice in it.

The facts are these: "Dr. Augustus K. Gardiner, for twenty-three years," (we quote now from "N. E. Medical Gazette,") "has enjoyed a large and reputable practice in New York City; he is, moreover, the author of a valuable work on the Causes and Cure of Sterility, the translator of Scanzoni on Diseases of Females, editor of Tyler Smith's Lectures on Obstetrics, Prof. of Clinical Midwifery and the Diseases of Women in the N. Y. Medical College of Physicians for Diseases of Women, in the N. Y. Northern Dispensary, member of the National Medical Association, the N. Y. Society, and the Massachusetts Med. Society, author of Monographs on Ergot, Uterine Hæmorrhage, Rupture of the Perineum, etc.;" "a regular and thoroughly educated physician, an accomplished gentleman, one of the Academy's most eminent and honored members," the "Gazette" says he was; nevertheless, he was expelled.

The cause why, is thus set forth in the N. Y. "Tribune," Oct. 21st, 1867; we have no reason to doubt that the statement is true:

"The crime for which Dr. Gardiner has been sentenced to this awful fate, is neither poisoning a patient, nor stealing money, nor forgery, nor bigamy, nor, in a word, any crime known in the decalogue. There is no pretence that he is not a good Christian, a good doctor, and an amiable gentleman. He has neither the plague, the yellow fever, nor, to the best of our belief, any other disease which makes him unfit for the company of the rest of mankind. But the "Committee on Ethics" of the Academy of Medicine, have been looking into his life, and have discovered that one of his intimate friends is a Homœopathist. This is his offence! The friend might have been a liar, a drunkard, and a blackleg, and the Committee on Ethics would not have cared a farthing. But to consort with a man who is, regularly speaking, a medical heretic; who prefers little doses to big ones; who sets Hahnemann above Esculapius, and cures diseases in one way instead of another; argues, it seems, a degree of ethical delinquency which requires the severest punishment. It was not alleged, be it remarked, that Dr. Gardiner himself had apostatized from the faith of the Academy. Nobody charged him with administering the little white powders. For aught we know, he may prescribe nothing but blue pills and paregoric every day of his life. But having, as we said before, an intimate friend, who, though bred "regularly," had fallen away into the Hahne-

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mannic delusions, Dr. Gardiner has been guilty of the sin of consulting with him sometimes on professional questions, has met him at the bedside of some suffering patient, and given him the benefit of his advice and experience. This is the crime for which there is no forgiveness."

For thus expelling Dr. Gardiner, as we have before said, the Academy is assailed by hosts of papers, medical and non-medical; but we affirm again, that the course of the Academy was both right and necessary — right *per se*, and right because necessary. The Academy was doubtless instituted for certain ends: whatever goes counter to those ends, the Academy may rightfully oppose. It is a conservative institution, bound to preserve dignity and professional reputations which are sorely endangered by the strifes and competitions of this wicked world, where Homœopathists are roaming about at will. It is an asylum for the blind, from which those who can see should be discharged; a home for the deaf, in which those who can hear have no call to abide. The very existence of the Academy is in danger, by permitting any to hold fellowship with its members, who can hear and see and act for themselves. Its extreme peril may be seen in the fact that the vote of expulsion was carried by a majority of one only, and that many of the members said they had been guilty of the very same thing, for which Dr. G. was expelled. If self-preservation, then, is the first law of nature, the Academy did right to expel Dr. Gardiner for acting the part of a gentleman and a physician. It was both right and necessary.

Then again, to look at the subject in another light, we do not blame any thing for acting according to its nature. When the dog returns to its vomit, and the sow that was washed to its wallowing in the mire, we do not blame them; their conduct is not to be held up for imitation, much less applause — nevertheless, we can find no fault with them. Dr. Watts says —

> "Let dogs delight to bark and bite,
> For 'tis their nature too,"—

and no doubt every body feels just so about it. Nothing is to blame for acting out its nature — not even the Academy of Medicine, if it should expel every member of any liberal and gentlemanly instincts.

We are right glad that the Academy has taken the stand, and hope it will be rigidly maintained. Why should we want the advice of Allopathists, or why should any one think that we do? If there is any particular in which we are not fully as good as they, as competent to advise and prescribe, let us find what it is, and make ourselves as good.

In conclusion, we heartily rejoice in the action of the Academy. We hope they will make the characteristics which separate them from us and all who love us, as plain as noonday. There are those in our midst who desire their fellowship; we are free to say we are not of that number. We are ready to grant them ours when they get their eyes and ears open, and their necks rid of the collar in which they glory; till then, the further they are from us, the better.

As for Dr. Gardiner, we have no sympathy for him — he does not need any. If business is any object with him, this matter will give his business a new impulse; if reputation, he has gained the esteem of all *true men;*

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if good fellowship, he will learn that it is far from being confined within the limits of the Academy, and that what we offer him may be enjoyed without divesting himself of any portion of his manhood.

We can not bring these remarks to a close, without indulging in a word upon the course of the journals which have reflected upon the Academy so severely. Making all due allowance for the haste with which many articles have to be written, it can not be denied that they all display a want of delicacy and feeling which is truly painful. At the risk of seeming Pharisaical, we can not help expressing our devout gratitude that we are not as other men are — in this respect: we never seek alms of a bankrupt, shelter from a homeless outcast, or manly liberality from the N. Y. Academy of Medicine, or any other formal body of Allopathic doctors. It is bad enough to be bereft of what most *men* deem essential; but to expose this bareness and barrenness, is an act of unkindness of which we could never be guilty.

THE PULSE PHOTOGRAPHED. — M. Charles Ozanam has lately presented the French Academy with an apparatus for photographing the pulse. He says: "*Dicrotism* — that is, the double pulsation (*pulsus dicrotus*) — has been described by Dr. Marey as a normal state of the pulse; before the invention of the sphygmograph, it could only be observed in a few pathological cases, as a precursor of hæmorrhages. Our photographic figure goes to corroborate the assertion of my learned *confrère*, but at the same time settles the question most completely. It shows, in fact, that the natural pulse is not only *dicrotic*, but *triple* in certain cases. In fact, after having risen at one bound to the summit of the register, it descends again by three successive stages, to its lower level. According to my observations, which are already numerous, the first undulation must correspond to the impulse of the left heart; the second would be due to the impulse of the right heart; as for the third, is it due to the elasticity of the arteries, or to the contraction of the auricles? This is as yet not demonstrated." (Comptes Rendus LXV. 315.)

WE are happy to announce to our readers, that Dr. T. F. Allen, of New York City, has accepted the Department of Microscopy in this Journal. Dr. Allen is connected with the Ophthalmic Hospital in New York, and will also give us, from time to time, some bits of Ophthalmic practice. Our worthy friend on the Pacific coast, says that none of the Homœopathic surgeons of this hospital have ever been heard of beyond the Hudson; but he does not prove it — and if he could, it would not be shown that they never would be.

We take this opportunity, also, to express our thanks to Mr. H. Turner, Homœopathic Pharmaceutist in London, for securing us the services of Robert Masters Theobald, Esq., M.R.C.S., who will keep our readers duly informed of whatever occurs in Great Britain, interesting to us as Homœopathists or physicians. Our friends in Great Britain, who have any facts

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or principles which they wish to lay before our readers, will confer a favor upon us by communicating with him, at 25 Lee Terrace, S. E. London. We shall be especially obliged if all Colleges, Hospitals, and Dispensaries, in Great Britain, would send him their Annual Reports.

Similar arrangements are about to be made for other foreign countries, but we can not at present announce any thing definite. Our readers need not be told that money is required to make and meet such engagements as these; and those who approve the course of this Journal, and desire not only to see it exist, but to flourish, will do well to give their desires form, and see that the circulation of the Journal has a helping hand in every quarter. We do not suppose that we have a subscriber who could not get another; some of our friends have found no trouble to procure a dozen; and if all would interest themselves in this matter, we should be able to increase the interest and worth of the Journal very much.

NORTHWESTERN PROVERS' ASSOCIATION.

THE Third Annual Session of the above Society was held in this city, November 12th, 1867. The President in the chair.

The minutes of the last session were read and approved.

The following gentlemen were proposed and duly elected members of the Association: Drs. E. Perkins, W. S. Johnson, T. J. Merriman, C. S. Fahnestock, J. M. Cunningham, A. M. Wells, E. W. Rogers, J. B. Compton, J. D. Taylor, E. B. Beeson, J. H. Smith, A. Herbert, G. E. Cowell, T. G. Comstock, W. J. Blakeley, H. R. Madden.

The Association then proceeded to the election of officers for the ensuing year, with the following results:

President, Dr. E. M. Hale; 1st Vice President, Dr. T. C. Duncan; 2d Vice President, Dr. F. Smyth; 3d Vice President, Dr. W. S. Johnson; Recording Secretary, Dr. S. P. Hedges.

Corresponding Secretary, for —

Illinois - -	Dr. E. Perkins.	Ohio -	Dr. C. S. Fahnestock.
Iowa - - -	" J. E. King.	Pennsylvania	" J. W. Blakely.
Minnesota -	" A. Herbert.	Missouri -	" T. G. Comstock.
Michigan - -	" J. D. Taylor.	Louisiana -	" W. H. Holcombe.
Wisconsin -	" J. H. Smith.	England -	" H. R. Madden.
New York - -	" A. M. Wells.		

General Corresponding Secretary, Dr. T. C. Duncan; Treasurer, Dr. S. P. Hedges; One of Publishing Committee, Dr. C. S. Fahnestock.

Provings of *Salix purp.* and *Cochlearia arm.* were reported by Dr. T. C. Duncan. A proving of *Erechthites* was contributed by Dr. C. S. Fahnestock.

The following drugs were selected for future provings:

Erechthites.	*Ostrya.*	*Dioscorea.*
Stillingia.	*Bromide of Ammonium.*	*Ptelea.*

After the transaction of some other business, the Association adjourned.

T. C. DUNCAN, Cor. Sec'y.

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THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA

We did not learn, till too late, that our notice of this new Institution had not found a place in our last number. We are happy to learn that the college has succeeded thus far beyond all precedent. It has commenced with a list of matriculants, 53 in number, 23 of whom are candidates for graduation. The college has no debt — on the contrary, has a surplus in the treasury. Happy college!

In addition to this, the fees for graduation are to be paid in; these, however, must go to the enlargement of the museum and library. This latter already contains 600 volumes; and in the students' reading-room, all the exchanges of Hering and Martin's Journal are to be found. At a late meeting, the following resolution was passed by the Faculty:

"It being the fixed purpose of the Faculty and Trustees of this College to elevate the standard of Homœopathic medical education, we earnestly request physicians receiving students into their offices, to ascertain that such have proper literary qualifications, in order that we may be spared the embarassment of rejecting them as candidates for graduation, on the ground of deficiency in this respect."

We commend this resolution to all our Colleges; but should be better pleased to see them all refuse *admission* to students who had not proper qualifications. No student can enter upon an academic course, without giving evidence of fitness; why he should have access to a medical course, fit or unfit, we never could imagine. The Allopathic colleges have resolved to require this test; but we have not yet learned that it has been done.

PRIZES OF THE WESTERN INSTITUTE OF HOMŒOPATHY.

The following prizes are offered to all Homœopathic physicians:

Dr. Franklin, $100 for the best essay on the diseases of the bones, and their Homœopathic treatment.

Dr. Ludlam, $100 for the best treatise upon the pathology and treatment of dysmenorrhœa.

Dr. Eggert, of Indianapolis, (who was the first to offer such inducements for well written, carefully digested, and thoroughly practical papers,) offers $100 for the best monograph on nasal catarrh and its Homœopathic treatment.

Dr. Helmuth, $100 for the best paper on syphilis and its Homœopathic treatment.

Each of the gentlemen who have thus seen fit to stimulate the exertions of the profession — not so much by the actual pecuniary reward, as by the honor which may accrue to the successful essayist — has the privilege of appointing his own committee of examination. This committee will carefully and conscientiously peruse the documents that may be presented to them, and will report in accordance with the statements of each. In order to secure strict impartiality, the name of the writer *must not appear in any portion of the essay*, but must be written upon a slip of paper enclosed in a sealed envelope, upon which envelope must be endorsed the title of the paper. After the decision of the committee, the envelope bearing the title of the essay which is found to be worthy of the prize, is opened; and then, and not until then, will the committee on any article be aware of the name of the physician who is the successful candidate.

It is very necessary that these papers should be produced at as early a day as possible, and they should *all* be handed in to those offering the prizes, before the 1st day of March, that sufficient time may be allowed for careful reading and appropriate decisions.

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OUR COLLEGES.

MR. EDITOR: — Having determined upon a brief holiday, your correspondent resolved to make the tour of our principal medical schools. Leaving home early in November, I have visited ten medical colleges, six hospitals, listened to more than twenty different lecturers, seen about fourteen hundred medical students, and enjoyed the most pleasant intercourse with forty Homœopathic physicians.

One should visit the colleges thus early in the season, when the class is fresh, and appears at its best — before the students are worked and worried, their brains racked with theory, speculation and demonstration. At this period, the classes are not so large as a month later, and the proportion of practitioners and experienced men among them is smaller than about, or after, the holidays. There is, however, better order among them; and they are, in general, more interested in their studies.

It was very natural to turn my steps towards Philadelphia — the medical Mecca to which so many of us journeyed in years gone by. Here I found two Homœopathic colleges, instead of one. The old college is manned chiefly by Drs. Lippe, Guernsey, Frost and Morgan. The class was not large, but intelligent and appreciative. I heard a clinical lecture by Prof. Guernsey, which, in some respects, differed from any to which I had ever listened. You will not deem it an exaggeration, when I style it a clinical lecture without any special pathology in it. For a case of inguinal hernia, direct and complete, in a child of about eighteen months, the *2000th* of *Cina* was given, with the promise that when a few incidental "key-note" symptoms — as picking at the nose, etc. — had been relieved, the hernia would probably be cured by the same remedy. In the remarks upon a case of ulceration of the larynx and trachea, chronic in its duration, and of very serious import, with complete aphonia, and purulent expectoration, no mention was made of the larynx, trachea, aphonia, ulceration, pus, or the prognosis. On account of the size and shape of the stool, and one or two other symptoms which are so volatile as to have escaped me, *Nux vomica* *2000th* was prescribed; although the Professor expressed his preference for the *40,000th*, or even the *100,000th*, of the same remedy, for this case. Other patients — of whom there was no lack — were disposed of in a similar manner. Pupils were requested to read aloud, from their note-books, the history of such cases as had been to the clinic before. In none of these readings was the name of the disease given, or the organ involved, or its lesion so much as hinted at. In every instance excepting one, a work upon Materia Medica or a Repertory was consulted for the appropriate remedy; and the Professor repeatedly enquired of the students if either of them had brought to the college any of the higher potencies, as he would prefer to use them, instead of the *2000th* contained in his own pocket case.

I could scarcely believe the evidence of my own senses. One would almost as reasonably expect that a boned turkey should outwalk the famous Weston, just now on his path to Chicago, as that this species of transcendentalism, minus pathology, should be most serviceable to the class and salutary to the species. Although decidedly conservative in my own prac-

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tice, it was positively refreshing to see Prof. Macfarlan, in the surgical clinic which followed, plump his lancet into a whitlow, after the most approved style.

Prof. Guernsey, whose work on Obstetrics is in the hands of your readers, looks the student, the worker, the enthusiast. I enjoyed the privilege of a very agreeable interview with him, and also with Prof. A. R. Morgan, who occupies the chair of Institutes and the Practice of Medicine, in the same college. With them, I visited the museum; but was not invited into the hospital, adjoining.

The new college is a branch, or off-shoot, of the former. Its prospects are thought to be flattering, its means of illustration better than usual for so young an institution, and its creed a more liberal one. I did not see the class assembled, but met the veteran Hering, and also Prof. Raue. The name of the former is a household word among Homœopathists, the world over. If he is half as fluent in the lecture-room as in his own office, it is sufficient to make one desirous of listening to his teachings. Dr. Raue has a work in print by Bœricke, the pharmaceutist, on Pathology and Diagnosis, with Therapeutical Hints, which will appear in December.

Looking the ground over carefully, we could only conclude that the separation among the leading Homœopathists of the City of Brotherly Love (?) was causeless, childish and unnecessary — not to say damaging and deplorable. Unless this breach is healed, the school will soon lose its prestige, and the system suffer irretrievable injury.

Having paid my respects to Drs. Lippe, Williamson, Neidhard, and Wm. A. Read, and also to the pharmaceutists, Bœricke, on Arch street, and A. J. Tafel, on Ninth street, I looked in upon the Allopathic colleges — or, as a friend facetiously styles it, "the lower house." At the University of Pennsylvania, I heard a lecture on Physiology, by Prof. F. Gurney Smith, of Neill and Smith's Compend, and successor to Prof. Samuel Jackson, whose eloquent words upon the same subject fell upon my ears, in the same room, twenty years ago. The class numbered about three hundred pupils. Only one member of the old Faculty, Prof. Carson, is yet in the harness.

At the Jefferson Medical College, I listened to Prof. Wallace, who fills the chair until recently occupied by the renowned Dr. C. D. Meigs. In personal appearance and address, Prof. W. is the opposite of his predecessor — large, angular, and much less fluent and flexible. The class was of about the same size as at the University. The rooms and furniture, including the janitor, remain unchanged. Drs. Pancoast, Dunglinson, and Gross, are still in active duty in this college.

The Pennsylvania Hospital occupies the same old site, and its arrangements are not changed in any respect. The Eclectic College appears to be in a flourishing condition, with about forty pupils. I did not visit the Female Medical College.

Having left Philadelphia to find ourselves in the city of New York, I soon reported myself at the Homœopathic College on Twentieth street. The first lecture I heard was by Prof. F. W. Hunt, on the Yellow Fever. After this, I listened with interest to nearly all the members of the

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Faculty of this college. Not to be invidious, we may say that we were especially pleased with the lectures of Professors Allen, Smith, Dunham, and P. P. Wells. The Faculty has been reorganized, since our last visit to Gotham; and it is very gratifying to note the improvement in its character and increased promise of usefulness, as well as of harmony on minor points of difference among the individual Professors. It is matter for sincere congratulation, that such men as we have just named could be induced to marry into this enterprise, and to merge their zeal and labors in a common cause. To Prof. Beakley belongs the credit of inaugurating an enterprise that is really deserving of success.

The class at this college was larger than at either of the other Homœopathic colleges that I have visited. The young men were attentive, ambitious, and more than usually polite and promising. I shall hope to meet them again — if not in the lecture-room, perhaps on the floor of the American or of the Western Institute of Homœopathy.

These good friends and co-workers in New York have already a charter for an Hospital. They are now organizing a board of managers, and expect very soon, perhaps next year, to have a building that shall be suitable for college and hospital purposes, after the manner of Bellevue; and which shall be under the support of the Commissioners of Public Charity of the City of New York.

As you already know, the old Ophthalmic School and Hospital has lately come into our hands. Its Board of Physicians and Surgeons consists of Drs. Th. Liebold, T. F. Allen, J. McE. Wetmore, and C. A. Bacon; of Consulting ditto, Drs. P. P. Wells, H. D. Paine, Carroll Dunham, and G. E. Belcher. Clinical instruction, which is attended by students from all the colleges, is given at 2 P.M., four days in the week. All varieties of operations are performed upon the eye, and the ophthalmoscope and other means of diagnosis and instruction, freely employed. Lectures are also delivered on Wednesday and Saturday evenings. The average daily attendance of patients at this hospital, is from thirty to fifty. The general introductory lecture was given by Dr. H. D. Paine. I send you a copy thereof for publication, for which favor I shall earn the thanks of your numerous readers.

At a pleasant entertainment, given by Prof. Henry M. Smith, of excellent repute in the Homœopathic family, I met Drs. Barlow, Bradford, Baldwin, Kellogg, H. D. Paine, and others. The occasion was a very agreeable one; not the least pleasant feature of which, related to the many enquiries concerning the doings and prospects of Homœopathy at the West.

I spent one evening with Drs. Marcy and Hunt, the veritable authors of a work of two volumes on the Theory and Practice. The former of these gentlemen has taken Dr. W. Hanford White, formerly of Chicago, into copartnership. Dr. W. bears the transplanting remarkably well, is in fine health and spirits, with a good prospect. Dr. S. S. Guy devotes himself to the welfare of the Hahnemann Life Insurance Company. Having left the practice at Grand Rapids, Mich., Dr. C. J. Hempel is here, engaged in translating two new works for Radde's press. One of these entitled, "Ve-

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nereal Diseases, their Pathological Nature, Correct Diagnosis, and Homœopathic Treatment," by G. H. G. Jahr, will be ready in January. The other, or Dr. Bähr's Therapia, with notes from Kafka, in two large volumes, will be published in the early spring.

Dr. C. F. Reed, formerly of Kenosha, Wis., now residing in this city, is still an invalid. He has been confined to his bed since September 6th, 1864. His disease is said to result from a peculiar and unheard-of complication of rheumatism, the effects of a dissecting wound and of malaria, combined. For the space of one and a half years, he did not move either hand in the least; and for two years, the same is true of his feet. For three years, he has laid upon his back exclusively, *sans* any thing approaching a bed-sore; — the best evidence of his wife's good care and nursing. The Dr. has the old fire in him, is something of a philosopher as well as physiologist, and is really getting well.

Among other celebrities, I called upon Messrs. Radde, and J. T. S. Smith, pharmaceutists. The former adheres to his old store and style, in every particular, is proud of the progress of our system, deprecates schism, desires harmony among the brotherhood, and sends you off with the same old stereotype promise to visit the West and see what we are doing, one of these fine days. The latter is as genial and jolly as ever, as young as either of his sons, and as honest as any man in his own or any other calling.

Although in a recent address before the Historical Society, it is claimed that there are 38,026 more women than men in the city of New York, I could not learn any thing worthy of note concerning the Female Medical College. A recent communication from Dr. Bartholow, of Cincinnati, to the New York "Medical Journal," gives the status and introduction of the celebrated Mrs. Dr. Mary Walker into the army; from which it appears that she is a graduate of a hydropathic institution at Geneva, New York.

Bellevue Hospital Medical College has about three hundred pupils, the roughest and most uncivilized set of fellows that I have seen in my travels. In numbers and quality, the students more nearly resemble those of the Rush Medical College in Chicago, than any others. They look, for the most part, quite equal to the task of taking a sort of Hippocratic oath by-and-by, not to deviate in practice from what they have been taught in this college; or, so doing, to be willing to forfeit their diplomas. It would be interesting in future, to know what has become of such an unpromising batch of embryo doctors. I heard an excellent and instructive lecture by the elder Flint, on the differential diagnosis by physical signs, between pneumonia, bronchitis, and phthisis. He is a very able and successful teacher.

Excepting in the Hahnemann Medical College in Chicago, I have not met such an intelligent and respectable looking class of young men in any of the schools, as at the College of Physicians and Surgeons in New York. The class is about one-third the size of that at Bellevue, but makes up in quality what it lacks in numbers. These young men are sufficiently advanced to appreciate the lectures of Drs. Alonzo Clark, Dalton, and others. Without any bias in favor of either of these schools, it is plain

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enough to be seen that the course and character of the College of Physicians and Surgeons is more to be commended than that of Bellevue. It is less flashy and pretentious, and its parchments will soon command a higher premium in the professional market.

The University Medical College appears to be on the wane. Its former *prestige*, under the leadership of the elder Mott, Paine, Draper, Post, and others, has nearly departed. Perhaps too large a share of the energy of its present faculty has been correlated to other departments of study and research. Not every physiologist is as versatile as Virchow. It is a positive misfortune to this school, that Dr. Draper should have been decoyed into the smooth waters of Political Economy. The only lecture that we heard in this institution, went on at a "poor, dying rate."

At Baillière Bros. and Wm. Wood's medical bookstores, I gathered up a supply of books, both new and old; chiefly, of course, relating to a particular branch of medical study. Among them were Leischman on the Mechanism of Parturition; Skey on Hysteria; Read's History and Treatment of Placenta Prævia; Rogers on Extra-Uterine Fœtation; On Pain and other Symptoms connected with the Disease called Hysteria, by D. DeB. Hovelle; The Greatest of our Social Evils; Dr. Earle's Flooding after Delivery; Bryant's Surgical Diseases of Children; The Nature, Pathology and Treatment of Puerperal Convulsions, by Richard Hodges; King on the Preservation of Infants in Delivery; Uterine Disorders, their Constitutional Influence and Treatment, by Wright; and quite a catalogue of other similar volumes. A number of new works pertaining to this specialty are in press, and will appear shortly. Among them are Dr. Elliot's Obstetrical Papers; Dr. Thomas' Diseases of Women; and Prof. Klob's Special Pathology of the Uterus. Baillière has for sale a magnificent Atlas of Surgical and Typographical Anatomy, by B. J. Beraud, illustrated by 109 colored plates, and translated by Thos. Hulme, etc.

On leaving New York, I set sail for Cleveland. Here I called at Beckwith and Co.'s pharmacy, and was soon after in the amphitheatre of the Western Homœopathic Medical College, listening to a lecture by my friend Allen, upon anatomy. As a criterion of the Professor's success as a teacher, I may mention that the class stood the best examination I have ever heard, upon the minute anatomy of the sphenoidal and ethmoidal bones. It is a sort of family trait with the Allens, to succeed as lecturers upon this most important branch.

Next followed a lecture upon Materia Medica, by Prof. Barnes. The Doctor adheres almost too closely to his well-written manuscript; but the matter compensates for the lack of spirit in his delivery. One's olfactories must be very acute, to get on scent of any heresy in his teachings. Prof. Beckwith's subject was Gangrene; upon which he gave us a most practical, sensible and suggestive talk of fifty minutes' duration. Those who imagine that, from physical size, professional success, or predilection and capacity for business calling or life assurance, Dr. B. lacks any of the requisites of an acceptable teacher, have only to listen to him in the lecture-room, in order to be disabused of any such idea. The lecture was

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rounded off with the only poetical quotation (from Byron) that we have heard during our visit among the colleges.

In the afternoon, Prof. Sanders treated us to a lecture on Anteversion of the Uterus — a subject upon which, of all others, I was most pleased to hear him. His views upon this affection are already known to the profession, and I need not reproduce or criticise them in this connection. The Dr. is a fluent, easy speaker, and a general favorite with the class; a fact which, for the credit of his chair, should not be overlooked. It has been customary in times past, in some of our colleges, to place the department of Obstetrics, etc., in charge of a worn-out, inefficient teacher, because it was supposed there was not much in the branch to be taught, and an old woman would answer for this post better than for any other. This species of folly was not fastened upon the Cleveland College by the appointment of Prof. Sanders to his present position.

Prof. Wilson's subject was the Physiology of Generation. His manner is pleasing and familiar, with a Western earnestness that is really contagious. Such lectures as his infuse a love for this most interesting and much-abused branch of medical study. Prof. W. is emphatic in his utterances, underscores what he says, and does not leave the pupil to drift about in the sea of speculation and hypothesis.

After a pleasing interview with the veteran Prof. A. O. Blair, I accepted an invitation from Dr. D. H. Beckwith, for a drive through the beautiful city of Cleveland. In the evening, I was honored with an entertainment given by the members of the College Faculty of that city, to the individual and collective members of which, I desire to return my heartiest thanks. It was pleasant to meet every member of that Faculty around the festive board; and I shall never forget the spirit that prompted such a spontaneous and unmerited compliment.

I visited the home office of the Hahnemann Life Insurance Company, and was more than gratified with what I saw of its men and machinery. Mr. Mills, the Secretary, is an experienced, reliable, whole-souled officer, with a face and address that would be a fortune to any physician. The Pharmacy is the largest and finest looking establishment of the kind, that I saw. *En passant*, one peculiarity that distinguishes the East from the West, medically speaking, is that in the former region the physicians assume more of style in equipage, "rolling stock," and personal appearance; while the pharmaceutists keep their quarters in a less commanding place, with less of flourish and whatever is attractive to the people and the profession. In the West, the pharmacy is a representative institution, more prominent sometimes than even the doctor himself. With us, it is the professional headquarters, a medical depot, a bureau for general and specific information; and whatever the frontier physician may lack of address and finish, is made up by the pharmaceutist. Not so with our Eastern brethren.

Only a conscientious dread of wearying your patience and of occupying too much of your valuable space, prevents further gossip. For lack of time, and not of inclination, I was prevented from visiting our college at St. Louis; which privilege is reserved to a more convenient season.

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Believing that a more free and frequent interchange of sentiment among our medical teachers, especially during the period of instruction, would conduce to the interests of the whole profession, I am

Yours, on the wing, R. LUDLAM.

HAHNEMANN MEDICAL COLLEGE, CHICAGO. — The present course in this college opened with a larger class than ever before, in the new building. The first term of this session closes with the year; the second is to open January 2d. Twenty-six lectures are given at the college, five clinics at the hospital and three at the college; making thirty-four in all, during each week. The subjects under consideration are: Anatomy, Physiology, Surgical Anatomy, Materia Medica, the Practice, and Obstetrics, besides special lectures upon Diseases of the Eye, by Prof. Small, and also upon Diseases of the Ear, by Prof. Hale. The class is composed of earnest and industrious young men, from all the Western States and the Canadian Provinces. A large accession will be made to its numbers, after the holidays. The course given is very comprehensive and thorough, and the standard of acquirements as high as possible. It is the determination of the Faculty of this college to make its diplomas worth the having, to those who are lucky enough to possess them.

WE notice in one of our exchanges, a review of Dr. Peters' book on Cholera, from which we learn that the Dr. has troubled himself to assert that Homœopathy has been no more successful in cholera than any other treatment, and adduces Dr. Fleischmann as an evidence. Nobody knows better than Dr. P., that this is not true. A late number of the Allg. Hom. Zeitung (Bd. 75, S. 71), gives us the following table, from Dr. F., by which it seems that he cured about 70 per cent.; while the average result of Allopathic treatment is about 50 per cent. — just about the number which get well where the disease is left to the efforts of nature.

TABLE

Showing the results of Cholera treatment in the Gumpendorf Hospital (Vienna), by Dr. Fleischmann, during the year 1866.

AGE.	RECEIVED.		CURED.		MALES DIED In hours as follows:					FEMALES DIED In hours as follows:				
Between the years of	Male.	Female.	Male.	Female.	3	6	9	12	24 and upwards	3	6	9	12	24 and upwards
5 – 10	5	5	4	4	.....	1	.....	.....	.....	.....	.....	.....	1	....
10 – 20	87	86	32	31	2	1	.....	.....	2	1	.....	.....	1	3
20 – 30	18	29	16	20	.....	.....	1	1	... .	2	1	1	2	3
30 – 40	17	23	18	18	1	2	1	.....	.....	2	2	.....	2	3
40 – 50	16	17	10	10	1	1	1	1	2	2	.....	1	2	2
50 – 60	15	11	8	8	1	2	.....	2	2	1	1	.....	1	....
60 – 70	6	10	1	5	....	1	2	2	.....	1	2	1	1	....
70 – 80	4	1	1	1	.....	2	.....	1	.....	.....	.....	.....	.....	....
80	1	1	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	....
	119	132	85	98	5	10	6	7	6	9	6	3	10	11
	251		178		34					39				

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INFUSORIA IN THE AIR EXPIRED IN HOOPING COUGH.

M. V. POULET announces to the French Academy, that he has discovered infusoria in the air expired by children suffering from hooping cough. He says:

"The vapors arising from the respiration of the little patients, collected by the process described in my previous Memoir, present, under the microscope, a world of little infusoria, identical in all cases. The most numerous, as well as the most delicate, may be referred to the species described by some under the name of *Monas termo*, by others under that of *Bacterium termo*. Others, less in number, move about hither and thither upon the field of the instrument. They have a long, slender, cylindrical form, slightly fusiform; their length is two or three hundredths of a millimètre, their breadth scarcely half a hundredth of a millimètre. It is the species which Müller calls *Monas punctum*; Ehrenberg, *Bodo punctum*; and which micrographers usually place among the Bacterians, *Bacterium bacillus*. Thus, hooping cough comes into the class of infectious diseases." — (Comptes Rendus LXV. p. 254.)

RASPAIL ascribes hooping cough to "the invasion into the trachea of worms of the smallest calibre." — (Hist. Nat. de la Santé, etc., III. 411, 1846); and in Vol. II. p. 54, he says:

"LINNÆUS ascribed the cause of hooping cough and croup (*tussis ferina*) to some kind of acarus, as follows: The *tussis ferina* is a disease little known to our ancestors, and chiefly affecting children. It is epidemic, and contagious to such a degree that it can propagate and multiply itself easily by the mere emanations from the sick. Now, such modes of propagation can only be attributed to an animated cause. Might not the *tussis ferina* be produced by some species of acarus, which seeks its food in the organs of respiration? The domestic medicine of the Vestro-Goths argues in favor of this opinion; for, to soothe and cure this disease, they use there an infusion of *Ledum* — a remedy, the narcotic properties of which, poisonous and offensive to insects, permit us to infer that the cause of the disease which it cures, resides in the animalcula. This is the same plant with which the peasants relieve their swine and sheep of the vermin which infest them."

Ledum is still efficient in the treatment of hooping cough, not only in infusion, but in attenuation. Which is preferable, we can not say, never having used the former; but in the latter form, it is an indispensable remedy in this disease.

CHLOROFORM AND ETHER AGAINST LARVÆ.

A NAVAL surgeon, M. Coquerel, has described a diptera under the name of *Lucilia homini vorax*, which, in Guiana and Cayenne, causes fatal accidents by depositing its eggs in the nostrils (of man), during sleep. An infinitude of larvæ is very promptly the result; which, invading by hundreds the nasal fossæ and the frontal sinuses, produce fatal results in eight, ten, or, at the most, twelve days. Of five well-marked cases, four were

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mortal. Our colleague deplored the almost absolute incapacity of science to prevent these results, except by trephining the frontal sinuses, which is an extreme measure.

Some years after, the French military surgeons observed, during the expedition to Mexico, similar effects, traceable to the stinging of a fly, which, by its brilliant reflections of a deep and violet blue, resembles the *Musca Carnaria*. One of these surgeons, M. Thomas, says that those affected with ozœna, or having an untidy nose, were predisposed to its visits. These larvæ, which are small, of an opaque white, fusiform, grow rapidly, and attain a length of about 15 millimetres. In four cases, they were found in the nasal fossæ, exhaling an offensive odor; and once, in the left masseter, in case of a grenadier of the Foreign Legion, who had a small boil over the corresponding part. In less than ten days, they had produced, in this latter case, an ulceration larger than a two-franc piece, perforating the masseter to the bone, and invading the parotidean region. In the nose, they destroyed the mucous membrane, reducing the tissues to a pulp, denuded and perforated the cartilages, laying bare the bones, which soon became necrosed.

A vermicide for this dangerous parasite, was hence a great desideratum. After a number of fruitless attempts and experiments, MM. Dauzats and Jacob discovered the destructive action of *Chloroform*, which was thenceforth employed by inhalations and injections, with the greatest success. All the patients with whom these remedies were used, were cured as if by magic. Of seven cases, one only was fatal, by reason of the frightful ravages which the larvæ made in the nose and pharynx during eight days before the remedies were used. M. Jacob reports an eighth case, where two hundred and twenty larvæ were expelled by these means.

Though the inhalations suffice to detach these larvæ, and to cause them to fall out in great numbers, it is always well to have recourse to injections of equal parts of *Chloroform* and water. These destroy almost instantaneously those which are more deeply seated, and may be considered as never failing in this respect.

As a substitute, Prof. Jarvavay has had recourse to *Sulphuric ether* in an analogous case, which presented itself at the Hospital Beaujon. The patient complained of acute pains in the left ear, radiating to the forehead, the supra-ciliary arch, the temple, and the mastoid pophysis, with headache, lachrymation, cramps and formication in the arms, trembling of the legs, and nausea. After having discovered the presence of two larvæ in the external auditory canal, the surgeon introduced a few drops of *Ether*, which sufficed to eject a hundred of the larvæ during the night.

At his visit the next morning, large larvæ of the *Musca Carnaria* were still seen in great abundance at the bottom of the auditory canal. Two injections sufficed to destroy them; but it was discovered that the tympanum was perforated, which explained the persistence of the pains. These were soon quieted by the use of emollients. (Bull. Gén. de Ther. LXXI. 379.)

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COMA PRODUCED BY LUMBRICI.

Emilie S., two years of age, entered the Salle St. Catharine, February 25th, 1867, having been sick four days. Before, she had never had any thing but slight diarrhœas, of short duration. February 21st, she was taken with fever, prostration, loss of appetite, with difficulty on going to stool. She had even been constipated for two days. Her prostration was extreme, and resembled coma; the pulse very frequent, small, a little irregular, beat 20 times in the minute. As there was nothing anomalous in the respiratory functions, we hesitated much (says M. Bouchut) in our diagnosis between a beginning typhoid fever, and meningitis. But the ophthalmoscope indicated no lesion of the retina; and an examination of the abdomen revealed nothing which might have been expected. Two days after, diarrhœa ensued spontaneously, with persistence of the same febrile condition, prostration and coma. The idea of a typhoid fever became uppermost in our mind, when the child voided two lumbrici by the mouth, without making any effort at vomiting. Upon this indication, I prescribed 10 centigrammes of *Santonine*, the daily use of which caused other lumbrici to be discharged; and all the symptoms disappeared rapidly. The child aroused itself, and emerged from its torpor and prostration. It had no more fever, regained its appetite and its gaiety, and on the fourth day of the treatment by *Santonine*, it was cured.

M. Bouchut says that in doubtful cases, the microscopical examination of the fæces, as recommended by M. Davaine, suffices to remove all doubts. If we find here the ova of the lumbrici, oval and fringed at their circumference, those of the tricocephalus, oblong, with the teat-like projection (mamelon), at each extremity, the oval and irregular eggs of the oxyuris, or, finally, the round ova of the tænia, we may not only affirm that there are worms in the intestines, but the treatment is also made clear by this very fact; since we know that such and such a worm requires such and such medicinal agent. (Gaz. der Hospitaux and Bull. Gén. de Therap. LXII. 377.)

ERGOTINE AS PREVENTIVE OF PURULENT ABSORPTION.

M. Labat, surgeon of the hospital at Bordeaux, proposes *Ergotine* as a preventive, to be administered immediately after amputation, and continued till the fall of the ligatures. The medium dose is from 5 to 6 grammes. The phenomena observed in those subjected to this treatment, are as follows: The first three days, the fever of reaction, as usual; swelling of the stump, very little, almost nothing; serous flow almost entirely dried up, after the first day; production of pus considerably diminished, and consequently, very rapid and complete reunion of the wound in all parts kept in contact. In four cases, the use of the *Ergotine* was followed by an obstinate sleeplessness, and that was the only inconvenience observed. The report of M. Labat mentions 14 operations, all resulting in a cure. Of these, there were 9 amputations of the thigh, 2 of the leg, 1 disarticulation of the shoulder, 1 resection of the humerus, 1 resection of half the lower

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jaw. Now, these are wounds which are generally considered as very serious matters, and the results obtained are the more remarkable, since at the Hospital Saint André, as M. Labat remarks, the mean mortality after amputations is 50 per cent.

But should the honor of such splendid success be given to the employment of *Ergotine*? The treatment to which M. Labat subjected his patients was so complex, that we can hardly think that the *Ergotine* alone performed these cures. The dressings, for instance, were made with *Camphorated alcohol.* Moreover, M. Labat established a drain in the wounds, to facilitate the discharge of the pus.

M. Labat did not hit upon this treatment accidentally. Struck by the peculiar characteristics presented by gangrene supervening upon the use of *Ergotized rye*, he inquired if this agent might not be made useful, regard being had to the very qualities which render it injurious when taken as food. Now, in his opinion, that which characterizes the action of *Ergot* is a tendency to increase plasticity. In the second place, considering the point of departure of those terrible phenomena but too apt to occur after operations, to be, a true absorption of pus by the open mouths of the cut veins, the problem is to keep these orifices closed. This task is committed to the plastic exudations provoked by the use of the *Ergot* on the surface of the wound. (Société de Chirurgie and Bull. Gén. de Ther. LXXII. 142.)

UPON A PHENOMENON OBSERVED IN POISONING BY STRYCHNINE.

By M. I. Rosenthal.

"In making experiments upon a heart-poison from the peninsula of Malacca, I noticed that it acted less intensely upon hens than other animals. As this poison contains *Strychnine* in large proportion, I repeated my experiments with pure *Strychnine.* Thus, with the aid of Dr. Leube, I determined the quantities of *Strychnine* necessary to produce convulsions or death, with the different species of animals. To obtain these two effects, the differences between the doses necessary, are always small, and are not the same for different animals. The poison was given, in all cases, by the mouth, and in form of an aqueous solution. To destroy rabbits, a milligramme of the *Nitrate of Strychnine* is necessary for every 500 grammes of the weight of the body. Guinea-pigs, swallows, and pigeons, absorb twice as much before dying. Chickens, on the contrary, bear twelve times as much.

On this occasion, I observed that by establishing artificial respiration with rabbits, so as to suppress all natural respiratory movements, we could make the animals absorb considerable more than in the normal state. The animal would walk about the table, and give no sign of being poisoned; but as soon as the artificial respiration was suspended, the convulsions presented themselves soon enough, and more violently than ever. When the artificial respirations were renewed, the convulsions ceased, and the animal returned to his normal state. Thus, we see that a poison may

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enter the blood of an animal, without producing any effect. Nevertheless, the poison does not lose its power; for, in suspending the artificial respiration, we see the convulsions return very soon. This proves that it is only a particular state of the blood which has prevented the effect of the poison from manifesting itself; a state which consists in an abundance of oxygen gas in the blood, the peculiarities of which, I have described elsewhere under the name of *Apnœa*.

But it is even possible to suspend the effects of the poison forever. In fact, by continuing the artificial respiration during three or four hours, we often succeed in saving the animal. Thus, at the end of this time, and in most cases, no convulsions are to be observed on suspending artificial respiration. But in others, especially if the dose of the poison were larger, it was often necessary to continue the artificial respiration for quite a long time. We may suppose, then, that during that time, the greater part of the poison was eliminated, or, to speak more properly, transformed into an inoffensive substance. In every case, the elimination which might have taken place by the kidneys was not very considerable; for, in tying the renal arteries in the mammalia, or the ureters in hens, I have not found the toxic action of the poison to be any more intense.

The experiments thus briefly recounted, may be of some interest to surgeons, as regards tetanus, either traumatic or produced by poisoning. This method might perhaps be employed to save patients, if some means to sustain artificial respiration for a long time could be devised." (Comptes Rendus LXIV. 1142.)

POISONING BY ATROPINE.

Dr. Nieberg, being about to operate upon a girl 16 years of age, for cataract, prepared a collyrium of *Sulphate of Atropine*, half a grain being dissolved in a little water. He poured a few drops of this solution into the affected eye of the patient; but as other patients were waiting, he gave the vial to her father, bidding him to let a few drops fall into the eye from time to time, but with care, as they were very powerful. Returning at the end of ten minutes, the vial was quite empty, and both the pupils were enormously dilated. The girl seemed to feel well enough, however; she wiped her eyes rapidly, blew her nose, and as she had walked three leagues to visit the Doctor, he set before her some pudding with wine sauce. She ate of it with appetite; but she soon observed that she could not swallow at all, but had to spit every thing out. He then gave her a large cup of very strong black coffee; she swallowed it all, and then went out with her father to take the air. She soon began to totter, and looked about her wildly, answered absurdly, and in an interrupted manner; her face and lips became burning hot and reddish blue, the respiration and pulse were more and more frequent, and she lost her senses more and more. Dr. Nieberg then made a sub-cutaneous injection in the neck, of 8 or 9 grains of a solution of *Morphine* (1 grain to 30 grammes of water); and as the symptoms became more alarming, the loss of consciousness became complete, and she threw herself about and raved astonishingly, he soon made another

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injection of 6 grains. At this juncture, Fischer, a pharmaceutist, arrived, furnished with all the means prescribed for poisoning by *Atropine*; but the girl could take nothing. They laid her upon a sofa, applied very cold compresses to the head and forehead; but in her violent delirium and agitation, they did not remain in place. They were obliged to make a third and fourth injection of *Morphine* upon the chest. She finally fell asleep. The cold compresses were continued diligently; the pulse became slower, as well as the respiration; the face paler, and the head cooler. After sleeping an hour and a half, she woke up.

Her consciousness was not completely restored, but she was more tranquil; could swallow a little water again, coffee, etc.; and, sustained by her father, she took a few turns in the garden. She stayed there till nightfall; the coolness of the night air restored her sensibly. She took some bread and milk. Still she did not fully realize her condition, and imagined herself to be in the midst of her family at home. It was not till 10 P.M., when in bed, that her consciousness was fully restored. She complained of headache and vertigo, but passed the night in a tranquil sleep; and in the morning she felt so well and strong that she was able to return home on foot. The *Atropine* was used at noon. The first effect of the drug — the dilatation of the pupils — took place almost at once; the second effect — dryness of the throat, impossibility to swallow food somewhat consistent — about ten minutes after; the absolute impossibility to swallow or to walk, the furious delirium, etc., fifteen or twenty minutes later yet; and by this time, all treatment by the ordinary methods became inefficacious. With what relative rapidity did the scene change, after the injection of ⅓ of a grain of *Morphine*. (Union Medicale and Bull. Gén. de Ther. LXXII. 91.

HÆMORRHAGE TREATED BY LARGE DOSES OF WINE.

A well-formed woman, of habitually good health, had her gums softened and ulcerated, so that the teeth were laid bare in their whole extent. A thick stream of saliva, all red with blood, flowed constantly from her mouth; in the midst of which, from time to time, there were clots, semi-fluid and blackish. The mouth was nearly quite full of blood, half coagulated, which seemed torn apart when she opened her mouth. The tongue was covered with a thick clot, and on wiping it off, the blood was seen to ooze through it in little drops. From time to time, there was difficulty of respiration, clearly marked; then there was an attack of coughing, and the patient brought up mucus reddened with blood, and even mixed with blackish clots. The body and the limbs were spotted with bluish spots; the legs and thighs were marked with spots of purpura.

This state of things continued 15 days. Various means were used, but in vain; the patient gradually became worse. After a dose of *Scammony* and *Aloes*, blood was passed by stool; *Ratanhia*, *Per-chloride of iron*, *Concentrated mineral lemonade*, *Alum*, *Tincture of iodine*, availed not. M. Faure now resolved to plunge his patient into a deep state of intoxication, and to keep her there for some time. A glass full of old Bordeaux was

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given every quarter of an hour. In the evening, she was as drunk as she could be; but the wine was kept up all night. Next morning, the hæmorrhage ceased, and has not since returned. The cough, the oppression, the insomnia, which tormented her so long, ceased. Finally, it is worthy of remark that, from this time, no more occhymotic spots appeared; and those which were present, were absorbed in a few days. During the four days of this treatment, she drank three or four bottles every twenty-four hours. (L'Evènement Mèdical and Bullet. Gén. de Therap. LXXII. 279.)

Tartar Emetic Taken Internally, Producing an Eruption on the Skin. — The Bull. Gén. de Ther. thinks it worth while to publish the notes of a young M.D., who has discovered that *Tartar emetic* produces a cutaneous eruption. His patient had inflammation of the left lung; he gave her 31 centigrammes in water (quantity not stated), a teaspoonful to be taken every hour. This was the 15th. Next day, same treatment. On the 17th, she was covered from head to foot with an eruption like small-pox, attended with slight itching. "At first glance," he says, "I thought she had the small-pox; which, in fact, was prevailing in that region. But the rubeolar symptoms of the mucous membrane of the eyes and nose, were wanting; the spots were more prominent and redder than in small-pox; moreover, the intervals, instead of having the normal tint of the skin, were roseate — so that all the parts of the body where the eruption showed itself, were red, with deep red prominences upon a paler base. At the same time, the patient complained of a sore throat, and herself referred the pharyngeal inflammation, which she showed us, to the *Tartar emetic.* On the 18th, there was no more eruption; not the least trace of desquamation; the pneumonia progressed rapidly to a cure; the pharyngitis had almost entirely gone; and on the 19th, there was no trace of it."

Our young Dr. adds that he has searched in the history of *Tartar emetic* for such an eruption, but found it not. He did not look in the right place.

Ancient Surgical Instruments. — M. Scoutetten has presented (Comptes Rendus LXV. 200) the French Academy a paper upon this subject, being a description of instruments found at Herculaneum and Pompeii. About 300 have been found; but many of these are the same instruments, so that there are but 60 distinct specimens. M. Scoutetten has taken photographs of these instruments, which were much injured by rust; so that he "now has, with all the details of their construction, the exact representation of instruments used by the surgeons of antiquity." The particular description of each instrument is given. As for the sound, M. S. ascribes the invention of this instrument, on the authority of Galen, to Erasistratus, a physician of Antioch, eldest son of Saleucus; he commends the skillful arrangement of its curves, which he thinks superior to those of the sounds of our day; and presents the bureau with a copy, in bronze, of this instrument, which is the exact reproduction of the model in the Royal Museum at Naples. He also presents several lithographs, representing sounds and speculums of two and three blades.

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Amblyopia Caused by Abuse of Smoking Tobacco. — A mechanic, 42 years of age, perceived that his sight was becoming weaker, and soon it was impossible for him to work. M. Viardin examined him with the ophthalmoscope, but found nothing. This man smoked enormously; his pipe was always in his mouth. On gradually lessening the quantity smoked, there was a sensible improvement at the end of three weeks; and in course of two months, he was quite cured. Whether he quit the use of tobacco entirely, is not stated.

In March, 1866, M. Viardin was consulted by a baker, who could only read the two last numbers in Jaeger's scale. This man smoked 25 centimes' worth of tobacco a day; and drank, besides. He was advised to quit tobacco; but as he was persuaded that it was the oven that hurt his eyes, he declined. He was then sent to M. Sichel, whose diagnosis was:

Congestive cerebral amblyopia, far advanced, caused by abuse of tobacco and spirituous drinks.

Prescription. — Reduce the tobacco to 5 grammes a day for the maximum, and the wine to half a bottle, diluted with water; brandy and spirituous drinks to be suppressed entirely.

From the 6th of July, the patient could read No. 12 of Jaeger; thus, seven numbers were gained since he concluded to follow M. Sichel's advice exactly. To-day, this man, almost entirely blind 15 months ago, has recovered his sight completely. (Rev. Méd. de l'Aube; and Bull. Gén. de Ther. LXXII. 141.)

Poisoning by Belladonna. — "Some years ago," says Mr. Morgan, of Bristol, "I was called to see a gentleman supposed to be laboring under a severe cerebral affection. I found him in a state of intellectual disturbance bordering on delirium; having his lower extremities semi-paralyzed, the pupils largely dilated, much confusion of sight, the pulse frequent, the skin hot and dry, and covered with a scarlatinous eruption, which was accompanied with an insupportable itching; at the same time, there was a sensation of dryness and constriction of the throat, and intense thirst. I learned that the patient, suffering with lumbago, had thought proper, without other advice, to apply a large *Belladonna* plaster (a foot square) upon the seat of the pain. I removed the plaster, and the symptoms soon disappeared. (Brit. Med. Journal, Dec. 1st, 1866; and Bull. Gén. de Ther. LXXII. 90.)

Geum Virginianum in Dysentery. — Dr. W. A. Gibson has given decoction of this root and plant as a drink in dysentery. He says: "While practicing in the country, my attention was first called to the virtue of this plant, by the farmers. Many of the country people, appreciating its value, entirely ignore the idea of calling in a physician in a case of dysentery, but rely entirely on this remedy; and candor compels me to say that I believe they have oftener gained than lost by this course. I have seen many hard cases of dysentery successfully treated with this remedy alone. (Med. Record, I. 384.)

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Of Quinine as a Cause of Purpura. — The *Quinine* in these cases, observed by Dr. Vépau, was always chemically pure; and hence must be regarded as the only cause of the phenomena observed:

I. A woman 50 years of age, took, every six hours, 10 centigrammes of *Sulphate of Quinine*, for neuralgia. The next day, the dose was increased to 15 centigrammes, and a blister was applied to the axilla. The next day, the part blistered was all black; a sanguinolent serosity exuded from it; more than that, the whole body was covered with spots of purpura. *Quinine* was suspended, and mineral acids substituted for it. At the end of nine days, all the body was well; the axilla was healed at the end of fifteen days. *Quinine* was subsequently prescribed for toothache, and the purpura reappeared.

II. A woman took *Quinine* to relieve herself of a tertian fever. The second day, she had nose-bleed; the body was covered with spots of purpura; the gums bleeding. The *Quinine* was suspended, and mineral acids given for three days; then, a laxative; and at the end of eight days, the spots had disappeared.

III. A boy 12 years of age, presenting a general debility, took *Quinine*. At the end of a few days, purpura developed itself; but the *Quinine* was continued some time, to try its action. The purpura increased; the gums bled. The *Quinine* was stopped, saline purgatives given, and in ten days the skin was well.

IV. A man who took *Quinine* for a masked fever, presented no trace of a cutaneous affection, even at the end of fifteen days. Attention being called to the subject, it was thought that he would escape; nevertheless, three days after, he had twenty spots upon the shoulders. (Allg. Med. Central Ztg.; and Bull. Gén. de Ther. LXXII. 140.)

Cure of a Case of Ileus by Frictions of Croton Oil. — A farmer, 58 years of age, was taken ill after sleeping upon the damp grass. Three days after, Sept. 11th, he was seized with pain in the bowels, and vomiting, constipation, and meteorism. *Calomel* and *Jalap* was given, with *Castor oil*. No stool; the vomiting continues. On the 13th, two injections of *Tobacco* were given; they returned alone. On the 14th, *Belladonna* was given internally, and ice applied to the abdomen; no better. On the 16th, M. Mercier (of Geneva) was called in, and advised frictions of *Croton oil* on the abdomen. These frictions were repeated every two hours. The next morning, an intense redness appeared, with a discrete eruption; which, however, did not prevent the repetition of the frictions. On the fourth day of this treatment, the 20th, he had a black, hard stool; and on the following day, the injections sufficed to restore the fæces to their usual course. After this, the belly became distended, and the pains diminished; but a very confluent eruption of pustules remained, which were very painful. From the 20th to the 21st, an ounce of *Croton oil* was used; which may give an idea of the small quantity consumed in six days.

Dr. Mayne, another colleague of Geneva, has used this remedy two or three times in ileus, with success. (Gazette Medicale and Bull. Gén. de Ther. LXXII. 235.)

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Dr. T. F. Allen, 105 Fourth Avenue, New York, well known as an accomplished botanist, has, for several years, been devoting himself to the task of making "a complete collection of all the known medicinal plants of the world." He desires the coöperation of physicians and botanists, and proffers his aid to all who are interested in such pursuits. He says:

"Having added to my Herbarium, this season, nearly 1400 species, it is deemed advisable to throw it open to the Homœopathic profession. This collection has been increasing for ten years. It consists of flowering plants, ferns, mosses, lichens, algæ, and some fungi; and contains nearly every plant in the United States east of the Mississippi, and many west of it. It is believed to be the most complete, if not the only one of size, in our profession; already containing several hundred English species, and some continental. It is designed to make a complete collection of all known medicinal plants of the world.

"This collection is mounted on heavy white paper, and is properly labeled and arranged according to the natural system.

"Physicians are invited to send doubtful plants for verification, or to call, and themselves compare. Communications will be cordially acknowledged, and names of specimens furnished. The desirability of having, at the *outset*, the proper name of every drug proved, is obvious; and, for this reason, I shall be very glad to make my valuable collection of service to our school." T. F. A.

No additional words are needed to show the importance of such a collection, and the value of Dr. Allen's offer. Carroll Dunham, M.D.

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118 West Houston Street, New York, July, 1867.*

Sir: — At the late meeting of the "Medical Society of the State of New York," it was resolved "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, etc."

If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:

1, Name (initials) and age of husband; 2, Nativity; 3, Age when married; 4, Constitution; 5, Health, deformities, peculiar diathesis; 6, Health of his family, hereditary diseases, deformities, etc. 7, Name (initials) and age of wife; 8, Nativity; 9, Age when married; 10, Constitution; 11, Health, deformities, peculiar diathesis; 12, Health of her family, hereditary diseases, deformities, etc. 13, How are the parties related to each other? 14, How long married? 15, How many children, or sterility? 16, Abortions; cause; how many; and at what period? 17, Children died, at what ages, and from what diseases? 18, The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, etc. 19, Remarks, and other information.

Hoping to receive your valuable coöperation for the advancement of medical science, I remain, Yours, most respectfully,

Robert Newman, M.D.

*[This should have appeared earlier, but was crowded out.—Ed.]

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THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The Vermont Homœopathic Medical Society commenced its nineteenth annual session at the State House in Montpelier, on June 20, 1867.

The President, Dr. G. E. E. Sparhawk, called the meeting to order, and the proceedings of the last annual session were read by Dr. J. H. Jones, Secretary *pro tem.*

The Board of Censors met at 8½ P.M., June 19, and choosing Dr. C. B. Currier, of Middlebury, as Chairman, and Dr. H. M. Hunter, Secretary, proceeded to the business of the meeting.

Drs. S. H. Colburn and Samuel Gammell, Jr., of Peacham, Styles, of Northfield, and E. H. Foster, of Bradford, having complied with the Constitution, were recommended as suitable persons to become members of the Society; and upon the above recommendation, were duly elected.

The standing committees then reported as follows:

On Publications, with the presentation of several volumes to the State Library, by Drs. Brigham and Jones.

On High Potencies and Characteristic Indications, with many interesting cases cured, by Drs. Hunter and Houghton.

On Epidemic Diseases, with a history of 19 cases of Variola, treated by Dr. C. B. Currier; and Rubeola, by Dr. Horton, of E. Poultney.

On Provings, Drs. Jones and Parkhurst asked leave for more time to finish the proving of remedies under consideration.

On Alternate and Proximate Remedies, by Drs. Brigham, Houghton, and S. H. Sparhawk.

A spirited discussion followed, on the alternation of remedies; in which Drs. Chamberlin, of Barre, and Brigham, of Montpelier, were the principal speakers.

On Pulmonary Diseases, with cases, by Drs. N. H. Thomas and Chamberlin.

The President reported several cases of diphtheritic croup, cured by the internal use and the inhalation of *Kali bichromicum*.

Dr. Currier reported croup cured by atomization, during the treatment of which the patient vomited patches of false membrane.

The Committee on Nominations reported as officers for the ensuing year: G. E. E. Sparhawk, M.D., President; C. B. Currier, M.D., Vice President; J. H. Jones, M.D., Secretary; H. M. Hunter, M.D., Cor. Sec.; C. Woodward, M.D., Treasurer; A. E. Horton, M.D., Auditor.

The Address by the Vice President was appointed to be delivered in the evening.

Adjourned to 2 P.M.

Met at 2 P.M., according to adjournment; Dr. C. B. Currier, Vice President, in the chair.

Dr. Packer reported several very interesting cases, cured by high attenuations.

Dr. Marshall reported a case characterized by constant hiccough, cured by *Lobelia*, 3*d*.

Mr. Waugh, of St. Louis, Mo., read before the Society a proving of *Robinia pseudo-acacia*, made and arranged by J. Daggett, a medical student in the office of Dr. C. B. Currier, of Middlebury.

A paper on Puerperal Mania was read by the Secretary, prepared by Dr. Currier, illustrating the very great superiority of the Homœopathic treatment in cases of that character.

The above was followed by the report of a case of Mania, treated and cured by Dr. Sparhawk.

Dr. Currier reported a case of Dysmenorrhœa, cured by *Nux*, 6*th*, one dose a day, continued for a month. Also, a case of Chronic Diarrhœa, of five years' standing, cured by *Nux*, 3*d*, one dose a day for two weeks.

Dr. Brigham reported a case of Albuminuria, under treatment, and asked the advice of the Society in regard to it.

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Dr. Jones introduced resolutions in favor of the Atlantic Mutual Life Insurance Company, as a safe and reliable company.

Voted, To adjourn to meet in Newport, on the first Monday and Thursday of June, 1868. J. H. JONES, M.D., Secretary.

HOMŒOPATHIC MEDICAL SOCIETY.

The Homœopathic Medical Society, of Oneida county, N. Y., held its eleventh annual meeting, Tuesday,* at the Dudley House, in this city; Dr. C. J. Hill, President, in the chair. In the absence of the Secretary, Dr. L. B. Wells was appointed Secretary *pro tem.*

Present — Drs. Zeitler, Scudder, Stebbins, Wells, Watson, Hill, Southworth, Thompson, Willis and Gardner.

The minutes of the semi-annual meeting were read and approved.

Dr. Hiram Hadley, of Vernon, and Dr. G. J. Jones, of Ohio, were elected honorary members.

Dr. Gardner, from the Committee on Medical Education, made a report advising an extended period of study, and recommending that students be required to attend three full courses of medical lectures, two of which should be at Homœopathic medical colleges, and six months' attendance in hospital practice, clinics, etc.

On motion of Dr. Watson —

Resolved, That the delegates to the State Society be required to present this subject to its consideration.

Dr. Wells, from the committee appointed for that purpose, reported on the subject of criminal abortion, its prevailing causes, etc.; and, on motion, the Society adopted the following resolution, unanimously:

Resolved, That the Homœopathic Medical Society of the County of Oneida, can not retain in fellowship any member guilty of the crime of procuring an abortion, except to save the life of the mother, and then only under the advice of one or more members of the medical profession:

Dr. Stebbins offered the following resolution, which was adopted:

Resolved, That each member of this Society give, in writing, the names and locality of the medical college or colleges in which he attended two full courses of lectures and graduated.

Dr. Stebbins read a valuable paper on the diseases of females, so prevalent in our country, attributing them, in the greatest proportion of cases, to the unnatural modes of dress and customs prevalent in society, and urging reform. The influence of physicians is urgently solicited in that direction.

On motion of Dr. Watson —

Resolved, That the delegates to the State Medical Society be solicited to present the matter to its most serious consideration.

Dr. Zeitler, of Camden, reported a case of cholera, in a state of collapse, and its recovery.

The Treasurer's annual report was here presented and accepted.

The following named gentlemen were elected officers for the ensuing year:

President, Dr. L. B. Wells; Vice President, Dr. S. O. Scudder; Secretary and Treasurer, Dr. H. Willis; Delegate to State Society, Dr. W. H. Watson; Censors, Drs. Zeitler, Thompson, Gardner and Southwick.

On motion, the Society adjourned to meet at the Dudley House, in this city, on the third Tuesday in June next, at 10 o'clock A.M.

L. B. WELLS, Secretary *pro tem.*

* We give this report as we get it — what city and what Tuesday, being left to the imagination.

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A WORD TO OUR FOREIGN EXCHANGES. — One of our foreign exchanges complains that the Journals which we send out come with the unpleasant legend upon them — "Insufficiently prepaid;" and takes the editor to task therefor. Lest others should have the same ground for complaint, we wish to say: I., That the editor has nothing to do with the business matters pertaining to the Journal; and, II., That the publisher inquires at the Post Office in Chicago, with the issue of every number, what amount must be prepaid — always gets a different answer, and, as it would seem. never the right one. This, with other irregularities in the Post Office Department, the publisher hopes to correct as soon as he wields sufficient influence; till then, he begs leave to recommend to others the same patience which he has to exercise himself.

THE NEW YORK OPHTHALMIC SCHOOL AND HOSPITAL, which, as we noticed in our last, has been given by its Trustees into the hands of the Homœopathists, announces its 16th annual course of instructive lectures and clinics, four days in the week, at 2 P.M., by Dr. Thos. Liebold, on Operative Surgery of the Eye and Diseases of the Conjunctiva; Dr. T. F. Allen, on Anatomy and Physiology of the Eye, and Use of the Ophthalmoscope; Dr. J. M. E. Wetmore, on Diseases of the Cornea, Iris, and Lens; and Dr. C. A. Bacon, on Anomalies of Refraction and Accommodation.

The Board of Consulting Surgeons, consisting of Dr. P. P. Wells, H. D. Paine, G. E. Belcher, and Carroll Dunham, will, during the session, deliver lectures on the Materia Medica as applied to the Eye, and on other selected subjects.

OBITUARY.

DIED — At Cedar Rapids, Linn County, Iowa, on the morning of the 24th of September, 1867, CALVIN C. WAGGONER, aged 32 years.

Dr. Waggoner located in Cedar Rapids about six years ago, and was one of the first to raise the banner of *similia similibus* in this county. He was a faithful laborer in the cause of Homœopathy; and by his attention to business, success in practice, and kind, gentlemanly deportment, had obtained a lucrative practice.

During the past winter, his lungs became diseased, and in March last he gave up his practice, and took a trip to California; but receiving no benefit, he returned home again, to die in the bosom of his family and friends.

For the last two months, he was confined to his bed; and though his sufferings were great, he bore them with Christian fortitude. He was a devoted husband, and kind father; and he leaves behind a faithful wife and an affectionate little daughter, besides a large circle of friends and patrons, to mourn his loss. D. R. H.

Marion, Linn County, Iowa, Sept. 30th, 1867.

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BOOKS RECEIVED.

The Detroit Review of Medicine and Pharmacy.

The Buffalo Medical and Surgical Journal.

The Pacific Medical and Surgical Journal.

Die Allgemeine Homœopathische Zeitung.

The Boston Journal of Applied Chemistry.

The Hahnemannian Monthly.

The Medical Record. New York

The Journal of Materia Medica (Bates and Tildens').

The New York Citizen.

The Nashville Journal of Medicine and Surgery.

The Dental Cosmos.

The Chicago Medical Journal.

The Western Homœopathic Observer.

The American Homœopathic Observer.

The American Journal of Homœopathic Materia Medica. No. 3.

An Illustrated Sketch of the Movement Cure. By Geo. H. Taylor, M.D. New York.

The Monthly Homœopathic Review. November, 1867.

The British Journal of Homœopathy.

The New England Medical Gazette.

First Annual Report of the Washington Homœopathic Dispensary.

Lehrbuch der Homöopathie von Dr. V. Grauvogl. Nürnburg: 1866.

A Synopsis of Materia Medica; with Groups, General Characteristics, and Diagnostic Symptoms. By Dr. E. M. Hale. Our remedies are here divided in thirty groups. Each group is at the head of a right hand page, the rest being left blank for the General Symptoms; while all of the corresponding left-hand page is left for Characteristic Symptoms. A convenient blank book for students.

General Introductory Address to the First Session of the Hahnemann Medical College of Philadelphia. By Richard Koch, M.D., Professor of Physiology, etc.

Thirteenth Annual Report of the Board of Education of the City of Chicago, for the year ending August 31st, 1867.

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Reprinted

BIOGRAPHICAL SKETCH.

[Written October, 1867.]

JOSEPH HIPPOLYTE PULTE was born on the 6th October, 1811, at Meschede, in the Prussian Province of Westphalia. His father, Hermann Joseph Pulte, M.D., was the Medical Director of one of the Government institutions for the education of midwives, and as these institutions had to be organized all over the newly-acquired Provinces, he was especially deputed for that purpose, besides presiding over the institution confided to his care. He was also one of the co-editors of the "Manual for the Instruction of Midwives throughout the whole Kingdom," a work which, in its sphere, has become famous, and a model for similar ones in other States. In this position his father continued to be active to the last day of his life, so full of usefulness and blessings to his fellow-men, that the family motto, "*virtute ad astra*" was, in his career, fully verified. He left a glorious example as a precious heritage to his children.

Joseph H., in his early youth, was so impressed with the goodness and worth of his father, that he often, in his childish fancy, literally stepped in his father's footsteps, whilst walking behind him, so that he might realize the more the truth of the adage: "Step in your father's footsteps."

No wonder that the boy and youth should already have a predilection for that profession of which he saw his revered father to be such a respected member; especially was this the case when he was reminded so often of the *noble science of medicine*, and of the blessings and high aspirations which always accompany its faithful and successful practice.

His oldest brother had already entered upon a promising medical career, and was very desirous to see his youngest brother, Joseph H., follow his example in devoting himself to the study of medicine. This was done. After Joseph H. had completed his classical course at the Gymnasium of Soest, and his medical studies at the University of Marburg, he accepted an invitation from his oldest brother, to accompany him to America, where he intended to settle in St. Louis, Mo.

Joseph H. eagerly embraced this opportunity to visit transatlantic regions; he sailed for the United States in the spring of 1834, to reach St. Louis, *via* New York, while his brother had preceded him to that place *via* New Orleans.

But man proposes, and God disposes! On his journey through Pennsylvania, Joseph H. was induced by a personal friend to stay in Cherryville, Northampton county. Here he formed the acquaintance of Dr. William Wesselhœft, at that time residing at Bath, nine miles from Cherryville.

Through him, he, for the first time heard something better than ridicule when conversing about Homœopathy and its doctrines; he was the first who induced him to test its merits by actual experiments. These early trials were so successful that Dr. Pulte became perfectly enthusiastic in his devotion to the new doctrine, and at once entered with great zeal upon the study of Homœopathy; henceforth he did not shrink from any hardship or expense necessary to acquire a complete knowledge of the same.

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It was, indeed, providential for him that his lot now was cast far away from his older brother, whose influence over him would have prevented the growth of the new seed, even if received at all; but separated from him, as he now was, by hundreds of miles, he was permitted to study out for himself the new problems of science and practical life, as they now so abundantly presented themselves to him.

It was difficult and expensive at that early time, (1834,) to procure the means of prosecuting the study of Homœopathy, but they were highly prized when procured. There were then as yet no text-books, no repertories; a great part of the facts and practical knowledge existed only in manuscript, sent to America from Europe, and circulated to be studied and copied. Thus the first attempts at a more systematic and fixed treatment of Asiatic cholera were transmitted to the Northampton County Society of Homœopathic Physicians in manuscript from Europe, and by its members piously studied and reverentially copied.

This was a slow way of acquiring knowledge, and, on that account, certainly objectionable; but it was the only possible one at that time. Knowledge, however, thus gained, was prized more highly, studied more carefully, and put in practice more conscientiously.

To the young minds, although thus engaged under difficulties, in a comparatively uncultivated region of the country, away from its high roads, it was, nevertheless, a grand time, full of activity, glorious excitement, and high expectations.

Dr. J. H. Pulte soon joined the noble band of Homœopathic practitioners who had united themselves for mutual advancement in knowledge, under the name of *Homœopathic Society of Northampton County;* this was the *first* one of the kind on this continent, where they now are numbered, thanks be to God, by the hundreds.

It was no child's play in those days of bad roads and great distances, to belong to a society so widely spread over the country, and do justice to its requirements by attending *regularly* its monthly meetings, and by being prepared to give, as well as to receive, instruction. But a holy zeal seemed to possess all the members, since they seldom were found missing at the friendly gatherings; there were old, gray haired gentlemen, such as Dr. Freytag, of Bethlehem; they seemed to grow young again; so active, so resolute were they in their devotions to the new science; while the young physicians present seemed to grow bolder and more mature in their aspirations. It augured well for the future of Homœopathy in this country, that its beginning in the Northampton Society met with such holy, disinterested love and zeal; that its members were only conscious of *one* thought, to labor for the welfare of mankind, and the honor of the science whose principle had become their guiding star. The future historian of Homœopathy in America must not forget the names of the members of the Northampton County Society; they richly deserve to be mentioned; some of them may be named here. There was Dr. William Wesselhœft, of Bath; Dr. Freytag, of Bethlehem; Dr. John Romig, of Allentown; Dr. Dettwiller, of Easton; Dr. Wolford, Dr. Reichhelm, Dr. Bauer, and others; besides a number of well-informed clergymen, who

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were enthusiastically devoted to the good work, such as Rev. Messrs. Becker, Helferich, and Waage.

But the greatest accession to the Society was made when Dr. C. Hering of Philadelphia, joined its number, and took up his residence in Allentown, to preside over the Academy, which had been formed by the exertions of this small but enthusiastic band of Hahnemann's disciples.

Dr. Pulte recognized at once in Dr. Hering the man of genius, and submitted cheerfully to the moulding influence which such a mind naturally would have over others, especially younger ones. He had assisted to found the Academy; he now labored to the best of his ability to sustain its reputation and prosperity.

Besides attending to the numerous meetings for scientific and other purposes, frequent occasions would offer where public addresses had to be delivered, or poems to be recited; he never shrunk from any work thus laid out for him.

At one time the news arrived at the college of the sudden demise of Professor Schoenlein, the greatest pathologist of the age, the friend of Dr. Hering, and the revered teacher of several of the members of the Society. Forthwith the idea was promulgated and put into execution, of solemnizing the departure of this shining light, even although belonging to Allopathy, by a public demonstration, oration, etc.; thus to show publicly the *loyalty to science* which, inherent in the head of the Academy (Dr. Hering,) penetrated the whole body.

On this occasion Dr. Pulte contributed the poem, the original of which, in German, is given in the note below, for the benefit of those who can read that language.*

Ode

auf Dr. **Schönlein**, deſſen Tod (glücklicherweiſe fälſchlich) in Amerika angeſagt war, geſprochen bei der Todesfeier in Allentown, Pa., 1835.

Warum ſankteſt du ſchon, himmliſcher Genius,
Deine Fackel ſo früh? Welkt auch das Große hin?
Birgſt du in die Urne,
Was ſich dem Staube der Zeit entwand?

Nein, er ſtieg nicht hinab, ungekannt ſchied er nicht;
Auf der Fläche erhöh't, bleibt er erhaben ſteh'n;
Des Jahrhundert's Sohn, Ihn
Küßte der Stral der Unſterblichkeit.

In die heilige Schaar forſchender Weiſen zog
Die Begeiſterung ihn, und die Natur erſchloß
Sich dem Seherblicke
Da, wo der leidende Körper ſeufzt.*

Es ſank der Schleier herab von dem Egypterbild —
Staunend zeigt er dahin, und der Genoſſe ſtaunt, **
Und des Vaterlandes
Große Genoſſen begrüßen ihn. ***

Ja, das Vaterland ſah's, was er im Herzen trug —
In der fühlenden Bruſt ſchlug ihm ein deutſches Herz,
Was nur Freiheit pochte,
Wo Tyrannei ſich die Nacken beugt.

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The ceremony was sincerely performed, but, as it proved afterwards, fortunately without cause; the announcement of Schoenlein's death had been premature. As he is now, however, really dead, the ode below may yet be considered a fitting tribute to the memory of this great thinker and physician.

In all his connections with the Academy, as well as with the Society, Dr. Pulte regretted very much that he could not contribute his share to the provings of new remedies. His own system not being susceptible enough to elicit symptoms, he had to leave this means of increasing the stock of knowledge to others, and confine himself to exertions on the field of practice, by the side of the sick, where he found ample scope for the use of any talent he might possess.

Thus passed six years of great activity of body and mind, giving and receiving instruction, healing the sick, but never relinquishing the intention of joining his brother in St. Louis, and bringing him into the light of the new doctrine. But he did not carry this intention into execution until the Academy was dissolved. The closing of this institution at that time deeply distressed the friends of Homœopathy; however, it may be considered to have been a fortunate event, as thereby the knowledge of Homœopathy was spread more rapidly all over the country. The Pentecost for the adherents of this new but persecuted faith had now arrived; its disciples, so carefully gathered, so closely kept together thus far, had to be scattered and sent abroad to preach the new gospel of the healing art throughout larger domains and dominions. Now we can realize by glorious results the necessity of this Allentown exodus; the Homœopathy of this whole country received its zeal and baptism from an intensely ardent focus or centre, which, when exploding, threw its truth-loving burning sparks all over the country at once, producing hundreds of Allentowns, each more extensive than the first. In this respect the European progress of Homœopathy has been far different; solitary men here and there would arise, but the whole movement has been slower and less extensive. Dr. Hering went to Philadelphia, Dr. Reichhelm to Pittsburg,

Jüngling, winde den Kranz, winde den Eichenkranz
Um ſein heiliges Haupt; bei ſeinem heil'gen Staub
Schwöre, deutſcher Sohn,
Frei und dem Vaterland treu zu ſein.

Edler Schatten, daß du hätteſt den Tag geſeh'n,
Wo, was klar deinem Aug', tritt in die Wirklichkeit,
Und der Freiheit Flamme
Brennet die Binden der Augen los;

Daß du hätteſt geſeh'n, wie ſich der Freiheits-Gott
Und Columbia's Aar ſchwingen von Flur zu Flur—
Glück und Segen ſpendend,
Wo ſich der weſtliche Himmel wölbt.

O, du ruheſt noch nicht, Edler, in freier Erd'—
Doch der Lorbeer des Ruhms neben dem Eichenkranz
Schmückt die frühe Urne,
Wo deine heilige Aſche ruht.

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* Pathologie — Schönlein's Hauptſtudium.
** Hahnemann.
*** Oken, Schelling, Schubert u. a.

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Dr. Romig to Baltimore, and others to other cities and countries; Dr. Pulte took up his march again westward to St. Louis, where he intended to go six years previous. But how differently prepared he now was for the contest in that wide region! In these six years of preparation he had been filled with new ideas, worthy the attention of the greatest minds; he had something to offer to the growing countries beyond the Alleghanies, and was, perhaps on that account, to them a real acquisition; at least he was willing to impart the blessings of the new science without hindrance or stint. He traveled in company with an intelligent Englishman, Edward Giles, whom he made a convert to Homœopathy theoretically, but who wanted practical proof, if it could be had. When on the steamer from Pittsburg to Cincinnati, Dr. Pulte saw for the first time his future partner for life, and determined upon that union which nothing but death should sever. He tarried in Cincinnati to give his friend Giles an opportunity of witnessing cures by Homœopathic remedies. For that purpose he opened a private dispensary, where soon the sick children of the poorer classes congregated to get relief. It was high summer, and summer complaints prevailed. Mr. Giles was astonished at the speedy and easy cures, and so it seems were also those who were more nearly concerned by them; the poorer classes had told the richer, and these latter soon demanded help from the physician who had cured the former. Not six weeks had elapsed before Dr. Pulte was in full practice in Cincinnati; and when his friend reminded him to go to St. Louis, he was obliged to tell him he could not, on account of the numerous engagements to fulfill; thus he established himself, or rather was established in spite of himself, in Cincinnati, the Metropolis of the West: this was in the summer of 1840.

In the mean time he had not forgotten the engagements of his heart, and in the autumn of the same year he was united in marriage to Miss Mary Jane Rollins, of Pittsburg, a lady who soon shared his enthusiasm for the extension and honor of Homœopathy, and has ever since been very active in promoting the former and sustaining the latter, by assisting her husband even in his professional duties.

In 1846 he published his work on history, in German, entitled "Organon of the History of the World" (Organon der Weltgeschichte.) In it he not merely attempted a philosophy of history, but an elevation of history to the rank of one of the natural sciences; he showed the reign of law and order on the historic fields, where chance had ruled before. Although the first ideas in this respect had been long maturing in his mind, while endeavoring to find a God in history, ruling by fixed laws, yet it was only by his closer acquaintance with Homœopathy that these ideas began to assume form and character; in honor to Hahnemann, therefore, he adopted for his work the title Organon, and the motto "*Aude Sapere.*" It was presented to leading historians here and abroad, and gained for the author the esteem and friendship of such men as Humboldt, Guizot, Schelling, Chevalier Bunsen, Lepsius, William C. Bryant, etc.; to the latter gentleman he sent a copy, prefaced with the stanza given in the original German below, showing in its last line the object of the work.*

When in 1848 he visited Europe to present to the interested Govern-

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ments a well-matured plan of his own for carrying the telegraph around the world, *via* Behring's Straits or the Aleutian Islands to Asia, and thence to Europe, he met with a ready welcome from these savans, and Humboldt especially favored him with his personal interest in the important proposal, and promised to do every thing in his power to foster the project, by the influence he had personally with the Emperor Nicholas of Russia; but the subsequent Hungarian war frustrated the design at that time, although Congress had the memorial of Dr. Pulte sent into the Senate of the United States through the agency of Governor Chase, then a senator from Ohio, printed and ready for debate. The same project with the same detailed data was afterwards taken up by Major Collins, and is now carried into effect. To Dr. Pulte, however, belongs the honor or credit of having been *the first among men* engaged in attempts to realize Puck's grand achievement, to "*put a girdle round about the earth in forty minutes.*"

Whilst in Europe he did not forget the interests of his beloved science; wherever he tarried in the larger cities, he was cordially received by the professional brethren, and he now remembers with delight the social and profitable intercourse he enjoyed with most of the notables of our literature; such as Drysdale, Epps, Laurie, Quin, Paul Wolf, Hartmann, Jahr, and others equally distinguished, and, not least, Madam Hahnemann, the renowned widow of the immortal founder of Homœopathy.

But he soon had to return to America, as the Asiatic cholera made rapid strides towards the West. During its prevalence in Cincinnati in 1849, Dr. Pulte had the satisfaction to see the Homœopathic treatment triumphant beyond any other; through his exertions and counsel, a uniform prophylactic and curative system was recommended to the Homœopathic Society, and generally adopted and followed by the people, which, under God, saved thousands of lives.

An

Wm. C. Bryant.

1846.

Laß die Lieder, Sohn der Muſen,
Deine Leyer laß ſie ruh'n,
Wehre deinem vollen Buſen,
Deines Herzens mächt'gem Thun!

Was iſt rauher Stürme Toben,
Was der Wogen wilder Schwall,
Wie ſie ſteigen und, gehoben,
Wie ſie ſinken, überall!

Laß des Zephirs lauhes Wehen
Und des Morgens holde Pracht;
Laß der Liebe ſüßes Flehen
In der duft'gen Monden-Nacht!

Komm mit mir ins Reich der Geiſter,
Denen ſich die Welt erſchloß;
Sieh! der Kampf wird immer dreiſter,
Heil'ger ſtets des Menſchen Loos.

Von der Irrfahrt der Geſchichte
Hebe höher hier den Blick;
Hier wird Wahrheit zum Gedichte—
Und ein Gott iſt im Geſchick!

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Homœopathy, after this memorable trial of 1849, was firmly established in the whole West and South, where cities and country received Homœopathic physicians, mostly converts from the old system, by the score, more or less through the agency and influence of Dr. Pulte. One of the most eventful conversions was that of Dr. Davis, of Natchez, a very eminent Southern practitioner; hundreds of others, equally successful, date their conversion from the year 1849, witnessing the splendid results of the Homœopathic treatment of Asiatic cholera in Cincinnati.

Shortly afterwards, in 1850, he published his work on "Domestic Practice." Its arrangement was entirely original with him, and the book seems to have pleased the public so well that up to this time no book of a similar size and import, in the Homœopathic literature, has such a circulation throughout the world as this. It was reprinted in London, where a great number of editions appeared for England and its colonies; it was translated into Spanish, and serves as the principal work in that line for Cuba and the South American Republics.* In this wide range of distribution, above a hundred thousand copies now circulate, as comforters in distress, and silent but potent missionaries in the cause of Homœopathy. Though dozens of imitations of this work have from time to time been issued, none have as yet been able to supersede its popularity.

In 1852 he commenced, jointly with Dr. H. P. Gatchell, the publication of a monthly, called the "American Magazine of Homœopathy and Hydropathy;" it had a large circulation, and was continued for the first two years as a monthly, in the third year it appeared as a quarterly, with Dr. C. D. Williams as co-editor. After that year it was discontinued, as the editors had left the place of its publication; it also was evident that the Magazine had fulfilled its mission, by having combated and dispelled that spirit of illiberality and dogmatism which, before its appearance, threatened to overwhelm the Homœopathic ranks. Its tendency was for the liberty of individual opinion, making the bond of union for the fraternity as large as possible; it stoutly insisted on the truth that any one who acknowledges the law *similia similibus* as a law of cure, must be considered a friend and brother, if he differ ever so widely from the views of others in carrying into practice this all-essential law. This position of affairs in our midst has been gained, and the Magazine did good service to bring about such a desirable result.

During this time (1852) Dr. Pulte accepted and filled the chair of clinical medicine in the Homœopathic College of Cleveland, and after-

* *Advertisement to the Spanish Edition by the Publisher.*—"The number of the friends of Homœopathy being constantly on the increase, not only among the medical profession, but to a still greater extent among the people, it became necessary to provide a manual, which would, in a clear and intelligible manner, place within the reach of the latter the treatment best adapted to the cure of their ailments. Whilst endeavoring to select, with the assistance of a competent person, the work most suitable to the purpose, from the large number of publications of this class now extant, the complete Treatise of Domestic Homœopathy, by J. H. Pulte, M.D., Cincinnati, could not well escape our attention. This excellent work contains the most useful and necessary elements of anatomy and physiology, hygiene and hydropathy, — the two latter being treated as handmaids to Homœopathy, so that these, especially the last, may be effective auxiliaries of the immortal doctrine of Hahnemann. . . . . .

"*Havana, April* 1, 1859. ANDREAS GRAUPERA."

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wards that of obstetrics in the same institution. This position gave occasion for public addresses and introductories. In one of these, called the "Science of Medicine," he gave a condensed view of his ideas of what should constitute the *science* of medicine, in contradistinction to what may be termed a *system* of medicine. He there already pointed to the cell as the real starting-point of the pathological development; it may be said that here already were indicated the principal features of that pathological edifice which Virchow afterwards erected into his famous Cellular theory. But more than this celebrated microscopist was able to do, it hinted at or traced out the therapeutical outlines of a *comprehensive, real science* of medicine, by combining, in a lawful, natural union, all the different therapeutical methods hitherto in vogue, and assigning to each its legitimate place according to the two great laws of development, which govern the smallest cell as well as the largest bodies; viz., the law of the *centre*, which organizes and crystallizes, (the homœopathic method performs under this law,) and the law of the *periphery*, which dissolves or expands on the line of the tangent, (the alterative method, the contra-stimulus, hydropathy and movement-cure, etc., perform under this law.) He has not relinquished the farther elaboration of these ideas, and is still engaged in collecting such material as will facilitate this great work. In the mean time the labors of other minds show a similar direction; he mentions only here those of Virchow, of allopathic, and Von Grauvogl's, of homœopathic celebrity, both so divergent, apparently, yet so closely allied in tendency.

In 1853, while lecturing on obstetrics, Dr. Pulte conceived the idea of preparing for the press a work for popular use on the diseases of women; the "Woman's Medical Guide" appeared in Cincinnati in 1853. It gained rapidly a great popularity in this country and England, and was translated into Spanish in Havana, where it enjoys an equally great popularity; thousands of copies are in circulation in England, the United States, and the South American Republics.

When diphtheria made its appearance as an epidemic, he embodied his experiences and reflections on this important disease and its successful treatment in a monograph, which had an extensive circulation throughout the West.

In 1855, the centenary year of Hahnemann's birth, Dr. Pulte was appointed to deliver the annual address before the American Institute of Homœopathy, which that year met in Buffalo, N. Y. He accommodated his oration to the festal character of the year, which proved to be to him one of the most pleasing duties performed in his life. He looked, and does yet look, upon it as a labor of *love*, sweet and fragrant even in remembrance.

Of late years his whole attention has been attracted by the wonderful discoveries of Kirchoff and Bunsen, not merely because spectral analysis illumines the visible universe, and makes it transparent to the eye of the philosopher, but especially because, while it elucidates the law governing the newly discovered appearances, it makes it almost evident that its identity with the Homœopathic law, "*Similia similibus*," is incontestibly true, and the knowledge of this relationship may yet lead to greater disclosures.

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THE ESSENTIAL NATURE OF THE DRUG CURATIVE.

By P. P. Wells, M.D., Brooklyn, N.Y.

The essential nature of the active curative principle of drugs has been less studied than its importance demands. Indeed, it may be said to have been hardly studied at all. It was quite sufficient, until the time of Hahnemann, that drugs were contemplated, as they affected, more particularly, one or another of the more noticed functions of the bodily organs, and to so consider and classify them, was regarded, for centuries, as exhausting the practical demands of Materia Medica. Emetics, cathartics, sudorifics, etc., each had members assigned to its family, according to the fancy of the teacher or writer, because they had produced the results expressed by these terms, with more or less certainty. Embarrassment was constantly attendant on this gross method of treating the science of drug action, for the plain reason that neither nature nor drugs had been consenting parties to an arrangement so wholly artificial and arbitrary. The result was, that a member, placed in the circle of emetics by

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one teacher, was, by another, put over into that of sudorifics or expectorants. And then, a more precise follower of these differing authorities, wishing to do justice to all, would put the unruly member into all three, or even a greater number, of his family divisions. In all the confusions resulting from this method, it never seems to have occurred to the old masters, that there could be any thing wrong in the fundamental principle of the system itself, which they were endeavoring to carry out. Did not the drug excite vomiting? Then why not an emetic? The trouble was, the drug would not stop where the system limited it. It would go on, and there were, occasionally, eyes sharp enough to see that the other generic results, the names of which had been selected as the nominative heads of the various families into which the Materia Medica had been divided, would follow the administration of the emetic or the cathartic, all the same as though it had never been put, by this arbitrary classification, into either one of its representative families. This was a difficulty; but, then, what was easier than to dispose of it by the declaration, "*It is inherent in the nature of the subject itself.*" This saved all trouble of finding a better method. And then, would it not have been high treason against science, to suggest that there could by possibility be a radical defect, in that which had been taught and received for so many centuries? Had it not been consecrated by the faith of ages, and hallowed by the practice of all past authorities? And more, was it not just equal to the demands of the received philosophy of healing? and were they not, this system and this philosophy, just adapted in their constitution, the one to the other? so that a defect charged upon one, was virtually charged upon the whole? A defect *proved* would be destructive, past all help. This state of things prevailed, and prevented all attempt, even, to remove the acknowledged difficulties in the system, which had been taught and practiced, with more or less uniformity, for more than three thousand years. Unfortunately, it was just adapted to the wants of the received philosophies of disease, whatever they may have

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been at any given period. These, growing out of pure imagination, instead of pure observation, their flexibility was ever ready to adapt itself to the gross generalities of the Materia Medica prepared to its hand, or to pass unheeded its arbitrary limitations of the action of the drugs it presented for use.

It was a great advance in thought, as well as science, beyond all which had preceded him, when Hahnemann inculcated the doctrine of the individuality of drugs, and insisted on this being studied in its action on the organism as a whole, and on each individual organ in particular, and that a knowledge of the exact manner in which the functions of each were affected, by each particular drug, was to be obtained before it could be intelligently used in the treatment of the sick. It was so far beyond the stand-point of the general medical mind at the time, as to meet only with abusive opposition and derision, instead of that general and ready acceptance, its reasonableness would seem to challenge. Perhaps this was as far as it was best to go at the time, but it was not the extent to which the truth was then perceived by the Master. In §§ 16 and 20 of the Organon, he clearly declares the higher truth, in relation to the nature of the curative power of drugs, that it is "dynamic" and "spiritual." By this, it is supposed, he is to be understood as declaring this power to be a *force*, and not a material thing — not even a *material* essential element in the constitution of the drug itself. Thus he placed this curing power of the drug beside the producing power of the miasm, or of whatever natural cause of disease, and, in its nature, in complete harmony with both it and its effects. As the one is a *force*, and not a *thing*, so is each of the three. Heretofore, as the disease was regarded as an entity to be expelled from the organism, so the substance of the drug itself was regarded as the other entity by which this expulsion was to be effected. Consequently, the greater the quantity of the drug given to the sufferer, the greater the expelling power, and, therefore, the inquiry was always as to the greatest quantity the patient could receive and escape

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with his life. The question was ever, "*How much can he bear?*" and never, How little will cure? so that, when Hahnemann proclaimed the dynamic nature of the disease, and of the curing power of the drug, together with the law of a minimum dose, it was no less than an entire revolution of all medical ideas, of all the doctrines and practice of his time. Hence, without regard to the truth of these declarations, they were met by ridicule, scorn, denunciation, and rejection. The bitterness of the anger excited, passed beyond the doctrines to the teacher, and many times compelled him to flee from city to city, to escape the persecutions of those who could not disprove the truth of doctrines they hated.

In what we have written, we have endeavored to show the dynamic nature of diseases and their causes. We shall now try to show that the curative agency in drugs is, in its essential nature, in complete harmony with these, and, like them, is also a *force.*

We have said the *nature* of the curative principle in drugs has hardly been studied yet, by those who constantly employ them in the treatment of the sick. Certainly, the gross and crude teachings of the old school were no *study* of this principle, neither can the announcement of its dynamic nature, by the great master of the new, be accepted as a negative of the statement. And this is all we have on which to look back. Let us examine a few of the many facts which throw light on this dynamic nature.

The first which arrests our attention is, that it, like the miasmatic causes of disease, refuses to obey the controling laws of matter. The curative power is not in the ratio of the quantity of the matter of the drug employed. If a grain have a given power to cure, in a given case, (say the drug is *Opium,*) there is not in a hundred grains a hundredfold power to cure this case. Instead of curative, this would be at once destructive. And, then, the converse of this — the curative power in a given case is not diminished in the ratio of a reduced quantity of the material substance of the drug. So far is this from being the case, the power

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to cure is, in many instances, positively increased, in certain circumstances, in the inverse ratio of the quantity of the drug employed. Of this we shall have more to say hereafter. It is only presented here as a *fact*, which affirms, of this power, an existence and a nature, independent of that of the material drug. While it affirms its independence of the general laws of matter, it as positively asserts its perfect allegiance to its cure, and these with equal clearness declare its true nature to be *force* and not *matter*.

The independent existence of this force, and of the laws by which it is governed, is further affirmed by the experience of thousands who have developed and employed it according to the teachings of the master. He taught that by certain manipulations of the drug, this power could be developed to an extent, the limits of which were not then known. This is confirmed by the experience of all who have put the truth of this declaration to a practical test. It is denied only by those who have not. All who have faithfully and exactly treated drugs as he directed, and then employed them in the treatment of the sick, according to the law of cure, which God planted in the nature of drugs and man, have found the truth to be as he taught. That, with an absolutely diminished quantity of matter, there had been developed an increased power to *cure*, not an increased power to *poison*. It was the habitual association of the curative with the poisoning power, in the minds of physicians, till they came to be regarded by them as identical, that incapacitated them for comprehending the new taught law. The curative power being material, and indissolubly identified with its drug association, those were altogether in the right who asserted the absurdity of the doctrine of potentization and development of drug power as taught in the Organon. They, and all who have joined in rejecting this dogma, have reason, logic, and truth, to sustain them. But if, as we unhesitatingly affirm, the experience of thousands of observers, as competent to investigate and testify in the case as the ablest of the skeptics, declares and proves the dynamic nature of this power, then these gentlemen are

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left utterly without the support of either. In the one case, testimony comes from a practical experience, sufficiently extensive to challenge the faith of all who will use a candid intelligence. In the other, comes, not *testimony*, for they have neither testimony nor experience in the case, but a simple *denial* of a truth of which they happen to be wholly ignorant.

The argument here is limited to the existence of the fact of increase of curative power by the process of expansion. It affirms this increase, in certain circumstances, of manipulation and relationship by the law of similars, to be inversely as the quantity of the drug. That, the testimony of thousands who have practically demonstrated the fact, is a sufficient proof of its verity. That, against this testimony, neither the denials, nor the sarcasms and scorn of those who have subjected this truth to no such practical test, are worthy of the least regard. If such persons assert that they believe the sick are better cured with crude drugs, or with preparations nearly approaching the crude state, there can be no controversy with them on this ground. This is merely a matter of opinion, which they have full liberty to entertain, but they have no right to present their *opinion* as the equivalent of the practical demonstration of this truth by their neighbor, who, by this evidence, has been compelled to maintain the opposite opinion. Least of all, certainly, can he claim authority to set aside the results of this demonstrated experience, which have extended through near a century, and is now the property and faith of ten thousand living witnesses, as it was before, of so many of the mighty dead. Before this cloud of witnesses, so accredited on their testimony, the truth of which has been many thousand times confirmed by the experience of the writer, the truth of this dogma stands affirmed as beyond the reach of all possible *reasonable* cavil. And more, that its credibility, so sustained, is not to be shaken by mere negations, however numerous, earnest or angry. This dogma, then, so sustained by the living and the dead, we present as a witness to the truth we advocate. It is no less than demon-

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strative proof of the dynamic nature of the curative element in the drug. He who, in the present state of knowledge on this subject, assumes to deny this, is driven to the absurdity either of affirming that the less is more than the greater, or that his *opinion* is worthy of more respect than the *observation and experience* of all these thousands, his equals. To such an egotism there can be no reply. To such skeptics there is no duty, but, as they are joined to their idols, to let them alone.

The argument for the dynamic nature of the curative power of the drug, derived from expansion, is this. It is impossible to conceive of addition to the efficiency of *matter*, by the mere process of its expansion, while it is quite possible to conceive of this as true of *force*. That it is true of other related forces is proved by the facts given in treating of the ague miasm, which acquired an efficiency, by diffusion and expansion, altogether wanting at the point of its origin and greatest concentration. In thus confidently presenting this argument, it is not forgotten that many have endeavored to account for this increased power from expansion, by attributing it to the greater surface of matter brought into contact with living surfaces, by the infinitely effected mechanical division of its particles. Indeed, as far as it has been attempted to explain the fact, by those who have for years often witnessed demonstrations of its existence, this has been most frequently put forth as its most obvious *rationale*. That it has been so, is accounted for by the in-bred materialistic ideas which have dominated medical philosophy in the past, and from which the present, is by no means freed. This explanation of the fact, by the mechanical division of the material particles of the drug, is rejected as inadequate to the explanation of many of the facts in the case, some of which will be presented in the progress of this paper.

The first objection to this view of the philosophy of the fact under consideration is, that the extent to which this expansion of power may be carried is, apparently, practically without limit. It has been carried in practice far

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beyond all conceivable limits of the possible divisibility of matter in its practical uses. Though we use the term *infinite*, in connection with this possibility, as a fact in philosophy, practicable in the nature of things, when these are manipulated by Almighty power, still, in the hands of finite beings, it seems impossible, to the extent required to account for the thousand well attested facts, the number of which is being increased by each day's experience. We refer now to the accumulating experience in the practical use of what are usually termed "*the high potencies.*" The time was, when the existence of any power whatever in these, to affect the living organism, was generally disbelieved, and sturdily denied; and those who affirmed that they witnessed and felt the efficacious power of them, were remorselessly ridiculed, and held up to the community as untrustworthy fanatics, meriting only the contempt of those who claimed to be considered, *par excellence*, the scientific. This state of things may not have wholly passed away, but the spirit of the time is changing in this matter, and changing rapidly. The number of intelligent, careful observers, who testify earnestly to the truth of the efficacious action of these potencies is daily increasing, and the increase is constantly and ever from the ranks of the skeptical. This process of change has already gone so far that to assert now, as formerly, the utter inefficiency of these potencies, exposes the skeptic to the danger of having his own sense and intelligence called in question.

Not only has there been this change in the convictions of the intelligent of the profession, as to the efficacious action of these potencies, but there has been at the same time a change progressing in the matter of the "potencies" themselves, scarcely less important. That which was "high" at the beginning of this movement is so no longer, by reason of the higher, which have been the fruits of an increased success in the practical use of those which had, at first, received this honorable distinction. Let it not be forgotten that this has been the origin of these "higher" and "highest" potencies. Least of all, let no man attribute

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them to an extravagant eccentricity, which has aimed at personal notoriety in their production.

The extent to which these highest potencies have been carried up, by the zeal and industry of some of our colleagues is, at present, far beyond any point contemplated by those who first passed beyond the numbers so long the standards of Hahnemann and his associates. They are so high that the authors of them have been assailed as fanatics for their pains, and this is very likely the thought of most physicians who have only a practical experience of the ordinary lower numbers, when they learn that medicines have been carried as high as 50,000, and even 100,000. Such a judgment is cheap, but it is not therefore, necessarily, to be respected. It is as easily uttered by the dullest and least informed, as by the brightest and most learned. "It is absurd and contrary to all common sense," has been often said of the result of this great labor. This is also easily said. As easily by those who know nothing practically of the subject, as by those who know most. And then — "What is the use of it?" This deserves an answer, and we reply: But for these highest potencies, we could not have known, as we now do, that there is really no practical limit to the increase of the curative power by expansion. It is of use to settle this as a scientific fact. We could not have known, but for this great labor, that medicinal substances, in these extreme high numbers, would still affect sensibly the living organism, as we now most certainly do. And the knowledge of this is useful in the testimony it bears to the true nature of the power in the drug, which, in this highly expanded state, not only retains its existence, contrary to what some of us might have anticipated, but actually has here shown curative efficacy, not realized by lower numbers of the same drug, in the same case. This, of course, answers, that these potencies are of the highest use. The testimony borne as to the true nature of the curative principle, by the fact of its efficient action in these high numbers, is of the utmost importance. It can hardly be regarded as less than conclusive in its affirmation of the truth we have

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endeavored to establish. It is difficult not to sympathize with those who declare the absurdity of these highest potencies, if the power to cure be only material in its nature. We can not conceive of *matter* being continually expanded through all these successive numbers, in a centesimal ratio, and yet, in the 40,000th number of the series, retain a sufficient quantity of the matter of the drug to cure so important a disease as Asiatic cholera. And yet, this actually occurred in a case seen by the writer in consultation, and which he knows positively was no other than this most formidable disease. In the case there was no symptom wanting to establish its true character beyond doubt. *Veratrum* was given, in ordinary numbers, high and low, for there was no question as to this being the simillimum to the case. The relief which followed each dose was partial and temporary, but in spite of all, the patient rather lost than gained, till the attendant, in a happy moment, determined to give his patient a dose of Fincke's 40,000th of this drug. The result was an immediate and complete success. The convalescence was rapid, and in all respects satisfactory, though the patient, a female, was about sixty years of age. This certainly shows the highest use. If there had been no other cure from these highest potencies, this one is enough to raise their author far above the reproaches which have been cast on him, on their account. But there have been many cures from these, when other preparations of the same drug have failed. We repeat, these many instances of cures from these potencies, where others, and lower, had failed, testify to the true nature of the curative principle, in the demonstration they present of a greater power to cure, with a less quantity of matter; thus showing conclusively, that the power which cures is *not matter*. To this conclusion we are compelled, unless we adopt the absurdity of the less exceeding the greater. These cures are many, and they are *facts*. For those who have no knowledge of the individual cases, to deny the facts they set forth, for no better reason than their own skepticism, is simply an impertinence, not deserving the least respect. We only add, that in this, the

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curative principle exhibits an entire disregard of the laws of matter, and obeys only its own, which *are laws of force.*

From these facts it seems evident, that the curative principle may be, and has been, separated from its original material association, and made free to follow the laws of its own independent existence. It is no longer to be judged of, as to its own habitudes, in the light of what is supposed to be known of the material bodies with which it was previously associated. Not being itself matter, a true knowledge of it can only be extended by studying the principle in its new conditions and relations. Of this we may have more to say hereafter. We only allude to the fact here, as applicable to the next example we are about to introduce of its disregard of material laws, which, we think, goes far of itself to establish the truth advocated in this paper. Taken in connection with the other known facts of its operations and relations to other bodies and forces, the truth seems to be placed by them beyond dispute.

The fact to which we allude has received, from one of its distinguished observers, the nomination of "*potentization by contact.*" By this is meant to express, in brief terms, the fact that bodies, charged with this curative principle, set free from its material drug association, impart it to neutral bodies, when brought into close contact with them, so that these last become medicated, by this contact, and are made capable of affecting the living organism equally with other bodies similarly charged. By this contact they receive all the powers, and enter into all the curative relations, of the original charged body. In other words, medicated globules brought into contact with those which are non-medicated, and being so kept for a time, impart the medicinal or curative power they possess to the whole mass of neutrals. That this actually occurs has been testified to by many of the best observers. They have often *proved* the fact by experiment, and therefore their testimony must stand, against whatever of denial or sneer, from those who have made no such experiment. Of those who have proved and asserted this truth, we will name only one, and he, so far as we know,

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the first to observe it. This was Dr. WILLIAM C. CHANNING, late of New York city. To those who, like the writer, had the privilege of acquaintance with Dr. C., it is only necessary to mention his name, and he stands before them in memory, as he was in life, a man of noble intellect, of rare attainments in secular and professional scholarship, with talents for observation unsurpassed by none, and an integrity never doubted by any, however they may have differed from him in opinions. Dr. C. first called the attention of the writer to the fact of potentization by contact, by relating what had then been his experience in the matter for a number of years. He had carefully observed, noted and practiced on it, long after he had established the truth of the phenomenon. It was of his experience with *Aconite* that he spoke. He had, at that time, been carrying a phial in his pocket-case for a number of years, which, in the beginning, was filled with globules charged with the 30th centesimal potence of this drug, then the highest number in use. Many times, and whenever the phial was nearly empty of its charged globules, he added others, not medicated, shook the whole till the contents of the phial were well mixed, and then, after a short time, he used from the phial as at the first, and with the same practical success as before. This, as we have said, had then been *many* times repeated, and at last, as at the first, the same curative results followed the use of these globules so medicated, in this hitherto unheard of way, as he had before witnessed from globules charged in the usual way. At that time *Aconite* was probably more frequently used in practice than at the present. In those of Dr. C. it continued to be as often a reliable curative as in the hands of any other man. In his practice Dr. C. was eminently successful, as is well known to many of his surviving colleagues.

Now the globules, as used by Dr. C., were medicated by contact, or were not medicated at all. In the latter case, he used blank globules for years, supposing them to be medicated, deceiving himself, his patients (who were satisfactorily

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cured), and the public. He never once realized the specific effects of *Aconite*, though he thought he saw them constantly. His patients were cured by nothing, though, apparently, they were cured by medication. He and they were thus so grossly deceived, that they never questioned the genuineness of the cures. If, as we have no reason to doubt, they were genuine, then they are each of them witnesses to the truth of *medication by contact.*

We have, at present, no other concern with this process, than to present it as additional evidence of the truth as to the nature of the curative principle which we advocate. In order to this, it was incumbent first to show that the process itself is a fact. The experience of CHANNING is sufficient for this. But we may add, the fact has been known, and is now fully accepted by many of the best minds in our school of the profession.

In prosecuting the argument from the facts here presented, it is pertinent to inquire what passed from the globules contained in the phial, supposed to be medicated, to those added, which were not, by which these last received the power, like those previously contained, to affect the organism and cure the sick? Was it matter? Is there, in the world of matter, any thing like this? On the other hand, is there not an equivalent in the transmission of *force* from steel magnets to similar bars, not magnetic, by *contact* only, till all alike contain the magnetic force, though the original magnet, like the original globules, loses nothing of its power by imparting to the new made magnets a force similar to its own. Medication by contact, then, becomes little, if at all, less than a demonstration, of the dynamic nature of the principle under consideration. That the power which so passed was matter, though we always use

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the word with reluctance, we have no hesitation in saying is *impossible.*

Argument for the dynamic nature of the curative principle, may be further strengthened by the fact of the suddenness of its action. In this respect, the considerations presented from the instantaneous action of the miasmata, may be applied with so much the more effect to the power we are now considering, as it is, in some respects, brought more readily and completely under our observation. The precise time of the reception of the medicinal agent may always be exactly known, while, in the case of the miasm, this is not always easily brought to a fixed point. Then the effects of drug agents have been more thoroughly studied, and are better known, than those of the miasmata, especially in those minute details which characterize the action of individual drugs. So that, in all that wherein we are able to give increased certainty to the points, as we present them in relation to the subject under consideration, by so much is the force of the argument greater here than when applied to the miasms. Two cases will be presented as illustrations of this immediate action of the drug power, both of which were under the immediate observation of the writer, and both are made up of elements which, it is believed, place them beyond the reach of even the most captious caviler. They are selected from a multitude of similar cases for these two reasons.

The first is memorable in the experience of the writer, it being the result of his *first* attempt at a Homœopathic prescription for a patient. It was the first experiment in a series, which the importunity of a valued friend had extorted the promise, a very reluctant one, that he would make. The whole intention on the part of the writer was, in these experiments, to prove, for himself and his friends, *that there was nothing in Homœopathy.* If it be objected that this was altogether unfair, and unbecoming the importance of the subject, it is admitted to be true. He *intended* to prove the worthlessness of the whole system, and had no doubt of his success. Here is his first attempt, and its result. It will

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be seen, that Homœopathy had nothing to expect from him, except what could be extorted by the most apparent and stubborn fact.

The experiment was made with the despised "*globules*," and no one certainly ever held them in greater contempt. It was on a patient, verily believed to be incurable of the particular trouble for which these globules were given. The writer had tried his best, according to the maxims and practice of the school in which he had been educated, for months, to relieve the poor sufferer, without the slightest success. It was just because he thought the case incurable that it was taken for the experiment. Here, of course, would be a failure. He wished for no success. Then the patient was poor, ignorant, and black. She had never heard the word Homœopathy, and so the wonderful effects of imagination would be escaped, which, with many others, he thought to be the efficient agent in all the so-called Homœopathic cures. She had formerly been the slave of an old school doctor.

This person, now about forty-eight years of age, when a child, fell from a tree, and struck her side on the top of a board fence, breaking several of her ribs. She had, from that time, occasional attacks of pain at the points of fracture, increasing in frequency and severity as she grew older, till, at the time she came under the care of the writer, it had become permanent, and yielded to none of the many expedients resorted to, as before stated, for a number of months. Indeed, she grew worse. The seat of pain was so sensitive, she positively refused to allow it to be touched. Here was the case of more than forty years' standing.

In this state she was handed a powder of fine sugar, in which were *concealed* six globules of *Arnica*, of the sixth potence. She was directed to take the powder dry, on the tongue. This she did, at 11 o'clock A.M., in the absence of her medical attendant. When seen the next day, at 9 o'clock A.M., she appeared in great terror. She seemed as much frightened as any person I ever saw. She would not let me come near her, but kept herself in the extreme

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opposite side of the room, and repeated, more than once, addressing her physician, "You meant to kill me. You gave me *Mercury*. I know *Mercury*. I lived with Dr. Hazard," etc. After quieting her apprehension, not an easy matter, she was asked if she had taken the powder. She said she had; and the manner of her reply was just that of a person who regards himself as having just been made the subject of a severe and unwarranted practical joke. She was soon pacified, and then was asked what was its effect? "*Effect! It went from there to there,*" passing her finger from her tongue to the spot in her left side, the seat of her old injury, and recent pain, "*like lightning! You gave me Mercury, I know you did.*" And this thought renewed her terror. She could not overcome the first impression, that she had been poisoned. In a little time, however, she answered to the question — What happened then? "*Why the pain and soreness went all right out of it.*" This was true, and they never returned. The side might now be handled with the utmost freedom, without giving pain. The person, next to herself, most astonished, was her physician. Rosanna was, after this, a servant in his family, till near the time of her death, which resulted from disease of the heart, and he knows the old trouble did not return.

Of the suddenness and completeness of the action of this dose, there was no possible chance for doubt. That it was, literally, as quick as lightning, she stoutly maintained. That she was really cured of her great pain, could not be denied. And now, the only question we have with the case is — *What was it* that passed from the tongue to the side, so suddenly as to give this great alarm to this poor ignorant creature, and so rapidly to cure this great pain? Was this matter? The suddenness of its action proves that it was not.

The second case was that of a little girl, five years old, who was suffering from double pleuropneumonia, of exceeding severity. When the sticking pain in her side was so sharp as all but to prevent her breathing at all, and as to reduce this to the shortest, compatible with life, a teaspoonful of water was offered her, in which a few medicated

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globules had been dissolved, with the assurance that if she swallowed the water, it would relieve her pain. At the very instant the spoon touched her tongue, she shrieked, and declared it did not, but made it worse. It was with the suddenness of thought. There was, however, but this one stab, and it was never repeated. The writer gave the dose. The patient was his own child. The occurrence was before many witnesses. The case, from beginning to end, was of a kind to exclude all possible doubt as to any one of the facts here stated. It is given as a representative of a class which bears important testimony as to the nature of that power which relieves pain, and cures disease. That testimony declares plainly, it is submitted, that this power is a *force*, and not *matter*.

We have now given, at some length, what we wished to say on the essential nature of disease, its causes, and its cure. As might reasonably have been expected, *a priori*, in this respect, the three exhibit a beautiful harmony with each other. The relation of cause, effect, and cure, being established, and the arrangement of relationship being admitted to be the work of an intelligent and disposing will, no other result could have been possible. We think the course of reasoning and illustration presented, establishes the fact, beyond reasonable cavil, that each of these, in its essential nature, is a force, and that, so far as the two last are concerned, their only material connection is that of association, in no way essential to their special action on the living organism, as cause or cure of disease.

It is not sufficient to have established these facts to the satisfaction of candid and intelligent minds, as a matter of natural harmony, interesting to observe and contemplate; we are bound to go further, and answer the practical question — What then? What is the practical bearing of the dynamic nature, here proved, on the duties of the physician? For, if not important in its relations to these, the whole subject is one of curiosity merely, and not worth the trouble of argument or demonstration. It was for the pur-

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pose of presenting its practical relations, that the subject has been as far pursued.

The first and most obvious practical inference, from the facts presented, is this: If disease be essentially dynamic in its nature, a change in the state of the living forces merely, if it be but a force acting in a destructive direction, which, in its normal state, was active for conservatism, then the whole practical duty of the physician, in accomplishing its cure, is in this one act — to change this *state* of the vital forces to their original conservative balance. If this be the nature of disease, and this the duty of the physician, it is submitted, as obvious on the face of the subject, and to the most superficial observation, that these considerations have most important bearings as to the *means* to be employed for the accomplishment of this end. If this be the nature of disease, and its cure, then, it is evident, there must be a special relationship between the state to be changed and the means by which it is to be restored. And it is further apparent, that this relationship must be permanent, and subject to no change. It must be a *law*, existing in the very nature of the state and the means. And further, that the cure must be effected through this relationship, and only by means which comply with all its legal requirements. It follows, then, that giving of massive doses of drugs to the sick, in quantities great as can be borne, without poisonous results, and these selected *with reference to no law*, other than that of the caprice of the prescriber, is a crime against science as well as the rights and welfare of the trusting sick.

The second obvious inference is, that it can not necessarily require massive quantities of *matter*, merely to change the *state* of a *force*, even if it be matter which, in its natural state, has associated with it that form of the curative principle which the law of relationship requires for the accomplishment of this change. It is clear, that it can only require so much of that *force*, related to this changed state, by the law, as may be needed for its restoration. We have already seen that this does not necessarily bear any proportion to any quantity of matter whatever, but involves only

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force, which, when developed by expansion, as taught in the Organon, has parted from its original material association, and exists *only as force*, which admits of no measure of its capacity to cure, by the application of those rules applicable to the measurements of material forces, as applied to other relations. So that, it follows, not only is the law of selection of the curative, dominated by the principles we have advocated, but the form and quantity of the related agent, required for the cure, as well.

The third inference is, that so to act on mere *force* as to change its state, only a *mere force* would be likely to be requisite. This would be the conclusion of every philosophical observer, and this is precisely the Divine arrangement for the cure of the sick. It has been demonstrated, thousands of times, in the successful experience of Hahnemann and his followers, their success being ever proportioned to their adherence to this arrangement, as embodied in the laws he inculcated.

The fourth practical conclusion is, that those who directed their attention chiefly to the material results of the action of this changed force, the proper objects of the science of pathological anatomy, and regarded these as the disease, overlooked entirely the existence of the *cause*, in their absorbing contemplation of the *effect*, and, by this mistake, laid the foundation of all that material philosophy which has pervaded medical science, and from which has sprung all those gross ideas of remedial means, and their excessive administration, which has put the art of curing into that bad harmony with disease itself, which exhibits both in their true character, as destroyers of health and men.

Fifth. That those forms of disease which present themselves in apparent changes in the structure of organs, and which have been generally, by common consent, handed over to the province of surgery, were, in their origin, like other diseases, only a changed force, of which these material changes are the product, and that, in the outset, they were amenable to the curative action of those forces related to their state by the law. And further, that the great

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majority of these cases are still, notwithstanding the material change in the structure of organs, susceptible of cure, by the proper application of the same forces, on the well known principle, that the effect ceases when the cause is removed. It is well established, in the experience of many who have recognized this fact, that the long list of formidable operations which have heretofore characterized the special existence of surgery, as a distinct branch of the healing art, may be materially diminished, with no detriment to the interests of society, but great gain, in the sufferings and mutilations escaped.

Sixth. On this same principle, many diseases, heretofore regarded as incurable, and therefore abandoned as without hope, are found to be quite easily removed, by going back to the original change in the vital force, in which they took their initiative, and adapting a curative force to it, according to the demands of the law of cure discovered. It is no detriment to this statement, that the exact nature of this original change is often difficult to discover, or that it is often found in the antecedents of the progenitors of the present sufferer, until it is established in other sciences than that of healing, that difficulty in the practical application of a truth converts it into a falsehood.

Seventh. The dynamic nature of the curative element in drugs, explains its successful application in the treatment of mental diseases. These are obviously immaterial. The success which has attended their treatment by the potentized immaterial medicinal powers is, of itself, proof that these diseases are, also, in their nature, in harmony with general diseases, and their curative agents. These successes clearly declare that these mental afflictions are but a branch of the general family of diseases, and, like all the other branches, are themselves but a changed state of the vital forces.

Eighth. If the above inferences and considerations are well drawn from the premises of this paper, we may add to them this other maxim, in conclusion, that all truth has uses in the practical affairs of life. There is no exception.

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Least of all are exceptions found in its application to that science of healing, which has been heretofore so largely mixed with the false. It is conclusive evidence of practical imbecility, when one replies to the presentation of a truth — "*It is of no use!*"

Lastly. It is affirmed of the truths discussed in this paper, the dynamic nature of disease, its cause, and its cure, that they are of the greatest possible use, in this, that they pervade and dominate all practical efforts for healing the sick, made in accordance with the laws appointed by the Almighty for the guidance and control of such acts. To ignore their existence, and yet attempt practical healing, is to wander in a voluntarily chosen darkness, when a wise and beneficent Creator has furnished the clear light of a noon-day sun.

THE DOSE IN DRUG PROVING.

By C. W. Boyce, M.D.

(*Read before the Cayuga Co.* [*N. Y.*] *Med. Soc., Dec.*, 1867.)

By a vote of this society, at its session in September, the paper read at that time, on Proving of Drugs, by Dr. Lippe, was made a special subject for discussion at this meeting. This society also instructed its Secretary to tender to Dr. Lippe our thanks for his valuable paper, and to request its publication, at as early a day as practicable, in the "Hahnemannian Monthly." By the courtesy of its editors the paper appeared in the October number. It has been a subject of study for two and one-half months. Doubtless you are all prepared, at this time, to discuss the subject in all its bearings. As Secretary, I have taken it upon myself to gather up what has been within my reach that has been written on the best method of conducting provings, and especially as regards the dose and its repetition. Let us compare these several views with those of Dr. Lippe. At the same

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time that we receive instruction therefrom we may, perhaps, find Dr. Lippe's views sustained. To these extracts I will attach no comments, but let each come to his own conclusion. This vexed question of "dose," seems no nearer being settled than years ago, when it began to attract the attention of us all. One thing I would say, and that is, that, if we will do so, we may try upon ourselves whether there is any truth in the assertion of these men that the dilutions do produce abundance of symptoms, and if we do make the trial and succeed, as they all say we will, if we proceed aright, it must increase our faith in these dilutions in the treatment of the sick.

Dr. Neidhard says: "The Homœopathic world has always considered the proving of medicines as the corner-stone, the very foundation of our Homœopathic science. Take away the *Materia Medica* of Hahnemann, that of Hartlaub and Trinks, the provings of the heroic Viennese, those of Hering and a few others, and what remains of Homœopathy? The old darkness of Allopathy, the entire uncertainty of its therapeutics, would encompass us again, when we already thought we had emerged from this darkness of Erebus into the noonday light of Heaven. But we sit here comfortably, profiting by the experience of Hahnemann and his immediate disciples, curing diseases with remedies that are in many instances more suitable to the diseases of Germany and Europe, whilst our forests, river sides and mountains are teeming with innumerable plants and herbs, which God has certainly destined for the diseases of this our country; and but few attempts have been made to ascertain their virtues. * * * The most important question is, In what manner should the proving of medicines be conducted so as to be of most advantage to the science and practice of Homœopathy?" (North Am. Hom. Journal, vol. 3, p. 438, et seq.) At the threshold of an understanding of proving stands the subject of Idiosyncrasy. Without a knowledge of this peculiarity of the human system it is useless to attempt the proving of drugs, and just this want of knowledge is perhaps the reason why so many failures are made

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by those who attempt to prove, and accomplish nothing worthy of record.

Hahnemann says: "Certain symptoms are excited by medicines more frequently than others — that is to say, in many patients; some are more rarely produced, and in a small number of persons, while yet others are only so in a few individuals. To these last belong the so-called *idiosyncracies*, by which are meant particular constitutions, which, though in other respects healthy, yet have a tendency to be placed in a greater or less morbid state by certain things that do not *appear* to make any impression on many other persons, or cause any change in them." (Organon, secs. 116–117.) Again Neidhard says: "This is a subject of such vast extent, embracing all Homœopathic science, (for the relations which individual substances bear to individual men or diseases, do in fact constitute Homœopathy,) that I would rather not enter it at all, were it not necessary to consider it for one reason. One prover takes the 30th dilution of some Homœopathic medicine, and feels not the slightest effect; he now takes the 3rd trituration, and again feels nothing. He goes down still lower, to the 1st trituration, with the same result. It is only after taking ten grains or drops of the original preparation that he experiences some trifling and rather indistinct symptoms. Another prover takes the same medicine, also in the 30th dilution, and immediately experiences a series of important symptoms for five, ten or more days. What is the cause of this difference in the two cases? It is undoubtedly owing to a susceptibility of the one, to the particular medicine in question, which the other does not possess. As we are not always acquainted with this susceptibility of the prover to any particular medicine (in other words, with his idiosyncrasy,) it will, on this account, be the safest plan, even in proving medicines, to commence with small doses." [Some do not seem to be affected by large quantities of crude drugs—as, for instance, a young professional friend took in one day, 30 drops of crude croton oil without the least inconvenience following it.—B.] "Great diversity of opinion has prevailed on the dose of medicine

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to be proved. In the *Materia Medica* of Hahnemann, the remedies were all proved in large and more material doses, whilst the provings contained in his *Chronic Diseases* were instituted with the 30th dilution. At present, the best informed minds on the subject have come to the conclusion that the provings should be conducted with the highest, high, as well as with the lower dilutions, and pure material preparations of the substance to be investigated. Dr. Watzke, formerly the chief editor of the "Austrian Homœopathic Journal," a man of profound insight and critical acumen, who was by no means in favor of proving with the higher dilutions, nevertheless, from the experience which he obtained by his provings of *Natrum mur.*, declared in favor of the middle dilutions. This declaration is the more important, as the author's mind was always much inclined to favor the lower. This, however, will in my opinion depend, as before remarked, upon individual susceptibility to a particular remedy. If no affinity exists between the prover and the remedy, the effect, even in large doses, will neither be very powerful nor pervading, whilst, if it is present, it will be sensibly felt in the smallest. He also condemns those who have ridiculed Hahnemann, the greatest and most accurate of modern observers, when he stated that the action of *Natrum mur.* continued for weeks and months. Most conclusive facts convinced him, that the action of *Natrum mur.*, in large doses, may last for several months, and that even in smaller and pretty high dilutions, it may be traced for several days. To me it seems, that the vital power receives an impulse from the medicine, in a certain direction, which may thus be prolonged to an almost indefinite period. Another reason for not taking the remedy to be proved in too large doses, is well known to you all. The system rejects all doses which are too large, and which it can not appropriate, by purging and vomiting. Almost every remedy may thus become a purgative or an emetic. Besides, the remedy will only exert its chemical effect on the system. The refined, pervading, and characteristic symptoms of its inward nature will not be revealed

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by such a proceeding, and the remedy will be comparatively useless for the cure of diseases. Some modern provings, in which only large doses were employed, clearly prove the fact. * * * If no serious objections can be raised against the old Hahnemannian method of proving medicines, by taking a dose every day, until some decided effect is felt, it seems, nevertheless, for the historical connection of the symptoms, to be important to take only one dose at a time. Another reason for pursuing this plan is, also, that no subsequent dose will ever exert the same powerful action on the system as the first dose. The spell, as it were, is broken. I would, therefore, propose to all provers, to take only one dose of the remedy, and wait several days for its action; if no effect whatever is felt, a lower dilution may be tried, and if no effect takes place, the same dose, in a still lower dilution, may be resorted to, at convenient intervals. As soon as a decided effect is felt, no more medicine should be taken, and the prover will exert all his power to trace the symptoms as they appear. (North American Homœopathic Journal, Vol. III., pages 445 and 446.) Dr. Dunham, in his exhaustive article on "The Dose in Drug Proving," in the Transactions of the American Institute of Homœopathy, 1860, there states the results of these "Heroic Viennese Provings." This society conducted, in the years 1842 to 1848, a series of re-provings of certain of the drugs proved by Hahnemann, in the hope of discovering the pathological connections of the symptoms, which, in Hahnemann's scheme, are disconnected. Conceiving, also, that some of Hahnemann's symptoms are vague, because produced, as they supposed, by *small* doses, they pushed their provings with massive doses, in many cases to extreme poisoning. With these views, we could hardly expect from them much testimony, either positive or negative, on the subject of proving with potencies; but, in that which they do furnish, we should expect them to be unfavorable witnesses for our views, since their proclivities are almost uniformly against the use of potencies in proving or in therapeutics." * * * In conclusion, we may observe that with *Natrum mur.* the

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record of the Austrian provings close. In his concluding remarks on that drug, Dr. Watzke uses the following language: "I am, alas!—I say alas! for I would much rather have upheld the larger doses, which accord with current views—I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum mur.*, as well as the great majority of the clinical results attained therewith, speak decisively and distinctly for these preparations. *Several of our most cautious* provers have obtained unquestionable characteristic *Natrum mur.* symptoms from them." Dr. P. P. Wells writes: "Having complied with all the requisites of a true proving, and having a clear view of its proper object, what course shall be taken to secure it? This is made up of two parts: The dose—how much, and in what state? and the repetitions; how often shall it be taken? First, of the dose. It may be of the crude drug, or of a low or high potence of it. Which is preferable? In a given case, the answer to this will depend, first, on the nature of the drug; and second, on the susceptibility of the prover. Those drugs which, in their natural state, affect the organism but slightly, as *Carbo veg.* and *Silicia*, require to be potentized, in order to the development of their characteristic effects on the prover; while those which are prompt in their action, as *Ipecac*, may be proved in the crude state, or in low potencies; but if the drug be actively poisonous, as *Mercurius corr.*, it can be proved only in the potencies. The object of the proving is a knowledge of what is peculiar to the drug—its characteristics. In those drugs which are comparatively inert in their natural state, these are rarely developed after crude doses. So that most of the so-called provings of such substances, in such doses, are comparatively valueless. The same is, to a great extent, true of such provings of active poisons. The one class is expelled from the system without ever coming into active relation to the forces of life, with manifestations of few or no symptoms; the other, by the violence of its action, cause its speedy expulsion, with few symptoms, and these, such as are common to the drugs of

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its class, and are, therefore, of little or no practical value. The disturbances of functions are such as might have been the result of almost any drug of its class, and, therefore, are generic, and not characteristic; and for this reason, not curative; and so are no answer to the problem before the prover. This is, probably, the true explanation of the poverty of the provings of *Tartar emetic*, *Corrosive sublimate*, and some others. The second element in determining the state of the drug to be taken, and its quantity, is the susceptibility of the prover. The greater this, the less the dose, as a general rule. If the organism be powerfully impressed suddenly, it may so revolt against the dose as to expel it at once, with only generic symptoms, and the prover fails of his object. If the prover be of only moderate impressibility, he may realize valuable results from larger doses. If very obtuse, he is but poorly fitted for his work. In a word, he is to take the drug in such doses as will admit of, and secure, the pervasion of his organism with it, so that its effects may be developed in the functions of the various organs of his body. This can, generally, be better done by its gradual than sudden introduction; as, in this way, we avoid those violent functional alarms, which, when they occur in a proving, work our certain defeat. Hence, in those provings where a first dose is followed by no marked results, it is better to repeat it, and, if necessary, many times, till symptoms are developed, than to begin to increase the dose with each repetition, as the manner of many has been. This method usually results in a few generic symptoms, and these, consequently, are not worth the pains they cost. By the gradual introduction of the drug, the organs become pervaded by it, tolerate it, and respond to its specific impression, and its characteristics are secured. Hence, the great error of those who have questioned the value of provings with high potencies. If the attempted proving with these, owing to the unimpressible nature of the prover, or from any other cause, produces no results, it can in no way invalidate the truth of those obtained from the provings of others better endowed for

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the work. From the very nature of the case, symptoms so obtained, which are genuine, must possess the highest value.

In regard to the repetition of doses by a prover, it is to be governed by the nature of the drug, and the results already obtained. Drugs of slow action, as *Causticum*, *Lycopodium*, etc., are to be taken at longer intervals than such as are quick, as *Aconite*, *Arnica*, *Ipecac*, etc. This is the general rule, which, if it be remembered, with this one other, to repeat no dose while symptoms are being realized from those already taken, the prover can hardly make a mistake. This last is equivalent to that rule in practice which forbids the repetition of doses, while those previously taken are still active, and, in all provings, is of imperative authority. The reason for this is, that, from the nature of the case, the total symptoms of the drug are produced in sequences, some earlier and some later in the series, and while these are being developed, a repetition of the dose only sets the prover back to the beginning again, and by continued repetition of this process he may never reach those later, and more valuable, symptoms which a better method might have secured." (Am. Hom. Review, vol. 3, p. 246.)

Organon, section 128: "The most recent experience has taught that medicinal substances, when taken by the experimenter in their crude state, for the purpose of testing their peculiar effects, do not for a long time display the full extent of those virtues which lie concealed within them, as is the case when they are taken in higher developments, *i. e.*, exalted in power by due trituration and agitation. By means of this simple mode of preparation, the virtues which, in the crude state of the medicines, lay concealed, and, as it were dormant within them, become incredibly developed and aroused into activity. Thus, any one, even of those medicines whose virtues are considered weak, is now found to be the most advantageously investigated, if, from four to six minute saccharine globules, impregnated with the 30th (decillionth) dilution of such medicine, and mixed with a

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little water, be given to the experimenter every morning, fasting, and continued for several days.

"§ 129. When the effects of one such dose appear to be weak, then it may be daily increased a few globules, until the effects become stronger and more distinct, until the changes in the system be evident, for one particular medicine does not affect every individual in a like manner, or with the same degree of energy; on the contrary, there exists, in this respect, the greatest diversity possible. Sometimes a person, apparently delicate, is not at all affected by a medicine that is known to be very powerful, though administered in moderate doses, while other substances, that are much weaker, make a tolerable impression upon him. At the same time, there are individuals of robust constitution who experience very considerable morbid symptoms from medical agents that are apparently mild, and, on the other hand, they are but little affected by others that are powerful. But, as it can never be known beforehand which of these two cases will occur, it is proper that each should commence with a small dose, and be afterwards increased progressively, if deemed requisite; advancing from day to day to higher and still higher doses.

"§ 130. If, at the commencement, and after administering the first dose, the effects are sufficiently powerful, one advantage results from it, which is, that the person, who undergoes the experiment, becomes acquainted with the succession of symptoms which this agent principally excites, and is enabled to note them down with precision, the moment they appear, a circumstance of vast import to a knowledge of the character of medicines, because the order of their primitive effects, and likewise of their alternative effects, is thus exhibited in the least equivocal manner. A very weak dose often suffices, if the individual on whom it is tried is endowed with great sensibility, and pays due attention to his state. The length of time that the action of a medicine continues, can only be known by a comparison of the results of several experiments.

"§ 131. If, to acquire at least some knowledge of a medi-

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cine, it is found requisite to administer to the same person, several days in succession, doses of the same, progressively increased, this shows us the various morbid changes that this substance is capable of exciting generally; but we do not learn the order of their succession, and a succeeding dose often extinguishes one or other of the symptoms produced by the preceding one, or creates in its place a contrary state. Symptoms of this kind should be noted between two parentheses, as being equivocal, until new experiments of a purer nature shall have decided, whether they are to be considered as the re-action of the organism, or the alternative effects of the medicine.

"§ 132. But where it is intended merely to ascertain the symptoms that a medicinal substance, particularly a weak one, is capable of producing by itself, without paying any attention to the order of the symptoms, or to the duration of the action of the medicine, it is advisable to continue the experiment several days successively, only augmenting the dose each day. By this means, the effects of even the most gentle medicines, that are unknown, will come to light, especially if tested on a sensitive person.

"§ 137. The more moderate the dose (without, however, going beyond a certain limit,) the more are the primitive effects developed which are most important to be known. Scarcely any but the latter will then be perceptible, and there will be hardly any traces of re-action. But it is understood that the individual on whom the experiment is made must be one who can be relied upon in regard to veracity—that he is moderate in every respect, of a sensitive mind and body, and shall attend to his person with all possible care. On the other hand, if the dose be excessive, there will not only be several re-actions visible amongst the symptoms, but yet more, the primitive effects will manifest themselves in a manner so precipitate, violent and confused, that it will be impossible to make any correct observations. Let us add to this, the danger that might result from it to the individual on whom the experiment is tried, which can not be regarded as a matter of indifference, by one who

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looks upon every human being in the light of a brother." Dr. Lippe, in the paper under discussion says: "Having the drug and the willing prover, the next question arises, what dose or doses should be taken to obtain the best results? The dose may be varied on account of the quality of the drug, or on account of the known susceptibility of the prover to similar substances, or to drug action in general. As a general rule, it will be found best to take but one single dose of the drug at a time. The effects of this single dose, however small or large it may be, will often develope itself almost instantaneously, as is the case with *Glonoine*, which will make its effects known, at the latest, in a few minutes. Other drugs are slow in developing their effects, as *Causticum*, *Lycopodium*, etc., and they may not be perceptibly felt before the third day. And where it is so slow in developing its effects, the drug action will frequently continue for weeks; and even then, the proving can not be considered ended, as similar symptoms often reappear after fourteen or twenty-one days; as the symptoms, or group of very similar symptoms, will recur at certain intervals regularly: those intervals may be hours or days, as the case may be. It would certainly interfere with the observations of the prover, if a second dose should be administered before the first had exhausted its effects. This one single dose should be just large enough to affect the prover; if too large, the proving will be of little practical use, as the system will at once endeavor to rid itself of an unwelcome intruder, and the revulsive symptoms, so obtained, will be of a low order, and comparatively useless. If the one single dose produces no effect, it will not often be an indication that the dose was too small; in most instances, a repetition of the same dose, or the administration of a larger one, will have no more effect than the first, and will show that the prover is not susceptible to the effects of that drug, at that particular time. Under such circumstances, it would be advisable to postpone the proving of the drug on that person to a future period."

I have examined carefully the introduction to Dr. Hale's

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"New Remedies," but fail to find any definite directions as to the provings of drugs, and can not now lay my hand on any other book where they may be found. The most definite that I did find is the following: "The drug selected, should then be taken by each one, in similar quantities, and at the same time. The quantity of the drug should be just enough to induce symptoms and pathological changes in the organism, by its dynamic influence, and not by any chemical action."

Although I find no specific direction, Dr. Hale has left on record negative testimony, which will show, at least, what he does not approve, and this is just what every one of those heretofore quoted have said they did believe; viz., that where symptoms were induced at all by a single dose of the drug, these symptoms were of greater value than when there had been a succession of doses. But here is the extract: "(The following proving, if such it can be called, was communicated to the 'Journal de la Société Gallicane de Med. Hom.,' by A. Savery, M.D., who, it seems, was a pupil of Dr. B. Mure, of 'Brazilian provings' notoriety. I insert the 'proving,' as before, in order that no accusation of unjust bias can be made against me. At the same time I must again enter my honest protest against the manner in which the experiment was made; and state my conscientious belief of the utter worthlessness of the proving. I will state the grounds of my objections.

"Only two drops of the tincture were taken; no repetition of the dose was made, and all the symptoms, sensations, etc., felt by the prover, for the ensuing *forty* days, were recorded."

It will be remembered, that Dr. Watzke testifies that, "Most conclusive facts convinced him, that the action of *Natrum mur.*, in large doses, may last for several months."

We have seen, that Drs. Neidhard, Wells, Lippe, and Hahnemann, are strikingly unanimous in their recommendations in respect to dose and repetitions in provings, and we now quote Dr. Hempel, to see what he thinks of their instructions.

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"Another illustration of the utter worthlessness of the provings instituted by the high-potentialists is the proving of *Hydrastis canadensis*, gotten up by that distinguished luminary of the Philadelphia College, Professor Adolphus Lippe. My friend, Professor Hale, has had the kindness to append this proving to his admirable work, entitled 'New Remedies,' with the following sly commendation of the extraordinary efforts of the young gentleman who had consented to perpetuate this remarkable parody of scientific pathogenesis:

"'Much credit is due the gentlemen who have made such careful and pains-taking experiments as those which they have given to the profession.'"

The fact of this silly fancy-piece of the Philadelphia professor having found its way into friend Hale's meritorious work, is no disparagement to it; on the contrary, it enhances the value of his truly representative volume, by affording the reader an opportunity of contrasting the sternly scientific provings of the different contributors to its pages, with the truly reprehensible, absurd, and pernicious bombast of wordy trifles, which the Philadelphia professors of "high Homœopathy" are continually seeking to palm off upon the profession as scientific truths. God save us from their high absurdities, and perversions of all sound sense and philosophic generalizations"—and further on, "I never had a personal feeling against any man living, and that my opposition to this notorious individual is, entirely and exclusively, based upon principle. I hold that his teachings and influence, if he have any, are utterly destructive of the great truths of Homœopathy. * * * If I had the power, I should be perfectly willing to annihilate his nonsense. It is a blot upon our fair escutcheon."—"Observer," September, 1867.

With very great diffidence, Mr. Chairman, I give you the following striking results:

On the first day of November, 1867, I took ten small pellets of *Lachesis*, 200th potence, at 3 P.M. In less than fifteen minutes I felt pain and swelling of the pharynx,

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which spread, until it involved the whole anterior portion of my neck. The greatest pain was in the submaxillary glands of both sides. The larynx pained as it often has when I have ridden against the north-west wind, although I had not been out of the room. These symptoms lasted until I went to sleep, sometime in the night. Ten days after, I felt the same symptoms, fully as intense as before, with this one, additional: Pain in the rectum, with inclination for stool, which compelled me to go to the closet. With the effort to stool, the pain and desire increased, until piles were actually produced. I was unable to leave the closet for one hour, during which time, tenesmus and pain were intense. This condition lasted nearly all day, but has not since returned. Since which time I have been unable to ride against the wind, without carefully protecting my throat.

INTRODUCTORY LECTURE

Before the N. Y. Ophthalmic Hospital and School, Nov. 6, 1867.

By H. D. Paine, M.D.

Only a few days since, I was assured, on the authority of a publication, which assumes to afford, if not *official*, at least the most *authentic* information on the subject of Metropolitan medical affairs, that the New York Ophthalmic Hospital had closed its doors. Although I had the best reasons in the world for disbelieving the report — having often seen for myself the throng of patients who daily crowd its rooms, and received the most satisfactory proofs of its continued success and prosperity from those who, etc., — still, I could not but receive, with a high degree of satisfaction (as I did on the self-same day), the formal announcement of the intended early resumption of the regular annual course of

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instruction, which it is one of the objects of this institution to provide. It not only threw an additional doubt upon the positive assertion of the "New York Medical Register," that the hospital had been "*discontinued*," but furnished new evidence of its continued existence and activity, and of the determination of its officers to extend its benefits as widely as possible, and to maintain its high character, both as an infirmary and as a school.

The accompanying premonition, that to me had been assigned the honorable duty of inaugurating the series of lectures to be delivered here during the present season, did *not* excite the same degree of pleasure; but as those by whom the function might have been more satisfactorily performed, had been appointed to other and more arduous duties, I could not reasonably decline such a moderate and agreeable requisition.

The publication of the misstatement (to call it by no harsher name), to which I have just referred — a misstatement so entirely unfounded, and calculated, if not *intended*, to mislead the public, to diminish the attendance of patients, and to injure the institution — can not but awaken sorrowful reflections upon the persistent intolerance of those who seem determined to suppress, or, at least, to ignore, any medical institution, or any medical reform, which does not accord with, or owe allegiance to, their own narrow and exclusive views of medical orthodoxy.

But, happily, we have here, every day, the best evidence that the injurious asseveration of our opponents is utterly false. Daily these walls witness to the increasing numbers of those who gladly avail themselves of the resources freely offered within them, [notwithstanding the misrepresentations, and even intimidations, that have been employed to prevent such a result]. Daily are the hearts of our attending surgeons gladdened and encouraged by the favorable effects of the treatment employed, and the grateful appreciation of their unselfish efforts, by poor and afflicted subjects under their care.

There is no such excess of charitable institutions in this

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city, either for the poor, the friendless, or the sick, that we can afford to spare a single one, and of those designed for the benefit of a particular class of sufferers, none appeals to the sympathies of a benevolent public with greater force than those which offer treatment, and the best facilities of cure, for diseases of the eyes. It might well, therefore, have occasioned deep regret in the hearts of all who feel any interest in the various enterprises for the amelioration of human suffering, if, from *any cause*, this institution had been forced to close its doors, and send away the patients who have daily and hopefully thronged its halls.

And from what I know of the temper and disposition of our board of directors, and especially of our honored president, I do not think there is any immediate prospect of a consummation of the hope — if any can be so ungenerous as to entertain it — of the dissolution of the institution, which they so vigorously and judiciously manage and control.

That the board of directors of the hospital, in the exercise of their authority, and conscious of their responsibility, as well as of their duty, have, within a few months past, replaced the former allopathic medical officers by those of a different system is, doubtless, well known to all whom I have the privilege of addressing. To this step they were impelled, not more strongly by their own personal convictions in favor of the Homœopathic method of treatment, than by a sense of the justice and common fairness to the public at large. It is perfectly certain that there is, not only in this city, but throughout the State, a large and most respectable body of people who firmly and fully approve of the Homœopathic system of cure, and manifest their confidence in its superiority over the old practice, by entrusting to it their own health and lives, and that of their families. It is no less true, that wherever the system is established, it has the support and patronage of the intelligent and influential laity; nor would it be difficult to show, by satisfactory statistics, that, of the large amount of taxes and voluntary contributions appropriated to the support of our various

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institutions of charity, no small proportion comes from the pockets of the *patrons* of that system. But, notwithstanding these facts, known and admitted by many whom they only excite to aggravated resentment, almost every attempt to appoint Homœopathic physicians, or to introduce Homœopathic treatment, in any of the benevolent establishments of the city or State, has been so far successfully resisted, by the persistent opposition of the allopathic school. Their long possession of those positions has given them a power and influence of resistance to progress, to which neither their superior numbers, their learning, or professional success entitles them.

Knowing and believing these things, it is not easy to see how our directory could, without violence to their own consciences, have declined to pursue the course they did, when they found themselves in a position to choose.

Nevertheless, it required no little courage to take so bold a step — to stem the current of ancient prejudice and habit — to place themselves and the institution under the ban of their former associates, and to incur the excommunication of the self-styled "Regulars" of the profession, as favorers of quackery, and encouragers of irregularity — both crimes of indescribable enormity.

All this, I affirm, called for the exercise of true bravery, and manifested a conscious rectitude of intention, worthy of all praise, in an age when time-serving, and deference to expediency, are far more common traits.

It is much also to the honor of those few members of the Board, who, although not avowed Homœopathists, and experimentally unacquainted with the merits of the system, voted, with the majority of their colleagues, in favor of the change, because they recognized the just and reasonable claims of the Homœopathic public — both rich and poor — to the kind of treatment which alone has their confidence. As they had not the same personal convictions of the necessity of the innovation as their colleagues, their acquiescence in the resolution, all the more entitles them to our gratitude and respect. The liberal and catholic spirit which recog-

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nizes the equal rights of all to their opinions in medicine, while it commands the approval of the fair-minded public, will not shield these refractory directors from the reproaches of the dominant school. It is to be hoped, however, that they will find in the approval of their own consciences, and in the satisfactory results of the experiment, a sufficient justification.

That this action of the directors will be approved and sustained, by the great majority of the friends and supporters of the hospital, scarcely admits of a doubt. If you canvass the opinions of those who are the most active and zealous promoters of the benevolent enterprises of the age, and who contribute most cheerfully of their means, their time, or their labor, to their support, you will find the patrons of Homœopathy numerously represented. It has been claimed, that, at least one-third of the taxes imposed and appropriated for the support of the State charities in this city, are paid by Homœopathists, and that, of the voluntary contributions, for the same, or similar objects, a still larger proportion might be justly credited to them. When you add to this large body of wealthy, intelligent, and liberally disposed Homœopathists, the large and increasing proportion of the public, which still adheres, or rather submits, to allopathic treatment, but which is opposed to the narrow-minded intolerance of its practitioners towards the Homœopathists, there need be no fears, but that, in almost any institution, in which the management should be disposed to adopt that system, the sanction of the public could be counted upon.

In this case, at any rate, the evidences in corroboration of that opinion are entirely satisfactory. So far from deserving the verdict of "*discontinued*," which has been recorded against the New York Ophthalmic Hospital, by the "New York Medical Register," I am happy to say that the institution was never more flourishing or useful than now. That the new order of things has received the emphatic approval of those, at least, who are, most of all, interested in the matter — I mean the poor patients, for whose benefit the hospital was established — is apparent enough to those who

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witness the throng of applicants who daily crowd these halls, and gratefully avail themselves of the treatment heretofore virtually inaccessible to them.

It has been alleged, even by some who believe in the Homœopathic system, that it was not adapted to the circumstances of the poor; or, at least, that the poor and the ignorant would be slow to appreciate the advantages which it possesses over the austere treatment, to which they have long been accustomed.

But whatever plausibility there may once have been in this supposition, the experience of the last few years has demonstrated its untruthfulness. Every Homœopathic physician knows that, whereas, formerly, his patrons and patients were chiefly from the ranks of the intelligent and well-to-do, he now can have as many poor patients as he is willing, or able, to attend. And the increasing popularity of the few dispensaries under the charge of Homœopathic physicians, shows that a great change is going on in the feelings of that class for which they have been established. Once, so strong were the prejudices of this class of patients in favor of good strong measures in the fight with disease, that a dose that neither smelt or tasted badly, nor produced any violent turmoil in the system, in their estimation, scarcely deserved the name of medicine. The man who complained of the apothecary, for giving him such a small emetic for his shilling, expressed the estimate which many people entertained of the efficacy of a prescription, according to the pain or sickness that it produced. But those old notions are fast passing away, even among the ignorant and the dependent — multitudes of whom have, in one way or another, by this time, learned something of the advantages and blessings of Homœopathy, and gladly embrace such opportunities, for availing themselves thereof, as are afforded.

With this large and growing constituency of all ranks, who, if they were allowed to choose, would submit to no other treatment than Homœopathic — believing in its principles, or convinced by its success — it is high time that a determined, vigorous, and united effort were made to

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insist upon a just and equitable representation in the public charities.

It is a cruel wrong to the poor, that allows the allopathic obstructives to retain control of so many of the hospitals and infirmaries, and obliges thousands to submit to treatment which they have no faith in, or compels them to go without any. There are strong incitements to enlarge upon this theme. It would be easy, under the influence of the feelings excited by such reflections, to occupy the whole of the time I am entitled to, with a recital of the grievances which we suffer, in this city and state, from the narrow-mindedness, intolerance, and bigotry, of our opponents, or with congratulatory remarks upon the more favorable change in the conditions of this exceptional institution. But I am warned, by the length of the remarks that I have already indulged in, that I shall have little enough time for the most cursory review of those topics to which I had intended to call your attention this evening.

But I can not refrain from alluding to one or two points of special interest in the new relations which the Homœopathic profession and public find themselves, with regard to this institution.

First. As it is an indication of the force of public opinion, and the influence which Homœopathic principles are at length beginning to exert, even in the strongholds of allopathic power. In every other important institution in this city, all attempts to introduce Homœopathic treatment, or to accord to Homœopathic patients any privileges, have proved unsuccessful, owing, in part, to the determined opposition of the opposing school, and, in part, to the *vis inertiæ* of their managers and directors. More fortunate has been the New York Ophthalmic Hospital, in being under the control of a Board which appreciated its duty, and had the independence to act accordingly. Let us hope that the effect of so eminent an example, and the success of the experiment, will stimulate other institutions to a like liberal and just course, and that, ere long, we shall have the pleasure and satisfaction of seeing some provision made for the treatment of Homœo-

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pathic patients, in all the public infirmaries, by physicians of our own school. This, at least, we have a right to demand, and less than this will not satisfy the public, which pays the taxes, and contributes the funds for the support of these establishments. A persistence in the course of exclusiveness and intolerance, which has so long resisted the demanded reform, will surely react upon its authors, and, sooner or later, effect their just and summary ejectment.

The only other point to which I shall venture to refer in connection with this subject, is the additional and important advantage which will now be afforded to Homœopathic students who desire to perfect themselves in this most attractive department of the profession. In this view, alone, of the valuable results consequent upon the new position which this hospital holds to our school of practice, it would be difficult to over-estimate its importance. In no other class of affections is clinical instruction, and the opportunity of witnessing the delicate operations often required in the course of treatment, more essential than here. Perhaps there is no department of surgery in which mere book learning, or oral instruction, unaided by practical examples, is of less account than in that to which this hospital is devoted, nor any in which there is greater advantage to be derived from actual demonstration. Nor can any private practice, however extensive, present the opportunities for seeing so great a variety of ophthalmic diseases, as an institution like this, which naturally attracts a multitude of patients, exhibiting every variety of the more common disorders, and more or less frequent examples of those that are rare.

I need not dwell upon the importance of clinical instruction, in every department of pathology. Its necessity, in the thorough training of the aspirants for medical honors and responsibilities, is universally conceded, and no teacher of our art, in these days, would think of confining his instructions to didactic exposition. Let me exhort you, therefore, to embrace the opportunity which will be here afforded, of improving yourselves in this important branch of surgery.

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That a knowledge of ophthalmic diseases, and their appropriate treatment, is of great importance to the cause of humanity, and of great value to the practitioner, requires no argument. The great frequency and variety of distempers to which the eyes and their appendages are subject; some of an unsightly, and many of a painful and even dangerous character, and, at least, jeopardizing, if not absolutely destructive of the precious sense of vision, and the natural dread of blindness, which all men entertain, conspire to invest this branch of the profession with a peculiar interest and importance.

No physician, however limited his practice, but will have frequent occasion to put his knowledge of ophthalmic pathology and therapeutics to use, and in no department will his science and skill be more appreciated, or effect more evident good results, or the want of it be more likely to react injuriously upon his professional reputation.

Not only is a thorough acquaintance with this subject most desirable, but the study of it is, also, one of the most attractive and fascinating in the whole range of medical science. The number, delicacy, and peculiar structure of the parts and tissues of the eye — their miraculous adaptation to the complex purposes to be fulfilled by them — the wonderful phenomena of vision — the facility we now possess of examining the internal structure of the organ — render the study of the eye, physiologically, anatomically, and pathologically, one of the most interesting, inviting, and satisfactory, which it is your business to pursue.

While it is, perhaps, true, that of all the external organs of sense, the eye is the best understood; yet, so complicated is its mechanism, so minute are some of its parts, and so diversified its powers, that, notwithstanding much laborious research that has been expended thereon, there remains yet much that is unknown, to tempt investigation, and to reward, with future discoveries, the patient and pains-taking inquirer. Some, indeed, of the phenomena of vision have been scarcely investigated, and upon others, much curious inquisition has been spent, with comparatively small results.

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This fact can not fail to stimulate the real student, zealous in the science he has chosen, to additional exertions for its development.

If what I have just said be true of the eye in its natural and normal state, it is not less so in the various pathological conditions, which it is liable to assume. In the study of its diseases there is a wide field for cultivation and improvement; and in the successful application of correct therapeutical principles, there is much to reward the practitioner, both in the success which, on the whole, he may hope for, and in the pecuniary compensation which a reputation as an expert and a skillful oculist is sure to bring to its possessor.

So fruitful a source of profit, and, it must be confessed, an unaccountable neglect on the part of the regular profession, in former times, to treat diseases of the eyes, as something quite beneath its dignity, has thrown much of this practice into the hands of quacks, whose pretensions are only equaled by their ignorance.

Much has been done by the labors of scientific and conscientious men, of the last two or three generations, to rescue this department of surgery from the low estate into which it had fallen, by the neglect of their predecessors, and to place it, as it deserves, in the first rank of professional importance. But still, to many minds, the devotion of particular attention to this class of practice, and the acquisition of a reputation as an eye-doctor, awakens the suspicion of charlatanry and pretension. Too often, no doubt, the suspicion is well founded, and the flaunting advertisements, and ridiculous assumptions of the professed "oculist," which offend our eyes in the public prints, and on the posts and fences, show that the public has not yet learned to discriminate, in all cases, between the real scientific physician and the ignorant pretender. This, however, should not deter the true devotee of science from fulfilling his own duty, and giving to every department of his calling the consideration it deserves; seeking to know all that is known, and qualifying himself to apply that knowledge to the relief

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of suffering, and as stepping stones to further discoveries in science, and skill in practice.

Like other departments of the art of healing, ophthalmic surgery has experienced its fluctuations and vicissitudes. There are evidences in the history of medicine, that the ancient practitioners, recognized and treated many of the diseases of the eyes. But it is no less true, that the pathology and diagnosis of most of them, and by far the greater part of the real improvements in the methods of treatment, have been attained within the last century, or century and a half.

From the works that have come down to us from the first known fathers of medicine, it is not, perhaps, possible to gather satisfactory information as to the extent of their knowledge of the various forms of ophthalmic diseases, their views of pathology, or their plans of treatment. But it is certain, that quite a number of the diseases which we now meet with, were well known to them, some by the same names, and others so described as to be identified by more modern observers.

It would seem probable, indeed, that they were the subjects of much more scientific attention, and the differences between them were better understood by the physicians who flourished before the time of Galen (2nd century) than by those who succeeded him. For instance, the nature of cataract (described by Hippocrates under the name of Glaucoma) as an opacity of the crystaline lens, was correctly understood by him, and his disciples, and successors; but from the acceptance of the Galenic theory, that the lens was the peculiar and exclusive seat of vision, all trace of the true doctrine was forgotten for hundreds of years. About the middle of the seventeenth century, the ancient and more correct views began to be revived, but, although (somewhat timidly) adopted by a few distinguished names, they attracted but little attention for fifty or sixty years, in fact, almost all physicians adhered to the false theory of Galen, until sometime after the commencement of the eighteenth century. It was in 1708 that M. Mery announced his conversion to the

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views of Lasnier, Maitre-Jan, and other observers, and boldly recommended one of his patients to have the lens extracted, which was successfully done by Petit — thus demonstrating the fact, that vision was possible without the assistance of the crystaline lens.

What is now known as Glaucoma, does not appear to have been distinctly recognized as different from other opacities behind the pupil, until about the same period. Previously to that, the term Glaucoma seems to have been a sort of generic expression, which included every form of internal opacity.

Iritis is another example of a re-discovery, of still more recent date. It is agreed that a passage of Hippocrates is clearly descriptive of this disease, but subsequent writers make no allusion which would lead us to suppose that they had any knowledge of its existence, as distinguished from ophthalmia in general, until a German, Schmidt by name, at the commencement of the present century, published his observations.

But while it is admitted that in these, and a few other, diseases, the ancients anticipated us in the discovery of their character and seat, in regard to many others, modern investigation has developed important points of discrimination, of which we find no notice in their writings. Of course it may reasonably be assumed that many diseases and abnormal conditions of the eyes, were known and recognized by the early fathers of medicine and their cotemporaries, of which no record has come down to us. It is not likely that those keen-sighted old observers, who distinguished, and so accurately described, such affections as Hypopion, Leucoma, Iritis, etc., would pass by, without notice, various other more obvious diseases, although in the comparatively few writings that have been preserved, we find no account thereof. The low condition into which the science of medicine afterwards sunk, and in which it remained for many centuries, and the consequent small esteem in which its founders, and their works, were held during all that period of depression and darkness, caused the neglect and loss, no

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doubt, of many writings that would have supplied us with more complete information, on the theories and practice of those pioneers. Of the *treatment* pursued by them, even in most of the ophthalmic diseases, of which they have transmitted to us some description, we have still more imperfect and vague information. The few and scattered allusions to the operations, and other remedial expedients resorted to, are hardly sufficient, or explicit enough, to satisfy even the most moderate curiosity. As far as we can judge from the slight references to the subject, by the earliest writers, it would seem that the practice in vogue, in their times, was of a timid or cautious kind, at least, what would be thought so by some of our modern representatives of the heroic schools.

It does not appear that, in the very earliest period of medicine, of which we have any account, there was any particular class of practitioners, who made a specialty of diseases of the eyes. In fact, all physicians were what are sometimes called general practitioners, and knew nothing of the distinction between Physic and Surgery, which, indeed, did not arise till a much later period: the early writers treating indiscriminately of fevers, fractures, wounds, nervous disorders, pleurisies, dislocations, etc. Nevertheless, there naturally arose, in the course of time, some distinctions in the ranks, not unlike what we see in our own day and country, where the law supposes every practitioner to be both a physician and surgeon, but where many men, either from taste or training, or other circumstances, obtain a character and reputation for skill or expertness in particular departments.

Celsus, who is the first writer from whom we derive any considerable knowledge of the practice of the physicians previous to the Christian era, mentions, particularly, one Philoxines, whom he describes as the most distinguished of all the oculists of Alexandria. From this it would seem certain that diseases and injuries, now considered surgical, and especially those of the eye, were, at that period, considered not unworthy of the attention of men of learning and experience. A statement, however, that will not apply to

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any subsequent era in the history of the profession, till we come down to comparatively recent times.

This was particularly the case from the time of Galen, when, with the decline of learning, and especially of medicine, ophthalmic pathology was gradually forgotten. While the successive contending sects of medical philosophers were so engaged, in attacking each other's theories, or defending their own, there was no time for the more obvious practical business of the profession.

The history of medicine, for many hundreds of years, is little more than a record of the contentions of different parties, generally about questions of merely imaginary importance, many of which are still as unsettled as ever. The so-called Dogmatists disputed with the Empirics — the Pneumatics with the Methodics — the Eclectics with the Galenists — the Chemists with the Vitalists — but all the while the science of medicine became more and more obscured, and overlaid with fanciful speculations.

In the twelfth century, when physicians more busied themselves with abstruse speculations and theories, than in efforts to improve the art of healing, a decree was promulgated, by the Council of Tours, which prohibited the clergy, who were also the principal practitioners of physic, from performing any operation involving loss of blood. It needed but this finishing stroke, to deal the death blow to surgery, already much debased, and to throw its mutilated remains into the hands of the ignorant laity. While a certain assumption of dignity was retained by the clerical professors of medicine, surgical practice was exceedingly unfashionable, and considered only on a par with barbers and similar professions. It was a mere trade, which occupied itself chiefly in the application of ointments and plasters. Of course, ophthalmic surgery shared the same ignoble fate. Diseases of the eyes were considered either as incurable, or too trivial to attract the attention of a regular physician. In this moribund condition it remained for a long time.

It was not until the middle of the sixteenth century, and many years after general surgery had shown some signs of

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returning life, that the attention of the profession began to be directed to this, heretofore neglected, branch. About this time, we begin to observe, for the first in the annals of our art, for, at least, a thousand years, that men of learning devoted themselves to the investigation of this class of affections. France, which may be considered as the birth-place of modern surgery, furnished such men as Lasnier, Borel, Brisseau, Maitre-Jan, whose published observations gave a new impulse to the study of ophthalmic diseases. To them we are indebted for the dispelling of many erroneous notions respecting the eye, and the uses of its different parts, and the seat of many affections. They also taught the true nature of several abnormal conditions of the organs of vision, and established principles of surgical treatment, in several cases, which subsequent experience may have modified, but has not supplanted.

The later progress of ophthalmology, in that country, however, has scarcely fulfilled its early promise, or kept pace with the great improvement, which has raised French surgery in general, to a high degree of perfection.

The comparatively few institutions devoted to the reception and treatment of patients suffering from diseases, or lesions, of the eyes, has, no doubt, tended to retard the progress of improvement, and to limit the study of ophthalmic pathology. Until within a few years, the cases of this class were scattered up and down among the different wards of the Hospitals, instead of being collected in separate buildings, or even in separate and appropriate wards, thereby preventing that close comparison and study of their peculiar characters and symptoms, which is essential to an accurate knowledge of this department of surgery. Another cause for the deficiencies of French ophthalmic surgery may, doubtless, be found in the comparatively little instruction given upon it in the schools. A branch that the masters pay so little attention to, is not likely to be very thoroughly studied by the students.

Very different has been the history of this science in Germany. The founding of the Vienna school, by the Empress

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Maria Theresa, in consequence of the zeal and ability displayed by Barth, in the treatment of the numerous blind persons which he found in that city, must be considered as the first step towards raising ophthalmic surgery to a scientific position. It must not only be considered the mainspring of its cultivation in Germany, but also throughout Europe. What Barth and Richter begun, and advanced so much, was, by the industry and talent of Beer, Schmidt, Himly, Langenbeck, and others, raised to a high degree of perfection. By their efforts, a mass of information was extensively diffused, and many institutions were set apart for the treatment of ophthalmic patients, which have ever since afforded ample opportunities for observation and study.

In England, ophthalmic affections were, for a long time, grossly neglected. As in other countries, there was no lack of professed oculists, but the regular surgeons were scarcely less ignorant of this part of their profession, than the quacks, whom they despised. The establishment, however, of eye infirmaries, in London and other large towns, which began about the beginning of the present century, and the dissemination of the discoveries and observations of the German surgeons and authors, already mentioned, have had immense effect, in calling attention to this important and agreeable department of surgery; as witness the writings of Lawrence, Waudrop, Travers, Saunders, Guthrie, and McKenzie.

In this country, although we have had not a few men who have acquired a deservedly high reputation as practical oculists, yet, in comparison with what has been accomplished elsewhere, and particularly in Germany, it would be, perhaps, too much to claim, for American ophthalmology, any considerable share in the improvements that have marked its history during the last century.

The great improvements alluded to, in this most imperfect sketch of the rise of modern ophthalmology, is mainly observable in the the departments of physiology, pathology, and operative surgery. To give an account of the principal discoveries, and advancement in each of these divisions, would require more than one additional lecture, and can not

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be particularized here. The number and variety of these additions to our knowledge of the eye and its diseases, and the improved style of operating, which have been made accessible to us, by the labors and skill of the learned and capable men who have devoted themselves to these ends, are of the highest importance. They, and their authors, are deserving of all the praise that even the most enthusiastic admirer might utter. I feel no disposition to disparage either the extent or usefulness of the improvements referred to.

The success that has followed the investigations, and experiments, that have been so persistently and zealously carried on in these departments, has gone far towards rescuing the science from its once debased condition, has been of immense advantage to mankind, and paved the way, perhaps, for still greater discoveries in the future.

Nevertheless it must have struck every observant student of the past history, and present state, of this branch of practice, that, in one extensive and most important department, there have been no such signs of progress and improvement as have marked the recent developments of the others.

Reference is made, of course, to the department of *medical ophthalmology.* While the great attention that has, of late years, been paid to the morbid appearances which the eyes can possibly assume — aided by the ophthalmoscope, and other modern helps to investigation — immense advances have been made in our means of diagnosis — while a more exact knowledge of the anatomy and internal relations of these organs, and the invention of nicely adapted instruments, have, in the hands of skillful operators, brought the strictly surgical department to a wonderful degree of perfection and success — in that other practical branch of our art, which relates to the treatment of all those numerous diseases, which do not require operative interference, all is confusion, contradiction, and doubt. Whether you examine the allopathic ophthalmo-therapie of our own country, or of England, France, or Germany, the contrast which its indefiniteness and empiricism, which every where prevail, with

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the scientific accuracy of the improved pathology and surgery, is equally striking.

The lack of any recognized scientific guiding principle, such as Homœopathy possesses, to the selection and use of remedies, must always, as experience proves, encourage, and, in fact, necessitate, an unscientific routine, or traditional treatment.

It is here that Homœopathy supplies precisely what is wanting in the resources of the allopathic school. With its well attested law of *Similia Similibus*, and its extensive, and constantly augmenting, repertory of proved remedies, it undertakes the treatment of ophthalmic diseases, with the same assurance of success, that attends its judicious application in other curable disorders of the human frame.

It is in the exhibition and development of this important therapeutic agency, that the New York Ophthalmic Hospital, under its present auspices, possesses advantages over other institutions of the same kind — advantages, which, if availed of, as I trust they will be, by you, and those who may succeed you, will redound to the benefit of your patients, and to the greater elevation, and ultimate perfection, of our Divine Art.

CHEMISTRY.

By F. A. Lord, M.D., Chicago, Ill.

I. Artificial Milk for Infants.

The publication of Baron Liebig's formula, for "An artificial preparation for replacing human milk for children," has called out quite a spirited controversy among the chemists and physicians, who have ranged themselves, *pro* and *con*, in true knightly style; and the Baron himself has felt called upon to write a letter to the Academy of Medicine, in his own self-defence.

It seems that this food has been quite extensively used in

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Germany, during the last two years; and it is claimed, by its friends, that "thousands of infants, of the Teutonic race, deprived of their mothers' milk, and nourished with this 'strange compound,' have thriven surprisingly well." On the other hand, some of the most distinguished French chemists and physicians contend that the preparation is unscientific, and based upon an analysis of milk that late researches have proven to be incorrect.

Furthermore, some of them have found, by actual experience, that the preparation is positively injurious to the children. One of this number claims to have killed four new-born children, in his experiments with the "artificial milk." Three died at the end of two days after taking the food, notwithstanding the best of care, and the fourth died after four days' trial of the same nutriment. This was not very encouraging, certainly; but, then, they were supposed to have died in the cause of science, and the French doctors are somewhat accustomed to this kind of thing.

The composition of the "preparation" is as follows: "A mixture is made of 15 parts of wheat flour, 15 parts of ground malt, 6 parts of bi-carbonate of potash; 30 parts of water, and 150 parts of cow's milk are then added. The whole is then heated, and continually stirred, until the mixture begins to thicken. It is then taken off the fire, and stirred all the while. After five minutes, it is boiled, and then strained through a wire or hair sieve." It is then said to be sufficiently fluid, to be as sweet as mother's milk, and to keep twenty-four hours. Its opponents say its taste is disagreeable.

We do not understand that Liebig has attempted to produce, in his artificial milk, an exact chemical counterpart of human milk; but merely to construct an article of food, in which the relative proportions of blood-making and heat-producing principles shall be the same. The bi-carbonate of potash he, undoubtedly, expects to be converted, in the process of preparation, into lactate and butyrate of potash. These various ingredients are, no doubt, all very "good"

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in their place; but, like the man who liked flies, and liked milk, but preferred them in separate dishes — for children, those of the *American* race, at all events — we should much prefer the last two ingredients by themselves; viz., the cow's milk and the water, to the "mixture" of all together.

If it is borne in mind, that human milk contains, on an average, somewhat less butter and caseine, a little more sugar, and about one-fifth more water than cow's milk, there never need be any difficulty in procuring an aliment more nearly resembling the natural food than any artificial compound that ever has, or ever can be, invented; provided, of course, cow's milk can be obtained, which is generally the case, and which certainly would be where this preparation could be made, as the cow's milk itself constitutes nearly three-fourths of the "mixture." We can not, therefore, see any possible necessity for, or benefit to be derived from, this artificial compound for children. And if the original "preparation," carefully prepared, under the eye of the nurse and physician, from day to day, is so poorly adapted to its purpose, what shall be thought of the numerous ready-made imitations, that are advertised to the public as "Pure Breast Milk, prepared from Liebig's formula," etc., etc.?

In the debate that followed the reading of Liebig's letter to the Academy, attempting to vindicate his reputation, it was remarked, by one of the members, "that, for a long time, he had observed, with regret, the name of Liebig in 'Certificates,' and as an advertiser of 'Extract of Meat,'" etc. The "Boston Journal of Chemistry" says, very aptly: "We share in the regrets of the French physician, and would remark, in this connection, that when we see the names of certain chemists, in this section, used in connection with quack medicine advertisements, quack mining, and oil companies, etc., we experience the same kind of regret." This much, at least, we may safely affirm, that when the chemist undertakes to substitute chemical reactions for the organic processes of living nature, he oversteps the bounds of his domain; he deserves failure, and merits rebuke; and most of all, when he attempts to intro-

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duce his crude chemical theories and compounds into the nursery, and proposes to experiment upon the new-born babe, in the name of Science. No chemist ever has, or ever can, successfully counterfeit a cup of milk, or a loaf of bread.

The French chemists say that Liebig's formula is based upon incorrect analysis. If our supposition is correct, that it is also based upon the supposed relative proportion of nutritive and calorifacient principles contained in human milk, as shown by chemical analysis, the fact that it is so based in theory, may be an additional reason for its failure, and further ground for mistrust of its practical value. The doctrine that all kinds of food may be divided into two great classes, as either nutritive or calorifacient, propounded, as it was, by so great a name as that of the distinguished chemist of Munich, gained, for a time, very general acceptance among physiologists, but is now, in the light of further investigation, being as generally rejected, and is destined to take a place among the hundreds of other errors, that fill the pages of Medical history. If, then, the support of Liebig's "formula for an artificial milk for children," fail, in point of fact and theory both, and experience refuses to come to the rescue, the structure must surely come to the ground!

It is difficult, nay, impossible, in the present state of knowledge, to define, precisely, the relation of chemistry to physiology and pathology, or to dietetics even; and we are still further from knowing what is its exact bearing upon therapeutics. New light is almost daily springing up, however, on these important subjects, and, it may be, that during the lives of some who read these pages, many of the darkest problems will be thoroughly illuminated, by the splendor of new scientific discoveries.

That day, when it comes, will be a proud one for chemistry; and, until it comes, chemistry will continue to increase in relative importance, till, finally, it ranks second to no other among the sciences pertaining to medicine. Medical students, instead of regarding this branch of study as a sort

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of necessary imposition, to which they submit unwillingly, and from which they shirk, without compunction, will come, more and more, to appreciate its real importance, and, finally, if compelled, or inclined, to select some one or more of the departments of medicine, upon which to bestow less care than upon others, will place chemistry last on the list.

The knowledge which chemistry has already afforded, of the nature of some not uncommon diseases, is of inestimable value, and worth more than that derived from all other sources. Witness albuminuria, oxaluria, uræmia, puerperal eclampsia, diabetes, and scurvy, and others that might be mentioned. Of Bright's disease, it has been truly said: "As regards this disease, at least, no one can say, even now, that it is possible to be too chemical. For, only by chemistry can the disease be recognized, only by chemistry can its progress be traced, only by chemistry can the effect of the different poisonous substances, retained in the blood and in the textures by the stoppage of their chief means of escape, be comprehended, and only by chemistry can the actions of the different means of promoting recovery be understood."

II. A Chemical Theory of Inflammation.

Dr. H. Bence Jones, F.R.S., in a series of original lectures, on "General and Local Chemical Disorders," after showing that many diseases result from imperfect oxidation, proceeds to prove that some of the most serious diseases to which the body is liable, originate in excess of chemical action, or, in other words, in *peroxidation*, and that this chemical wrong produces mechanical derangements which, in turn, become the secondary causes of further chemical errors.

He labors to prove that inflammation is one of these chemical diseases, that, "in its origin, it is an exaggeration or excess of the ordinary oxidizing action that occurs in every part of the body." On this theory, he argues, that all the phenomena of the inflammatory process, may be successfully accounted for. In reference to the heat of

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inflammation, he says: "The law of the conservation of force must be applied to the heat produced in inflammation, as it would be to any other question regarding heat. We have ceased to look for the cause of the ordinary heat of the body in vital or nervous action. We look further, and see it coming from the amount of force set free, by the action of oxygen in the body, a definite amount of the total chemical force giving a definite amount of heat. In inflammation, we must look to the same source for the heat. It is no solution to say, that the heat comes from the increased vital, nervous, or vascular action, and that these arise from the effect of some stimulus. If it be not fresh created, the increased heat must, ultimately, come from the force that exists in oxygen, hydrogen, and carbon; and it is more reasonable to refer the heat of inflammation directly to the same source as the ordinary heat of the body, thereby making the healthy and inflammatory heat proceed from different amounts of the same chemical action, than to attribute the ordinary heat to the molecular action, while the extraordinary heat is supposed to be derived from some other, and far less determined source, which itself must ultimately be traced to its origin in the slow combustion that never stops within."

As further proof that inflammation does not depend on nervous or vascular action, he adduces the fact that inflammation can be set up in the cornea or cartilage where neither blood-vessels nor nerves exist, by friction, or heat, or light, or electricity, or chemical irritants. "Heat, and light, and electricity, and chemical actions, are forms of molecular motion, which, when added to the motion already existing in the cornea or cartilage, give rise to increased oxidation of the non-nitrogenous, and nitrogenous substances, even in the bloodless extremities; and this altered oxidation immediately determines an altered chemical circulation of lymph, and an altered nutrition in the inflamed part.

"That oxidation takes place where there is no blood-circulation, is shown in an experiment on the respiration in the muscles of the frog, by J. Liebig. The muscles, even

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when they are deprived of their blood, if placed in oxygen, gave rise to carbonic acid, and retained their power of contraction.

"The increased molecular motion in the cells of the cartilage, produces increased chemical circulation of lymph, increased consumption of oxygen, increased liberation of heat and of oxidized products, and, ultimately, of water and carbonic acid. This action spreads from cell to cell until it reaches the capillaries.

"A capillary in ordinary action contains blood-globules loaded with oxygen in its center, with liquor sanguinis moistening the tube around. Oxygen diffuses itself with the lymph into the cells and structures, and thereby active oxidation is kept up outside the capillaries, in and around the different parts of the different textures. The peroxidation, which constitutes the first step of inflammation, begins *outside the capillaries*, where the animal heat is produced.

"When the increased action reaches the capillaries, the oxygen-bearers are, by the demand for oxygen, attracted in excess; they displace the liquor sanguinis, at first producing a more rapid flow through the part, and quickly rushing in, so as to cause a heaping up of the blood globules, giving rise, first to enlargement of the vessels, and then to obstruction, which immediately reacts on the heart, increasing the pressure and rate of the blood in all the arteries, among others, in those around the obstructed part, so that stronger motion of the blood occurs around the obstruction, and thus a larger area of increased chemical action tends continually to be produced.

"That the first mechanical congestions can be caused by increased chemical actions, and not by any nervous action affecting the heart, is proved by the fact that when the circulation is arrested by a ligature in the frog, and then irritating substances are applied below the ligature, the blood is seen to be attracted to the irritated capillaries, which will remain congested after the circulation is re-established by removing the ligature.

"In the obstructed part, the mechanical results of over-

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fulness and pressure show themselves. The pressure causes pain, and the increased supply of blood makes the nerves around the obstruction more sensitive than when less blood is there. The tension causes the serum to be effused, and even fibrin, altered by the peroxidizing action going on, also exudes when the pressure increases.

"When the primary increase of chemical action is excessive, the whole blood participates in it. Peroxidation not only causes an excess of fibrin, but it produces a higher state of oxidation of the fibrin than exists in health. The membrane of the blood-globules also, probably, is altered in composition and becomes more adhesive, so that the blood-globules aggregate together, and fall more quickly when the blood is drawn from the body, while the altered fibrin contracts more firmly than ordinary fibrin usually does."

In summing up, the lecturer says: "If, then, in a few words, I try to give you a summary of what inflammation is, I say that it has its origin in the causes which produce the natural heat of the body. The oxidation rises to a peroxidation; it is a purely chemical wrong, producing, almost immediately, a secondary mechanical derangement — increased motion of the blood-globules — from which, excessive motion, and obstruction of the blood-vessels arises. Hence proceed increased tension, increased pressure, and increased effusion of lymph from the liquor sanguinis. The effused fluid varies in its composition with the amount of pressure and oxidation. Lastly, from the increased heat, and the increased circulation, and the increased effusion of lymph, an entire change in the nutrition of the part follows; and these actions are so related, and so react, the one on the other, that it is difficult exactly to estimate the part which each one separately plays in producing the result."

This subject assumes additional interest when taken in connection with the opinions of the same distinguished writer upon the action of medicines in the system. He regards all medicines as either directly or indirectly promoting or retarding oxidation and nutrition, *by means of*

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their chemical action; and classifies them accordingly. After having elucidated the subject quite fully, he closes with the following language:

"If you look for a moment to the second great division of the healing art, you will find that, among other indications of treatment, two principal objects always present themselves to the surgeon. These are *mechanically* to control the working and repair of the body. In other words, he endeavors, qualitatively or quantitatively, to regulate, by mechanical means, the oxidation and nutrition which take place in every structure of the body.

"Of each of these actions I must limit myself to one striking illustration.

"The surgeon promotes oxidation in croup by mechanically opening the trachea. He retards oxidation after mechanical or chemical injuries by bleeding, by cold, and by rest, by defence from irritating substances. He directly promotes nutrition by removing pressure, as in the operation for strangulated hernia, and he retards nutrition by pressure or ligature in cases of aneurism.

"As in medicine, so in surgery; the actions of oxidation and nutrition are mutually dependent every where, and no separation of these two functions in any part of the body really exists; and, although I have endeavored in this sketch to bring each of them separately before you, I have done so only in order that I might at least give you a clear, though most imperfect, view of the two most important of *the many chemical actions of medicines which are now being worked out by experimental research.* The progress of all accurate knowledge of the actions of medicines depends now on exact chemical and physical experiments, and by the perfection of these alone, will the practice of our profession lose its doubts, and difficulties, and disagreements, and deceptions, and become esteemed by all as the art that can confer the highest benefit upon mankind.

"Instead of being, as formerly, blind wielders of heavy clubs, that may cure the disease, or kill the patient; or instead of being, as at present, 'judicious,' or injudicious

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'bottle-holders,' physicians, at some future time, will estimate exactly the effect of the increased or diminished action of any one force upon all the other forces concerned in the production of general or local disease; and by adding to the resistance of one or more forces, or by liberating more energy by means of the powers that are latent in food and medicine, they will restore that equilibrium of action in the body upon which our health depends."— *Medical Times and Gazette.*

PERSONAL EXPERIENCE WITH CACTUS.

By E. M. Hale, M.D.

The curative effects of this remedy on my own person have been so prompt, that I deem a narration of the circumstances to be of importance, in throwing some light on the nature of its action.

In the month of July, 1867, I began to be troubled with a vertiginous swimming, or balancing sensation in the head, especially *when lying down*, or *rising from a sitting or lying posture*, or even *turning over in bed.* At times, during the moments of vertigo, a partial unconsciousness would occur, similar to that which I experienced when proving *Gelsemium*, but *without* the dimness of sight.

I was in my usual health at the time, *i. e.*, as well as usual at that season. I had bilious and dyspeptic symptoms, and was weak and languid. I had never, however, had such vertiginous symptoms previously. After the symptoms above mentioned had lasted several weeks (six or eight), I felt one day, an hour or two after dinner, a sudden throb or shock under the lower half of the sternum. This occurred several times a day, after eating, walking, or lying down, or any sudden exertion, and, *with the supervention of these last symptoms, the vertigo gradually disappeared.* In the place of the vertigo, came hard throbbing of the heart, and excited by the same causes. At first the throbbing was felt under

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the sternum. I felt inclined to cough, or inspire deeply to relieve it, and *was* relieved thereby. At this time I could discern no *irregularity* of the pulse, or of the heart's action: nor was the *impulse* of the heart apparently increased.

One night, when waking from a sound sleep and turning in bed, I experienced an irregular *palpitation*. The pulse was irregular, resembling the *Digitalis* irregularity somewhat. I could feel through the walls of the chest, over the left nipple, the heart's beating; two or three rapid pulsations, followed by a pause, then one or two beats, and so on. A slight dyspnœa impelled me to sit upright, and inspire deeply. This relieved and seemed to arrest the attack: but from this night on, for a week, I had these attacks, when lying on the left side, when turning in bed, or rather, they seemed to be excited by the deep inspiration which one takes before turning over. A few times only did these attacks occur during the day, and then only after meals or severe exertion. Occasionally I experienced a peculiar pain in the heart—a *slow, deliberate cutting*, as from a knife, from above downward, apparently right through the centre of the heart. When the pain was present, motion or breathing seemed impossible; but it never lasted more than a few seconds.

Treatment.—For the vertigo I took *Nux Vomica, Conium, Cocculus, Agaricus*, without any curative effect, and at the time the change to cardiac disturbance occurred, I was not taking any medicine. For this I took at first *Lachesis*, which appeared to be indicated, then *Lycopodium*, and afterwards *Digitalis, Collinsonia, Arsenicum, Spigelia*, and *Podophyllum*. No curative results followed any of these medicines. The attacks came oftener and severer. At last I thought of *Cactus*, and one day took a drop of the first dilution on the tongue. *From that moment the cardiac derangement left me.* I now believe it might have relieved the vertigo. Was the vertigo a cardiac symptom? or, were both groups caused by some disturbance of the nervous centers? A month after the single dose of cactus had cured the last group, I was attacked by another series of symp-

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toms, namely: a peculiar headache, aggravated or excited by eating, walking fast, lying down, rising up, or turning over in bed, or *a deep inspiration.* The pain did not always occupy the same region of the head. At times it was in the occiput, then in the temples, or in the eyes—extending deep into the brain, or over the root of the nose. It was attended by a ringing in the ears, but no aberration of vision, no vertigo, and no cardiac disturbance. It seemed worse when waking at night, and at such times the *waking* seemed caused by *grinding of the teeth.* My wife often waked me and told me that I grated my teeth very loudly.

Treatment.—Having once cured myself of a similar group of symptoms, several years ago, by one dose of *Hyoscyamus*, I took that remedy for several days, but with no good result. Afterwards, *Belladonna*, *Lachesis*, *Sulphur*, *Spigelia*, *Veratrum viride*, with no better success.

One morning, after a night of more than usual suffering, I took, before breakfast, one drop of *Cactus*, 2nd, on the tongue. In two hours the headache left me, and did not return. Several weeks have elapsed, and no vertigo, cardiac, or head symptoms. What was the essential nature of these symptoms? Where did they originate? How did *Cactus* remove them?

I am satisfied that the vertigo, the cardiac disturbance, and the cephalalgia had a common origin, viz., some functional aberration of the central nervous system—whether cerebral, spinal, or cerebro-spinal, I can not decide. If the three leading groups are studied it will be seen that each has a central symptom, each of which was aggravated or relieved by the same conditions, in other words, the "modalities" of each group were very similar, viz.:

THE VERTIGO,
THE HEADACHE,
THE PALPITATION,

were *aggravated* by

(*a*) Action, motion, (all.)
(*b*) Turning in bed, (all).
(*c*) Stooping, (all.)

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(*d*) Rising from recumbent position, (vertigo.)
(*e*) A deep inspiration, (head and vertigo.)
(*f*) Eating, (head and heart.)

The pathogenesis of *Cactus* will be found to contain several of the symptoms of the three groups; but others, and certain important modalities are not found there, and these may safely be put down among the *characteristics* of that remedy.

THE URINE IN HEALTH AND DISEASE.

(Read before the Cook County Homœopathic Medical Society, Dec. 12, 1867, by A. W. WOODWARD, M.D., *Adj'ct Prof. of Physiology in Hahnemann Medical College, Chicago, Ill.)*

GENTLEMEN,—The subject of urinary analysis has been so thoroughly considered in elaborate monographs, that it has become difficult of comprehension, by reason of the minute and perplexing details which are introduced, and the study is rendered still more discouraging by the intricate chemical manipulations and microscopical researches, which we are instructed are necessary for the determination of these constituents.

The result is, that very few students and physicians have the patience to attain a practical idea of the subject—notwithstanding they are aware of the great importance of such knowledge, as an aid in the diagnosis of disease.

For this reason, you will permit me to call your attention to a few brief statements on this subject, that may aid you in fixing in your minds the most important urinary elements, their significance, and the mode of their detection.

I have placed on the blackboard a hypothetical standard of the names and proportions of the elements in healthy urine (see foot note, p. 304,) as given by Lehmann. Such urine would correspond to the ordinary description given, being clear, of amber color, and of a specific gravity of from 1014 to 1020, and, if fresh, would be of an acid reaction.

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This standard is, however, rarely met with, from the fact that the proportions of each constituent, are apt to change under trifling conditions.

To understand the cause of these variations, and the subsequent changes that occur in this fluid, we must first study the source and characteristics of these elements.

For convenience of illustration, and to make the distinction clear to your minds, let me divide the elements into two classes—the Nitrogenized and the Mineral.

In the first class we find Creatine, Creatinine, Uric Acid, Urea, and if we include accidental ingredients, Oxalic Acid and Hippuric Acid.

Of the second, or mineral class, we find Soda, Potassa, Magnesia, Lime, Phosphoric Acid, Sulphuric Acid, and Hydrochloric Acid.

We find these elements combined under the usual chemical laws, the acids uniting with the alkalies as bases, forming salts; but you will observe, that with the exception of Uric Acid, we never find any nitrogenized element uniting with a mineral, whether alkaline or acid. For this reason, you will expect to find them always in their own form.

COMPOSITION OF HEALTHY URINE.

Water		988.00
Creatine,	C. H. O. N. 8. 7. 2. 3.	1.25
Creatinine,	C. H. O. N. 8. 9. 4. 3.	1.50
Uric Acid, or Urates of Soda, Potassa, Ammonia.	C. H. O. N. 5. 1. 2. 2. — sometimes called Lithates.	1.80
Urea,	C. H. O. N. 2. 4. 2. 2.	30.00
Coloring matters, mucus, etc.		.30
Bi-phos. Soda, Phos. " " Potassa, " " Magnesia, " " Lime.		12.45
Chlor. Sodium, " Potassa.		7.80
Sulph. Soda, " Potassa,		6.90
		1000.

Besides Oxalic of Lime, Lactic Acid, Hippuric Acid, } Accidental.

And the Triple Phosphates of Magnesia and Ammonia.

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The theory generally entertained at present, concerning the nitrogenized elements, was first advanced by Liebig; it is, that they were converted into each other in the order named. This theory is sustained, both by experimental observation, and the progressive changes we observe in their chemical composition. You will see that as they descend the scale, they become poorer in carbon and richer in oxygen. Thus we can understand the gradual conversion of Creatine into Creatinine—Creatinine into Uric Acid, and Uric Acid into Urea. The latter being poorest in carbon and richest in oxygen, and thus, being capable of no further changes of form, must be entirely destroyed if subject to further chemical influences, as we shall see.

Creatine was first discovered by Liebig in the substance of the muscles, and he believed it, at that time, to be a nutritious element, but subsequently, when it was found in the urine also, he concluded that it was a primary product of decomposition. It is believed that this substance is converted into Creatinine when in the blood-current, from the fact that, though abundant in the muscular tissues, there is little of it found in the blood, and Creatinine, although found upon the surface of the muscles, and in the blood in great abundance, is never found within the muscular tissues.

Both these elements are found in very small quantities in the urine—though their production is very great. Hence they must undergo further changes while circulating in the blood, and it is believed that they are converted into Uric Acid, which you perceive is still poorer in carbon. But you will observe that, even in this form, only a small proportion of the nitrogenized principles are to be found in healthy urine, so that there must be a still further change in its form, resulting finally in Urea, which, while it is greatest in quantity, is also poorest in carbon, and yet more highly oxydized. And this is the element that will always be largely in excess in *physiological* conditions, where perfect oxydation occurs. Thus we observe that the chemical character of these substances would lead

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us to the same conclusions that experimental observations have done.

Lehmann was the first to determine the conditions governing the formation of Urea. In experiments made upon himself in health, he found that while an excess of nitrogenized food, with moderate exercise, increased the quantity of both Urea and Uric Acid, abundant exercise, would largely increase the Urea, while the Uric Acid was diminished. On the contrary, when very sedentary, he found the Uric Acid was largely in excess, and the Urea diminished. These experiments sustain the conclusion that Urea is the final product of complete oxydation of nitrogenized elements within the body. And it harmonizes with our observations in diseased conditions where we find, as a rule, that the proportions of Urea and Uric Acid are in inverse relation to each other.

Every observer is familiar with the fact that in acute inflammatory diseases, of whatever kind, such as rheumatism, the first stages of typhoid and intermittent fevers, bronchitis or pneumonia—in short, in all obstructive diseases, (if I may use the term,) in which *deficient oxydation* occurs—we find in all such conditions, after the first invasion of the disease, that there is a deficient elimination of Urea, and a corresponding increase of Uric Acid, or the Urates.

Uric Acid must, of course, exist combined with a base or alkali while in the blood current, generally united with soda or potassa, forming the Urate, or lithate of soda or potassa.

Whether this salt is eliminated as a Urate or a Bi-urate, is a matter of dispute among authorities. Lehmann claims that it is thrown off as a Bi-urate, which loses one part of Uric Acid after it is excreted, and thus produces the acid reaction of fresh urine. Golding Bird, on the contrary, believes that the Urate is excreted singly, and that the acid condition is produced by the free phosphoric acid liberated from the bi-basic salts. Probably both are correct, and that, under some circumstances, Uric Acid is found free; while under other conditions, especially after excessive mental

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activity, we shall find the acid condition due to free phosphoric acid.

Recollecting that normal urine, when fresh, is clear, without deposit, and of an acid reaction, and knowing that, *as a rule*, Urea is in excess only in certain physiological conditions, you will conclude that it never forms a deposit, and such is the case. The presence of Urea can best be determined by adding to concentrated urine a small quantity of nitric acid. This, uniting with the Urea as a base, forms, upon evaporation, crystals of Nitrate of Urea, which may be recognized under the microscope.

It is a characteristic peculiar to Urea, Creatine and Creatinine, that they are very liable to decomposition. This is induced by the presence of organic substances in that fluid, which, acting as a ferment, destroy these elements, forming carbonate of ammonia and carbonic acid gas. The rapidity of this change will be modified by the quantity of albuminous elements present in the urine. When this takes place the urine becomes strongly alkaline—giving off an ammoniacal odor. We conclude from this that Urea, as a rule, can not be present in alkaline urine; and, further, that the more rapidly these changes occur, the more significant they are of serious structural disorders in the urinary tract, as furnishing an excess of albuminous elements. Creatine and Creatinine are observable under the same acid condition only, being destroyed by the alkaline fermentation. The mode of their detection is difficult, and being unimportant I will not give it to you—their presence in excess, signifying only the same as does Uric Acid, that is, defective oxydation.

Urine, rich in Uric Acid and the Urates, will appear much the same when warm, as does that rich in Urea. Upon cooling, however, if these elements are in excess, there will *always* be a deposit of these salts, varying in color and appearance. They may appear like flakes of mucus, or cloudy and tenacious, looking like pus, or there may be a sandy deposit, which will vary in color, in proportion to the amount of coloring matters present. You will remark all shades from straw color, to the "brick dust," or even

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"black sand sediment." These sediments will be made up of an amorphous salt, the urates of soda or potassa, and if separated and dried, you will discover, intermixed with them, minute glistening crystals of Uric Acid, and occasionally chloride of sodium.

The color of the Urates, and their amount, is the chief criterion of the severity of the disèase; the greater their quantity, and darker their color, the more serious the lesion.

These salts are the *only ones* which form a precipitate in *acid* urine, though they *may* also be present, after the alkaline fermentation: when you will be liable to mistake them for the earthy phosphates.

You may always determine the Urates, however, in any urine, by the application of *heat*, which immediately dissolves them.

Uric Acid is almost always present, in its own form, free, and crystallizes uncombined, giving us under the microscope, the crystals peculiar to pure Uric Acid. You may find some conditions, however, in which it will be wholly united with a base—forming only a Urate. You may then determine it by adding some nitric acid, which decomposes the Urate, setting the Uric Acid free, when it crystalizes in its own form.

You will perceive, by the above table, that the proportion of Chloride of Sodium is very great in *normal* urine, or in that condition in which the nitrogenized elements are perfectly oxydized, but if you search for this salt in diseased conditions, you will often find it absent. It was long ago pointed out, that chloride of sodium was absent from the urine during the invasion and height of pneumonia, bronchitis, rheumatism, and several other diseases. Prof. Ludlam was the first to observe the fact that it is also absent from the urine, and present in the sputa, in severe cases of diphtheria.

Now it is a singular fact that the disappearance of this salt takes place in those conditions in which we find an excessive deposit of Urates, and it gives rise to the question, which I hope may be determined by observation, whether

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the presence of the Chlorides of soda and potassa in excess, in the economy, is not a wise provision of nature, by which means shall be eliminated these elements, that can be thrown off in no other way. In short, do they not furnish a base for the Uric and Phosphoric Acids, which are the necessary products of decay?

The amount of Phosphoric Acid in the urine varies greatly —being governed by the character of the food, as well as by the activity of the nervous system, especially the cerebro-spinal functions. Parks found the quantity in health to vary from 25 to 79 grs. in 24 hours. This acid is at first always excreted in the form of a salt, although a portion is afterwards set free under certain circumstances. For example, it is found in the form of neutral phosphate of soda, and in the acid or bi-phosphate. Again it is found as the phosphate of lime, and the phosphate of magnesia, and finally as the tri-basic phosphate of ammonia and magnesia.

Of the proportion in which these occur in healthy urine, Dr. Parks determined by observation that the alkaline phosphates of soda and potassa varied between 40 and 50 grs. excreted in 24 hours; while the earthy phosphates of lime and magnesia varied between 7 and 18 grs. in the same time. These proportions are liable to extreme variations in certain forms of disease, as we may know from the fact that the alkaline phosphates, unlike the urates, never form a deposit, though they do crystallize after a certain time. On the contrary, you will find that after the alkaline fermentation has taken place in the urine, there will be deposited a varying proportion of the *earthy* phosphates, that resemble in appearance the urates: being amorphous, and often intermingled with them, you will find it quite impossible to distinguish one from the other, except by the application of heat, which you remember dissolves the urates.

We sometimes find a specimen of urine which does not give us a distinct deposit, but will appear "chylous," suggesting the presence of albumen; or, as more frequently happens, it will be turbid or "muddy." This condition may

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be found in fresh, but is more general in stale specimens. It invariably attends a neutral or slightly alkaline condition. You may determine the precipitate by the addition of a small amount of liq. ammoniæ to the urine, which, rendering it distinctly alkaline, throws down the earthy phosphates of lime and magnesia.

The presence of an excessive deposit of the earthy phosphates of lime and magnesia, in alkaline urine, should be noted, and cause you to pursue your investigations further, both to make sure of their detection, and to learn the cause.

Herein is a peculiar and most important point of urinary analysis — to understand QUICKLY the significance of the deposits found in the urine. *Serious derangements herald themselves without the aid of the microscope. You may see at a glance, and confirm the lesson by smell.* You are already familiar with the significance of the Urates, and their mode of detection. It has been observed, that, while Urea and the Urates are in excess during the invasion and height of acute diseases, in which there is little waste, and therefore little destruction of tissue; the *earthy* phosphates—which are the most important—are found in excess in chronic conditions, *wasting* diseases, such as tabes dorsalis, rachitis, psoas-abscess, as well as wasting diseases of a more acute form, such as typhoid fever. And while you find nature signaling "*something wrong*," by the abnormal deposit occurring in these conditions, you will observe, that she hastens to inform you of the fact, for the presence of an excessive amount of *these salts* in the urine is found to produce more or less irritation of the vesical mucous membrane, and, as a consequence, an increased secretion of mucus, which, by its presence, hastens the decomposition of the Urea, so that you will often find the urine is already alkaline on passage, and there speedily occurs a deposit of the earthy phosphates. The deposit of phosphates is sometimes liable to be mistaken for pus, or mucus, especially in alkaline urine. You will be able to distinguish them by the addition of nitric acid, which will *dissolve* the phosphates,

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while it would determine still more clearly the albuminous elements by coagulation.

For the detection of the Bi-Phosphate and Phosphate of Soda, and of the Triple phosphates of magnesia and ammonia, the microscope is necessary, for they deposit no sediment, but crystallize spontaneously on the walls of the vessel. The presence of the phosphate and bi-phosphate of soda are of no pathological significance, but, as a rule, when in excess, indicate great physiological activity of the nervous system. The triple phosphate of magnesia and ammonia is, however, of more importance, signifying serious disturbance of nervous functions, and probably structural lesion of a somewhat serious import. These may be in the nerve-centres, or locally in the urinary tract. This salt is never found in any other than *alkaline* urine, depending, as it does, upon the presence of free ammonia for one of its constituents. It will be produced, therefore, at the expense of the Urea which is decomposed, and you will be led to suspect its presence in urine which becomes speedily alkaline, and in which there is but slight if any deposit of the earthy phosphates. These salts do not form a recognizable deposit, but crystallize in old urine on the vessel. You will need the microscope for their detection. For specific rules governing the detection of these salts, and their characteristic forms under the microscope, I refer you to Golding Bird on "Urinary Deposits," and Hassal on "the Urine in Health and Disease."

Beside the phosphate of lime, whose presence is of such serious import, we find sometimes a considerable deposit of the Oxalate of Lime. The source of this acid is claimed by Lehmann to be from a modified, *defective* change in the conversion of the nitrogenized principles into Uric Acid and Urea. It is believed by that author to be substitutive, and although he does not believe in any "oxalic diathesis," he recognizes the fact, that this salt is largely present in some cases of general debility. It may be found to accompany dyspepsia, or some other functional derangement of the abdominal organs. Chronic melancholy is a characteristic

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symptom accompanying this condition of the urine. For the determination of oxalate of lime the microscope is necessary. It crystallizes spontaneously, but forms no deposit.

The Sulphates are found to be increased by the same causes that increase the production of Uric Acid—such as acute inflammatory affections; and they are found to be diminished in those diseases where there is a depressed vitality and inactivity; such as chlorosis, and other chronic affections. Their presence is indicated by the dark color peculiar to the urine of acute affections. It is these salts which give the varying color to the Urates; in proportion as the sulphates are abundant, in that degree the Urates vary, from a sandy or "fawn color," to a "brick dust" sediment belonging to severe congestions.

These salts may be mistaken for the "coloring matter" proper, or uro-hæmatin, or you may find, instead of sulphates, it is "biliary matters" or blood corpuscles, which give this color, in either case you will resort to the tests you will find laid down in the books, and finally to your microscope.

The presence of the Lactates and Hippurates seem, thus far, to be of no special significance in the urine. They are considered as usually accidental ingredients, dependent upon the quality of food.

With the method of determining the presence of albumen, and other accidental ingredients, all are familiar. It is only necessary to enumerate them briefly. For detecting albumen, the use of both Nitric Acid and heat are necessary, as either may fail if used singly. The presence of pus or chyle may be best determined by the use of heat first, which coagulates the albumen, *always present in larger or smaller quantity*, and then, if it be chylous urine, the addition of Sulphuric Ether will dissolve the oil globules, when the urine will become clear, and, after evaporating the ether, you will find a layer of pure oil on the surface of the urine. You will be liable to mistake Pus for the Urates, in acid urine, as they often closely resemble each other: in addition to the heat test, as before mentioned, the use of Liq-Potassæ

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will determine the difference beyond question, as it renders the pus globules transparent and tenacious, resembling glairy mucus; while it has no effect upon the Urates.

This effect of an alkaline solution upon pus, accounts for the error we are so liable to make in mistaking a purulent deposit for mucus in alkaline urines. You can only determine the difference by the aid of the microscope, and by attending symptoms.

Heat is also useful in determining the presence of blood, for wherever blood corpuscles are found, there will always be albumen present.

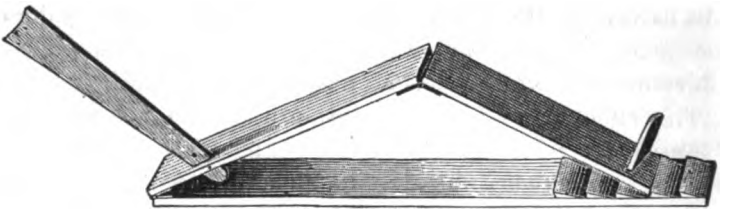
For the detection of sugar you may use either "Trommer's test," sulphate of copper and liquor potassæ; or Trousseau's, by the addition of Iodine: when, if sugar be present, there will be a gradual fading out of color.

DOUBLE-INCLINED PLANE, WITH CRUTCH ADDITION.

By John C. Morgan, M.D., *Professor of Surgery in Hahnemann Medical College of Philadelphia.*

I have modified the double-inclined plane, by cutting a mortice in the thigh-piece (of plain 1-inch pine board, accurately fitting the length of the thigh from the tuberosity of the ischium to the bend of the knee,) just at the position of the great trochanter; and inserting a flat piece with a crutch-concavity at the axillary end, which fits in that space, and is retained in the mortice by a quarter-inch hickory peg. Both mortice and crutch are so cut as to be *capable* of a nearly parallel position, when the patient lies on the back. The crutch is confined to the body, from the axilla to the trochanter, by a broad, stout, flannel band, secured by two rows of small carpet-tacks. The patient is thus able to be partially set up in bed, as well as to move a little toward either side, diminishing the chance of bed-sores, and reliev-

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MORGAN'S MODIFICATION OF THE DOUBLE-INCLINED PLANE.

ing the misery of constraint. The *band* subserves, with the *crutch*, the following important indications, viz.: the flannel is a great absorbent of sweat, which is thus removed and evaporated—not remaining to degenerate and irritate. The crutch, which, with a *compress of the trochanter*, (padded at that point,) is retained *in situ* by the accurate location of the mortice, and the retentive action of the flannel band, secured on the opposite side of the body by pins or tapes, tightened and regulated as required; so that if the patient rolls toward the crutch, the trochanter presses on this; if he twists his shoulders in the opposite direction, the crutch follows, pressing the trochanter. If he be raised up in bed, as he may be, almost upright, extension and counter-extension being cared for by keeping the knee well flexed on the apparatus, the fragments still remain in apposition, by means of the pressure of the ever-present crutch, held in position by mortice and band. Extension is made by adhesive straps on the leg, reaching from the knee to below the foot, and fastened by roller-strips to the foot-board.

Case.—An old lady, over sixty years of age, slipped on the icy pavement and fractured the neck of the right femur —evidently, *partially* within the capsule. There was great shortening, eversion and pain. Chloroform, diluted with ether, being given, the diagnosis was easy. The thigh and leg of the sound side were accurately measured, and the natural position of the great trochanter ascertained. The distance from the posterior aspect of the same limb, flexed, to the axilla, was next measured, and the length of the crutch above the mortice, thus determined. The flannel

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band was tacked to the right side of this, so as to embrace it. The double-inclined plane was constructed, and the mortice and peg-hole cut at the position where the trochanter rested. The patient, lying on a *firm bed*, was gently raised on the injured side, and the apparatus slipped under her; the crutch placed *in situ*, and secured by a hickory peg; the flannel band fastened around the body, and extension made by the foot. She was kept in this arrangement twelve weeks, varying her position almost at will, and enjoying herself as well as a younger person might have done. Defecation, etc., were accomplished with ease, by bed-pan, in a half-sitting posture.

At the end of this period, there was not the slightest shortening; and, union being firm, she gradually resumed the use of the limb.

After a few weeks' walking about, however, a half-inch of shortening was observable; whence I conclude that the union was to some extent of a ligamentous character. But she remained in active use of the limb; and this result far exceeds the common standard, in patients of her age.

Not knowing of any prior use of this apparatus, and satisfied by experience of its utility, I have thought it might be worth communicating to my colleagues.

MICROSCOPY.

By T. F. Allen, M. D., N. Y.

In taking charge of the microscopic department in this journal, it is with the intention to lay before its readers, from time to time, information as to the progress and developments of the microscope as applied to medical science; and, now and then, to give some hints concerning the preparation and preservation of objects for examination. To many physicians, the microscope has become an instrument of almost daily use; frequently deciding, in doubtful

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cases; often influencing prognosis: to all a knowledge of its powers will be welcome, for we must concede that we owe to this instrument a vast amount of definite knowledge concerning the structure of the human frame, and the effects of disease upon it.

Not content with examining the effects produced upon the system by morbid action, microscopists are, with one accord, investigating the causes of disease. The great study of miasms is engrossing a vast deal of labor, and we, of our school, should be specially interested in it; for, what marvelous power in minutest forms of life and matter is here revealed! The day of huge boluses, and faith only in quantity weighed and measured, is passing rapidly away. M. Lemaire has communicated to the French Academy some very interesting investigations concerning the nature of miasms derived from the healthy body. These experiments were tried upon soldiers in salubrious barracks; the men were middle aged, healthy, and regular in habits. The air of the room, in which they had been sleeping all night, was found to be foul, and laden with moisture; this was condensed and collected in flasks; the liquid was at first colorless, but of the same odor as the air of the barrack; it gave no reaction with test paper. After two hours an examination with the microscope revealed small, ovoid, diaphanous bodies, (seemingly germs of infusoriæ); these bodies were irregular in form, and measured from .001 to .003 of a millimetre in diameter. After six hours these diaphanous bodies had increased so that there were thousands in each drop of liquid, also many Bacteria* (*B. termo et punctatum*),

* For the aid of some investigators it may be proper to explain that *Bacterium*, *Vibrio*, and *Monas*, are genera of certain forms of living organisms, which are the lowest in the scale of development, belonging to the divisions of Phytozoa; which stands on the confines of the vegetable kingdom. Many of these beings are undistinguishable from the unicellular Algæ; are mostly round or oval, and either have no processes or one or two ciliæ; their life is brief—their duration of activity still more limited: they multiply for the most part in the same way as Algæ, by cell division; a large number of the described forms are mere transition states of more highly developed infusoriæ or algæ. The monads (*Monas*) are ovoid bodies, with a little filament, which constantly lashes the fluid about it—without eyes, and having no organization we can discover: swimming always in the direction of its long axis, and often rapidly revolving upon it. They are the smallest of all living beings, and can be examined only with higher powers of the microscope (over 400 diameters).

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and vibrios*, with rapid vibratory motions; also a large number of ovoid diaphanous bodies, destitute of filament, executing rapid motions in all directions, having a diameter of about .001 m.m. This is thought to be the *ovoid* monad of Ehrenberg, and, possibly, the cause of typhus. After twenty-four hours the Monads, Bacteria, and Vibrios had largely increased, and the bodies first seen had in proportion diminished.

Other experiments had similar results, corresponding, in number of infusoriæ and rapidity of development, to the number of persons in definite amount of space and ventilation.

Experiments tried upon the liquid, collected by condensation from the open air, at same level and place, afforded a sweet liquid, in which nothing developed for forty-eight hours, when a few Vibrios and Bacteria were observed, but *no ovoid monads*, which were only developed in moisture from confined apartments. Filth, collecting on the human body, composed of sweat, mixed with the dust, and impurities of the atmosphere and clothing, kept moist and warm by daily exercise and nightly warmth, affords an excellent nidus for myriads of these minute organisms. Especially do the perineum, the axilla, and the feet, furnish large numbers of Bacteria, vibrios, monads, and spirillum;† also the perineum of filthy persons furnishes the ovoid monad.

Portions of the body having acid perspirations, as chest and abdomen, do not afford lodgment to these beings, neither does the normal mucous surface, as mouth, vagina, etc., though vast numbers of spirillum may be found around ulcerated teeth, or unhealthy gums. A two p. c. solution of tartaric acid destroys these bodies at once.

* The family of Vibrios includes the genera Bacterium and Vibrio. They are scarcely more than monads, connected so as to form chains; in other words, the division (in multiplication) is not complete, so that links are formed: these are the first animals to appear in any infusions of decaying matter, and, like the monads, are supposed to be transition forms.

The Bacterium threads are straight, and do not bend; whereas, the Vibrio writhes like a snake. This is practically the distinction between the two genera.

† Spirillum is a Bacterium (or thread), having the form of a cork screw, or spiral of wire, progressing with rapid revolutions.

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The vapors from marshes, confined airs of the dissecting room, and hospitals, are laden with these bodies, which are ever floating in the air, and rapidly multiplying, whenever and wherever they find a genial spot.

The miasms of the tropics are more active and pernicious than those of temperate climates, since these organisms mature more rapidly. Four to six hours suffice to develop animalcules in the warm moisture of an ordinary sleeping room; the same beings are produced in much less numbers in the open air, only after 48 hours.

The nature of the cholera miasm has received new light during the past year, from the investigations of Drs. Klob, Thomè, and Ernest Hallier. The latter, in his "Cholera Contagium," says that the examination of thirteen different rice water discharges, gave forms of fungi in each—but all belonged to one species, in different conditions of development. There has arisen a great deal of confusion, from the fact that one species of fungus presents different characters in its transition forms, each form receiving a distinct name; but Hallier has cultivated these cholera fungi, and noted their transition forms and uniform development. He goes farther, and inquires into the nature of the sorghum fungus of the east, and finds, in this fungus (likely as poisonous as the smut of the rye) an ally to the cholera fungus, if not the identical species. Prof. Hallier cultivated, or rather experimented on, the circumstances under which these fungi would develop with reference to disinfectants. He finds that the following will destroy the spores: sulphate of iron (solution), red wine, carbolic acid, permanganate of potash (most efficacious) and brandy.

It will not be out of place here to note the observations of M. Wreden upon the existence of fungi on the human tympanum, in ten cases (four on both tympani). This growth exists independently of any other disease, and constitutes a peculiar and distressing malady. These fungi are *Aspergilli; A. flavescens* (yellowish fruit), and *A. nigricans* (black fruit). They form a felt like covering or membrane, firmly attached to the tympanum—its mycelial threads

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showing a tendency to penetrate between the fibres; the fruit is developed at the circumference, from which part it spreads. Solutions of hypochlorite of lime, and arsenite of potash, rapidly destroy its cells. One of the cases was very obstinate, the growth returning constantly, and the reason was found in the walls of the apartment, which were covered by hosts of minute fungi; on the lime portions was found Penicilium (it likes moisture); on the paint, Aspergillus, the same as in the ear. As soon as the walls were cleansed, and washed with hypochlorite of lime, the disease disappeared from the ear.

It is probably known to most of our readers, that, in our own country, Prof. Salisbury has been making experiments in the miasmatic districts, endeavoring to ascertain what particular species of organisms are constant in such districts, and if they really produce the disease. His developments are most interesting.

Let no man despise the day of small things. I assure you that here is opening up a vast and rich field of investigation, and its tendency is all in the right direction. It is not the scope of this resumè to declare any theory, but only to present the efforts of our microscopists.

The last part of Shultz's "Archiv für Microscop. Anat.," contains — I. Contributions to the study of the lymphatic system of birds; II. Investigations concerning the liver of vertebrates; III. Studies on the cortical substance of the human cerebrum; IV. A fine article on the human ciliary muscle. The plates in this quarterly are superb.

The January number of the Quarterly Journal of Mic. Science contains an article on the character of microscopic sublimates (crystals), especially of the alkaloids. The article is illustrated by 25 figures. Also, articles on the venation of the umbelliferæ, and fructification of lichens.

The last number of Virchow's Archiv. (B. 41), contains, in addition to very many able and exhaustive treatises, two articles of special interest—one on the Histogenesis of pulmonary tubercle, the other on the relation between

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malarial infection and tuberculosis. These articles will be reviewed in our next. T. F. A.

Good cells for microscopic objects may be made from sheets of vulcanized rubber, which can be obtained of any desired thickness above the sixteenth of an inch. The small squares, after the opening has been made, may be fixed to the glass slide by marine glue, or indeed by any varnish, as the siccatif de Harlem.

REVIEWS OF BOOKS.

Special Pathology and Diagnostics, with Therapeutic Hints, by C. G. Raue, M.D., Prof. of Special Pathology and Diagnostics in the Hahn. Med. College of Philadelphia. Philadelphia: F. E. Bœricke, No. 635 Arch street.

At length we have, from the ranks of our own School of Medicine, a work on Special Pathology and Diagnostics. The bare fact is cheering, as indicating a realization among Homœopathists of the necessity for more thorough study of this department of medical knowledge. That we need such a work has long been only too apparent. Therapeutics and Materia Medica, as being the branches most neglected by the Old School, and also because they are of the most immediate practical value, have constituted the field in which the Homœopathic School has hitherto labored too exclusively. The signs of the times now point to a somewhat different style of progress, and this book is not the least important of these indicators. Prof. Raue has inaugurated a movement which we hope to see generally followed

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up. Not that we expect every man to set himself to write a work on Pathology—though we can not regard this excellent volume as having exhausted the subject, by any means —but that we do hope every practitioner of our School may be, by his example, incited to give this subject more of his attention and careful study than he has hitherto done. We believe that nothing would tend, so directly as this, to elevate our standard of medical attainments, and to place our School, as regards controlling influence with the public, on an equal footing with that of our rivals.

The work before us does not touch at all upon General Pathology, but is confined wholly to the pathology, symptomatology, diagnosis, and therapeutic indications of special diseases, thus rendering it eminently practical, and such as the physician will find most useful for daily reference and consultation.

The "Therapeutic Hints" constitute, by no means, the least valuable, or the least voluminous portion of the work. Indeed, if we were disposed to be severely critical, we should say altogether too much space was given to this subject in a work professing to be mainly devoted to Pathology and Diagnostics. In fact, sometimes the author seems to have entirely forgotten for the time his principal object in writing, and has neglected to give us any Pathology at all, while much space is given to "Therapeutic Hints." For instance, under the head of Odontalgia, we have no Pathology, but fifteen pages of "Hints;" Constipation, four pages "Hints," and no Pathology; both diseases, which *have* a Pathology, we believe, and such as we should like to see elucidated. In very many instances the space allowed to Therapeutics is double, treble, and even quadruple that devoted to Pathology and Diagnostics; witness Asthma, where we have pathology, symptomatology, diagnosis and prognosis done off in a page and a half, and four pages of "Therapeutic Hints." Amenorrhœa has about half a page of pathology and two pages of "Hints." The pathology of Osteitis, Caries, Necrosis, and Exostosis is summarily dispatched in half a page, all told, and a page

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and a half devoted to their Therapeutics. Cephalalgia—a subject of wide pathologic scope, is treated of in less than a half page, and has full three and a half pages devoted to "Hints" for curing it. Cholera has two pages of pathology, etc., and four of remedies. Colic two of pathology and five of "Hints," and so on. These may be exceptions, but there are certainly a great many of the same kind throughout the volume. We should say, at a rough guess, and not wishing to exaggerate, that nearly one-half the book is devoted to *Therapeutic Hints.* As has been already said, these are exceedingly valuable, and many of them new and original, but we should have preferred to read them in a work bearing a somewhat different title from this.

In the arrangement of the work and classification of diseases, the author has followed quite implicitly the old, senseless, and baseless (unless indeed it be founded in mere convenience,) regional classification of our works on Materia Medica, rather than any pathological or clinical relationship of his subjects. This leads him to place Erysipelas, Eczema and Impetigo capitis, Seborrhœa, Favus, etc., under the division of the *Head*, which, of course, necessitates another mention of some of them when he comes to other regions of the body, where these diseases are also liable to occur. Acne and Lupus come under the head of *Nose.* The author, apparently in consequence of having written what he had to say on the subject of Erysipelas under the *Head*, forgot to tell us that there is ever such a thing as *Phlegmonous* Erysipelas, which, if we recollect aright, is quite a respectably formidable thing to handle. Rheumatism and gout are treated of alongside of rickets, white swelling, and hip disease, because, forsooth they affect the *Motory Apparatus;* or, in other words, because any one of them might cause *lameness!* For the Exanthemata a separate division is made, instead of putting them under the head of *Fevers*, or *Skin Diseases.* It would seem as though the errors into which we are constantly being led by this mode of classification, ought by this time to be pretty well understood by men claiming to be scientific.

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Notwithstanding these faults—and we are aware how easy it is to find fault—the author has done us all a great service. Most of the subjects are ably treated of, and some of the chapters are exceedingly valuable and interesting. At page 54 we find a very ingenious, and, so far as we are aware, original, analogy traced between the eye and the ear, which, besides being a matter of curious interest, is valuable as affording therapeutical indications. Indeed, the entire chapters on the subjects of the eye and ear will be found very valuable to the practitioner. We look in vain, however, for any thing on the revelations of the ophthalmoscope.

The article on diphtheria is also one of great interest, affords valuable therapeutic hints, and some new ideas upon the pathology of this disease. The different character of the exudations in diphtheria and croup is very clearly set forth on p. 133, and on the following page are some very important pathological facts in regard to the latter disease. We would have preferred, however, not to read any thing about "the spasmodically closed *glottidis*."

The division devoted to the *Thorax*, including the diseases of the lungs and heart, and the physical examination of this portion of the body, in health and disease, is very admirable, and just what the physician needs for daily reference. We have seen nothing like it any where in our literature. The whole subject is treated thoroughly, practically, and concisely.

The diseases of the stomach and intestinal canal are likewise ably considered, and there is no one who may not gain some useful ideas on these most important lesions. Among others we may mention ulcer and cancer of the stomach, and their differential diagnosis, intestinal catarrh, typhlitis and dysentery. The pathology and symptomatology of cholera are clearly and concisely set forth at p. 273, and the prophylactic and therapeutic hints most happily chosen and expressed. We were a little disappointed to see the subject of Cholera Infantum so hurriedly passed over. Here was a good chance for *therapeutic* hints, surely. Perhaps the

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author thinks, like some of the rest of us, that wine and concentrated animal nourishment are worth more than all the drugs in this trying disease. If so, we should have been obliged to him for saying as much.

For the expulsion of tape-worm the author gives Bæhr's prescription of *Kousso*, which it seems Dr. Comstock has been using with very remarkable success; also Kafka's prescription of ethereal extract of *Male Fern*, and Kurtz's of *Acetate of Copper*. They are given, however, under the following mild protest: "For my own part, I don't think such perforce cures required. A careful selection of the remedies for the individual ailments will always relieve the patient; the parasite then leaves of its own accord an organism which is no longer adapted to its further development, or it is made, after the system shall have become renovated, a perfectly harmless inhabitant." We wish we could believe this pleasant doctrine, but are compelled rather to subscribe to the sentiment of Dr. Comstock, who says, "It is both impracticable and impossible to treat tape worms except by tænifuge remedies, and in appreciable doses, sufficient to kill or benumb the beast, so that it may be voided by the bowels."

The diseases of the liver and spleen are discussed quite fully, and some ideas broached upon the pathology of icterus that will doubtless be new to some readers. We do not get much pathology in the chapter on Diseases of the Kidneys, although nephritis, diabetes, and Bright's disease would seem to offer a very fair chance in that way. What is said in regard to "Examination of Urine" is very excellent and practical as far as it goes, and we are referred for the rest to Dr. Boecker's Medical Chemistry. Under Cystitis we have half a page of remarks, the same amount of "symptoms," and three full pages of "hints." The fact that the microscope may be advantageously employed in the diagnosis and pathological study of this class of diseases, is barely hinted at, in one short parenthetical sentence, under the head of Bright's disease. This is the only allusion to the microscope we happened to notice in the book. This

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division of the work is closed with a "short Commentary on Micturition," or, in other words, some practical remarks in regard to the different styles of streams that are sometimes observed in this very common and necessary act.

Under organs of Generation, Gonorrhœa and Syphilis are treated of in a plain, practical manner, without going into any discussion or argument in regard to the disputed questions among writers on these subjects.

But little is said about the pathology of oöphoritis or leucorrhœa, metrorrhagia, amenorrhœa, or dysmenorrhœa; but what is lacking in this respect is made up in therapeutic hints.

Under the division of *Motory Apparatus* we are not told that such a thing as lactic acid in excess has ever been suspected in rheumatism, although gout is said to differ from the latter "in the overcharge of the blood with uric acid;" nor are we informed by what chemical or other tests this excess of acid may be determined. On the subject of rheumatism we have six pages of valuable therapeutic hints.

Under the division of *Nerves* the principal subjects treated of are hyperæsthesia, neuralgia, anæsthesia, spasm, chorea, epilepsy, eclampsia, and paralysis. Here, again, it would seem, was a fair field for pathology, but we are put off with a bare moiety, and treated to "therapeutic hints" without stint. The same may be said of the *Blood* divisions, in which are embraced such subjects as leukæmia, hydræmia, chlorosis, uræmia, and scrofulosis. The pathology of uræmia is summed up in four lines.

Under the head of *Fever* we are delighted to find a chapter on Clinical Thermometry, brief, but to the point; at the same time we have to regret that the adoption of the scale of Celsius instead of that of Fahrenheit, almost universally used in this country, necessitates so much space being devoted to the method of converting centigrade degrees into those of Fahrenheit. In closing the chapter the author remarks: "A higher amount of heat of the body than normal is always attended by a *consumption of bodily substance*, and this is the second characteristic feature of any kind of

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fever. This loss of substance is not yet fully explained." If he will consult what is said about a *Chemical Theory of Inflammation* in the present number of this Journal he may get some light on this subject.

The chapter on Crises and Critical Days, in which is given the theory of Dr. Grauvogl on this subject, is one of the most interesting and valuable in the book, and should be read by every practitioner in the land. As "an important means of distinguishing between a successful and unsuccessful treatment," this theory, if true, is of incalculable value to the physician. If there is any possible way by which we can positively distinguish between a case cured by medicine, and one that gets well of itself, for heaven's sake let us have it. If there is any thing we *do* need, it is *this*.

On Intermittent Fever we have seven and a half pages of *hints*, and we *need them too*. On typhoid fever we have six pages of pathology and general remarks, and nine of *hints*, for both of which we are thankful.

The remaining portion of the volume is devoted to the Exanthems and Skin Diseases, under two separate divisions. The chapters on Measles, Scarlatina, and Variola are the most important. On scarlatina we have four pages of pathology and symptomatology, and five of hints. On page 601 the author seems to regard rubeola as something distinct from measles. We had supposed they were identical.

Of *variolinum* in small pox the author says: "It makes the progress of the disease milder; removes quickly all dangerous symptoms; changes imperfect pustules into regular ones, which soon afterwards dry up; promotes suppuration on the third day, and exsiccation on the fifth, sixth, and ninth day, and prevents all scars. This is the unanimous testimony of ten physicians, who have used it in different epidemics."

Not the least valuable part of the work, are the remarks under the head of General Observations, scattered through the volume, on the particular signs exhibited by the eyes, nose, face, tongue, neck, abdomen, etc. These, as furnish-

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ing important indications to the physician, are well worth study.

In its mechanical execution the book is such that a man need not be ashamed to be seen often in its company, but may rather be proud to have it on his table. The type, paper and binding are all most admirable, and for the price ($5), we regard it as the cheapest and best book out. Its very faults will recommend it to many readers. It ought to, and will, speedily find its way to every Homœopath in the world. That man must hang his head, indeed, who is compelled to acknowledge that he has not read Raue.

F. A. L.

THE PHYSIOLOGY OF MAN, ETC. By AUSTIN FLINT, JR., M.D., &c. D. Appleton & Co., New York, 1867.

The author states his design to be, to represent the existing state of physiological science; and one can see at a glance from the above date, that the work must have a freshness about it, not possessed by our ordinary text books on physiology. In the present work, which is but one of a series, Prof. Flint considers only three general topics: Alimentation, Digestion, and Absorption. But so thoroughly and exhaustively are they discussed, that the volume readily swells to 556 pages. Our author is by no means diffusive nor verbose, yet it strikes us, in reading some portions of the work, that perspicuity certainly, and perhaps brevity, might have been obtained, if topics, once taken up, had always been completed, without dropping them so often to consider something else, and afterwards recurring to them again. Thus a single fact is often found in detached statements on several pages, which might just as well have been brought into immediate connection. To one who has studied physiology any great length of time, this will prove no blemish on the work; but a student will find this a hard field in which to cull his first lessons.

Chapter I. is devoted to Hunger, Thirst, and Inanition;

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and does not contain views new or peculiar. That portion of the chapter describing some of the results of starvation endured by our Federal soldiers at Andersonville, is well worthy of perusal. We have not lacked sketches of the horrors of the place. The memory of it is burned into the very brain of the nation. Our poets, moralists, and correspondents, have given us unfading pictures of the sufferings and death long rife in that truly dreadful place. But here we have a sketch from a new stand-point, that in graphic power is not surpassed by any. Prof. Joseph Jones was detailed by the Confederate authorities to visit the prison, and report thereon. He says: "The field was of great extent and extraordinary interest. There were more than five thousand seriously sick in the hospital and stockade, and the deaths ranged from ninety to one hundred and thirty each day. Since the establishment of this prison, on the 24th of February, 1864, to the present time, over ten thousand Federal prisoners have died; that is, nearly one third of the entire number have perished in less than seven months. I instituted careful investigation into the condition of the sick and well, and performed numerous *post-mortem* examinations, and executed drawings of the diseased structures. The medical topography of Andersonville and the surrounding country was examined, and the waters of the streams, springs, and wells around and within the stockade and hospital carefully analyzed. Diarrhœa, dysentery, scurvy, and hospital gangrene were the diseases which were the causes of the extraordinary mortality. The origin and causes of the hospital gangrene, which prevailed to so remarkable a degree, and with such fatal effects among the Federal prisoners, engaged my most serious and earnest attention. More than thirty thousand men, crowded upon twenty-seven acres of land, with little or no shelter from the intense heat of a southern summer, or from the rain and dew, with coarse corn bread, from which the husk had not been removed, with scant supplies of meat and vegetables, with little or no attention to hygiene, with festering masses of filth at the very doors of their rude dens and huts, with

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the greater portion of the banks of the stream, flowing through the stockade, a filthy quagmire of human excrements, alive with working maggots, generating by their own filthy exhalations and excretions an atmosphere that so deteriorated and contaminated their solids and fluids, that the slightest scratch of the surface, even the bites of small insects, were frequently followed by such rapid and extensive gangrene, as to destroy extremities, and even life itself.

* * * * * Large numbers of Federal prisoners, appeared to be utterly disgusted with Indian corn, and immense piles of corn bread could be seen in the stockade and hospital enclosures. Those who were so disgusted with this form of food that they had no appetite to partake of it, except in quantities insufficient to supply the waste of the tissues, were, of course, in the condition of men slowly starving. In such a case, an urgent feeling of hunger was not a prominent symptom; and even when it existed at first, it soon disappeared, and was succeeded by an actual loathing of food. In this state, the muscular strength was rapidly diminished, the tissues wasted, and the thin skeleton-like forms moved about with the appearance of utter exhaustion and dejection. The mental condition connected with long confinement with the most miserable surroundings, and with no hope for the future, also depressed all the nervous and vital actions, and was especially active in destroying the appetite. The effects of mental depression and of defective nutrition were manifested, not only in the slow, feeble motions of the wasted, skeleton-like forms, but also in such lethargy, listlessness, and torpor of the mental faculties, as rendered these unfortunate men oblivious and indifferent to their afflicted condition. In many cases, even of the greatest apparent suffering and distress, instead of showing any anxiety to communicate the causes of their distress, or to relate their privations, and their longings for their homes, and their friends, and relations, they lay in a listless, lethargic, uncomplaining state, taking no notice either of their own distressed condition, or of the gigantic mass of human misery by which they were surrounded. Nothing appalled

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and depressed me so much as this silent, uncomplaining misery."

Chapter II. is devoted to Alimentation; and we are pleased to find Prof. Flint, in classifying and discussing the various articles of food, does not follow the stupid method of Dalton, who, in his Physiology, unnecessarily encumbers the subject with his "Proximate Principles." Physiology, at best, is an obscure study. Both teachers and students find themselves often wandering in a labyrinth of doubt and darkness. It is natural, therefore, that we should hail with pleasure any plan that can facilitate our study of any part of this vexed subject. But we submit, that classifying food into *proximate principles* is so purely an arbitrary act, that the student's mind gets badly befogged in following that method. It is unnatural, and therefore worse than useless. The distinctions of science should always be inherent, and accord with nature, and there can be neither logic nor philosophy in grouping food by their accidental relations. The author's division of food into *nitrogenized*, *non-nitrogenized*, and *inorganic*, may, we think, be somewhat improved. In matters of science, it is not satisfactory to say what a thing is not. We should be able to say what it is. To say of certain classes of food, they are non-nitrogenized, gives no clue to their composition. They might just as well be called non-phosphorized, or non any thing else they do not happen to possess. Draper divides this class into two, *Carbo-hydrates* and *Hydro-carbons;* but the latter term covers the whole ground; for, as Carpenter clearly shows, the value of starch, sugar, and oil, does not depend simply upon the amount of carbon and hydrogen they may contain, but *upon the excess of their hydro-carbon over and above what is already combined with oxygen.*" So that a proper division of food may be made thus:

1. *Nitrogenous.* 2. *Hydro-Carbonaceous.* 3. *Inorganic.*

Chapter III., or Compound Alimentary Substances, is not good for a hungry man to read. Tantalus would cease to feel suffering, seeing a man with an empty stomach wade through the savory juices of this chapter. Prof. Flint, in

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his description of the nature and preparation of compound articles of food, such as the various kinds of meats, milk, butter, cheese, fish, bread, etc., shows himself a worthy disciple of Prof. Blot. He has studied to some good purpose, "the recondite processes of cookery." For our part, we wish no cook might enter a kitchen who did not first commit to memory the whole of this chapter, barring what the author says of rattlesnakes and onions. They may possibly be good to eat, but as tastes differ, they wouldn't suit our's at all. As, however, our former aversion to frogs has been lost in a keen relish for their use as food, we have cause to be hopeful.

In Chapter IV., in discussing the values of alcohol, water, distilled liquors, coffee, tea, and chocolate, Prof. Flint does not rise to the high position of a radical total abstinence man. He does extenuate aught, and sets down naught in malice. He does not deny the uses of these things, nor does he hide the evils of their misuse. This, of course, will not suit our enthusiastic temperance men, whose pet theory is an utter abolition of alcohol in all its forms. Many of them do not allow it any beneficial uses in the system. They not only decry it as a beverage, but deny it any virtue when used as a medicine. Now, while no one can overlook nor underrate the evils of intemperance, it is questionable if the teachings of science countenance the extreme measures adopted by those who oppose, in every form, the use of alcohol. Moreover, it is a question if the true principle of reform has not been wholly lost sight of in urging the claims of temperance by arguments at variance with facts. The motives to abstinence from intoxicating liquors are to be drawn from a multitude of sources. The laws of physiology present many, but they are grossly misstated by our popular lecturers on temperance, more than half of whom never looked into a work on physiology. It is a favorite maxim of temperance men that alcohol has no place nor use in the human body. But recent analyses have shown conclusively that alcohol is constantly present in many, and perhaps all, parts of the body. It is being constantly pro-

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duced through chemical disintegration of our food and tissues. The blood, and many of the secretions, show its presence as normally a part of their structure. And while this fact gives no countenance to the use of alcohol as a beverage, it does show its possible use as a remedial agent, and wrests from the hands of our alcohol abolitionizers one of their strongest arguments.

There are many other points in this interesting work that we might profitably consider and discuss. Our space will allow us room for only one topic more. On the subject of the Corpuscular Elements of the Lymph, page 523, we read,

"The late researches of Robin, and others, by whom his observations have been somewhat extended, have conclusively demonstrated that leucocytes (lymph corpuscles) may be developed under proper conditions in a clear, structureless blastema, etc., * * * * a fact which shows that these bodies may be developed *de novo* in the blood plasma."

Indeed! who is this Robin that, with his "late researches," annihilates so suddenly the teachings of Virchow and Beal? Glancing at the foot note, we find him the author of a work published in 1859, which date accounts for the milk in the cocoanut. Can it be we have made no progress since then? It appears that we have not, if we may judge by the writings of one Onimus, a French savant, who is quoted: Experiences sur la Genese Leucocytes, etc., 1867, to prove that "the theory which has for its motto *Omnis cellula e cellula*," is a fallacy. Let us never say again, "Revolutions never go backwards." And if the labors of our histologists for the past ten years give us only results that may be swept away by such imperfect experiments as are paraded in this chapter, then we may well question our claim to any scientific fact. Our whole fabric may be razed in an instant, by "late researches" found in some mouldy tome, backed by "experiments" of some modern Rip Van Winkle. Prof. Flint, in all his work, has not done another so weak a thing as this effort of his to cast a doubt on the well established theory of cell development, which is, that cells are always produced by cells.

T. P. Wilson.

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MEDICAL TOLERATION. An introductory lecture to the Class of Hahnemann College, delivered Oct. 17, 1867, by R. LUDLAM, M.D., Professor of Obstetrics, and Diseases of Women and Children.

We can not but admire the spirit of this address. Instead of endeavoring to widen the breach between old school and new school, it aims to cultivate that friendly feeling which would so much contribute to bringing our therapeutics within the observation of the practitioners of the dominant school. Not that the accomplished author of this address advises Homœopathists to hold their principles loosely. He only advises them not to cultivate animosity towards those who differ with them in views, and consequently in their practice. He thinks we shall sooner convert the world if we practice charity along with the practice of Homœopathy. Nor would he have us, because we have a new system of therapeutics, altogether neglect the study of the old. The history of the past, contains the history of human progress, and if we can not learn in old books how to use Lachesis, we may get useful lessons in regard to human fallibility, and the slow steps by which the human mind advances along the road to truth.

The address is written in that quiet style, with occasional gleams of humor, so characteristic of the Professor of Obstetrics in the Hahnemann College. We commend it to students and practitioners as well adapted to the present state of the medical profession. H.

THE APPLICATION OF THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY TO OBSTETRICS, AND THE DISORDERS PECULIAR TO WOMEN AND YOUNG CHILDREN, BY HENRY N. GUERNSEY, M. D., Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania. With one hundred Illustrations. Philadelphia: F. E. BŒRICKE, No. 635 Arch street.

Prof. Guernsey's work, which has for some months been

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in the hands of the profession, is not of the sensational or pseudo-scientific class so frequently issued from the medical press in our day. It has its merits and defects, which we shall catalogue, rather than criticise, in this connection. Among the former we include the following: It contains more of special physiology and pathology — albeit under protest, and of a somewhat antiquated order — than either Leadam, Jahr, or Croserio. Its special therapeutics is based upon what are now styled "characteristic," rather than common place indications. It leaves the question of dose, potency, repetition and alternation to the judgment and experience of the practitioner, and the pages are not marred with the cabalistic word *Homœopathician.* It is emphatic upon obstetric morals, and unequivocal upon the subject of criminal abortion — the growing curse of a class of doctors who steal the livery of Homœopathy to serve the devil in. It repudiates the abuses of local treatment in some of the diseases of women, upon which not a few modern physicians seem disposed to place a premium; and claims a real superiority for Homœopathic treatment in obstetrics and the diseases of women and children. In some of these respects, the text is exceedingly felicitous, not to say almost faultless.

This class of merits is somewhat original, and should commend the volume to the notice and confidence of the profession. Moreover, the size and distinctness of the type, and the tone and quality of the paper, as well as the general appearance of the book — like the dress and address of the physician — are a passport to good society.

A major defect of the volume is its lack of clinical instruction. Hundreds of physicians will consult this work, as they would counsel with an old and experienced practitioner for the results of his labor and the fruit of his professional observation. And they will be disappointed in not finding such a record. It will not satisfy them to peruse a list of forty-seven remedies for uterine displacement, minus a syllable of corroborative experience from the author. To turn to the special therapeutics of leucorrhœa, menorrhagia, morning sickness, constipation, abortion, or what

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not, and find the inevitable catalogue running from *Aconite* to *Zincum* inclusive, will impress the practitioner with the conviction that the work is deficient in clinical tone and character. How shall he discriminate? He knows that the author, however learned and experienced, can not claim a cure for each and every remedy, under all the varied indications that are cited. And no distinction is drawn in these pages between such of these indications as have stood the test of trial, whether by the author or any one else, and those which are apochryphal or arbitrary. Such an avalanche of "key notes," will strike him as being somewhat discordant.

We are aware that some of the writers for our journals, and a few of our authors also, are disposed to take advantage of the growing popularity and eagerness for clinical data among medical readers. Men, who would not know an ovary from an oyster, are prolific and boastful of their experience in the treatment of the diseases of women especially. The most absurd, unphysiological and incredible claims are urged for all sorts of treatment, based upon actual experience. Any kind of a case in practice may now be selected or procured to order. And the more ignorant the practitioner, the more marvelous and numerous his boasted cures. He can magnify an example of menstrual colic into one of peri-metritis, or a case of simple ulceration, into one of cancer of the os uteri. He may set up the most extravagant claims to clinical observation and discovery, or detain a medical convention with details of original investigations that are as old as the time of DeGraäff or Morgagni. His clinical experience is a myth, a mere bagatelle, and, for obvious reasons, if such a physician were as honest as he is ignorant, we could place no reliance upon it whatever.

But Prof. G. is not of that class. His skill and repute as a practitioner, and his position as a teacher, make it incumbent that he should have incorporated into this work a larger measure of the fruits of his individual experience. We naturally look for what *he* has gleaned from actual practice. The Science of Obstetrics is one thing, and the

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Art of Midwifery is another thing. The same remark applies both to Gynæcology and Pædiatrics. If it were possible, should we really divorce the Science from the Art of Medicine? The "key note" of a grand old symphony, will not satisfy the soul that thirsts for harmony. From inspecting a single bone, Cuvier could recognize and describe the natural history of the animal whence it came. But we can not all attain such a degree of perfection as comparative anatomists. If the learned author of the volume before us, or any of our colleagues, can give the genius of a remedy and its curative range, from an insignificant and comparatively irrelevant clipping from its pathogenesis, he should impart his secret, or rather, publish the *clinical* facts that will serve to confirm his theory and render it available. What we most need in this connection is confirmatory items, from the bed-side or case-book, and not italics, or capitals, or the most varied typography.

If Dr. G. had given us notes of an unmistakable case of dysmenorrhœa cured by *Eugenia j.*, selected because the patient had "acné, with pain far around," (whatever that may mean); of amenorrhœa cured by *Hyoscyamus*, given because the patient was "disposed to nakedness," and of other diseases cured in a similar manner, it would have afforded a reliable criterion for the value of his work, and we could thereby have consulted it in confidence. But all such documentary evidence is withheld.

We look in vain, also, for any detailed reference to the accumulated experience of the profession, in either of the three branches of which this book treats, during the last fifty years. Or, is it true that all we have learned, and all the progress made meanwhile, is included in the table of curative indications appended to the sketch of each disease? Why not give the name of the physician who has successfully employed this or that remedy, under the delicate indications laid down in the text? This plan would have given credence and authority to their boasted efficacy. At present, among all these "key notes," these curious indications, that are struck so cautiously and arranged so carefully, we

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do not know which is trustworthy, and which speculative. It is as if the book had been compiled from ordinary and extraordinary sources in Materia Medica, by one or more office pupils, for example, instead of by Dr. G. himself.

Really, this is a serious matter. We should profit but little from the foreign experience of the traveler, who, in publishing a narrative of his journey, persisted in omitting all detail of what must necessarily have fallen under his own eye, and that of his intelligent companions. The more marked his personal talents, the greater the loss to the reader. We journey through an experience that is as varied as it is voluminous, but the merit of that experience is graded by the impress it has received from individual representative minds. To reject the beneficent and salutary lessons thus learned would be suicidal and foolhardy.

The same is true of an attempt to ignore what our predecessors and associates have accomplished, and to bring all special pathology and special therapeutics to the touchstone of one man's dicta and experience. As if the little sphere of mentality in which we severally operate could possibly compass all the physical relations of our patients, whether male or female.

It was because the author is not the man to content himself with *editing* a book of indiscriminate rubbish, resurrecting what is obsolete, and palming it off as original, or tempting the clinical appetite with what would soon cloy and disgust it, that we had been led to hope his volume would abound with the most practical, available and useful suggestions, founded upon his own experience, and that of his professional brethren.

Many of the so-called "New Remedies" should doubtless be kept on probation a little longer. It will be time enough to include such of them as are worthy in the next, or some subsequent edition of this work. But, we apprehend, it is oversight, in writing a volume upon the diseases of women, and children especially, not to have indicated what the best men in our ranks have accomplished, with such means and remedies as we know to be reliable.

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Chapter XIII., upon Hysteria, is the best written one in the volume. Its chief defect is, that in all the forty remedies named for the cure of this troublesome infirmity, no one is recommended for the relief of *lying*, which is a very frequent, and in some cases, pathognomonic symptom.

Other pages offer some curious, obsolete and original phrases in pathology, physiology, and therapeutics. We read of the "chlorotic temperament," a "schirrhous taint in the system," "the urine intermits," "ovarian pus," "constitutional miasm," "a subtle, hereditary miasm," "the mutual interchangeability of cancer and phthisis," that at puberty the ovaries contain "the *seminal* vesicles in different states of development," that *Platina* should be given for the cure of amenorrhœa, "particularly in Irish emigrants," and "head center," a Fenian title destined, undoubtedly, to be monopolized by the barbers.

A serious omission is that the work does not afford chapters each upon Pelvic cellulitis, Pelvic hæmatocele and embryotomy; and also that the more modern and successful methods of treating prolapse of the cord, and arm, and shoulder presentations, are not mentioned. Recent improvements in the diagnosis and treatment of puerperal diseases, and the accidents of parturition, include precisely what our practitioners most desire, and our pupils will one day need.

In general terms, we have already expressed our approval of the author's views concerning the abuse of local treatment in certain forms of uterine disease. The remarks are seasonable, and not a whit too severe. But in so far as the differential diagnosis of uterine ulceration is concerned, we must beg leave to differ. We can not endorse the following:

"However fashionable the use, or rather abuse, of the speculum was at one time in the Allopathic ranks—and we are glad to say that it is now so no longer—such cultivation of morbid curiosity on the part of the physician—to give it no worse name; and such pandering to the prurient sensualism of some women, and such unnecessary wounding of the delicate sensibilities of others, has never obtained currency in our School. And not only do all the soundest principles of medical exploration dissuade from the indiscriminate introduction of the speculum—but the whole

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tenor of our Homœopathic therapeia leads to a more excellent way, by substituting the subjective, the sensational, the constitutional and functional symptoms for the pathological details of structural changes, as the basis for medical treatment.

"Hence we think that in most cases the touch alone will prove amply sufficient for *the purposes of diagnosis*, and far superior to the speculum in the great majority of cases. * * *

"For purposes of diagnosis, and especially to satisfy the patient and her friends, the touch may be resorted to, and in some cases the speculum even. But for guides in the selection of a remedy, the indications afforded by the patient herself—those which we have designated as subjective, sensational, constitutional and functional—afford us the greatest certainty, and lead most directly to the happiest results."

In all of which we find no valid argument against the speculum as a means of diagnosis, when properly employed. If unprincipled men have abused it, and done positive harm thereby, shocking the delicacy, and damaging the morals of the best people in community, this certainly does not constitute a reason for its rejection as a means of discriminating certain obscure forms of disease. The scalpel, the obstetric forceps, *Aconite*, *Belladonna*, and all the narcotics, are as useful in the hands of judicious practitioners, as if a set of graceless scamps had never put a premium upon their too frequent and harmful employment.

Moreover, we insist that it is quite impossible, by means of "subjective, sensational, constitutional and functional symptoms" merely, so to separate the various forms of uterine ulceration as to be able to treat them intelligently and successfully, or indeed to be certain, in any given example, that there is an ulcer at all. Take a parallel case. What would be thought of the physician who should claim that, in the diagnosis and treatment of the various forms of inflammation of the throat, for example, it was never necessary to look, but only to *feel* for the lesion? What reliance could be placed upon the testimony of a physician concerning his boasted success in the treatment of diphtheria, or anginose scarlatina, if he had never examined his patients' mouth or fauces? And are the ophthalmoscope, the laryngoscope, and the endoscope of no value to the profession and to our patients? Why not discard their employment,

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as well as that of the uterine speculum? If he were blind, it would take a doctor some time to learn to diagnosticate the various forms of skin disease by the unaided sense of touch. It would be a flimsy plea against the use of the microscope or the telescope that the eye of the sensualist had looked through them. Shall we reject the stethoscope, and the resort to physical exploration in diseases of the chest, because some vulgar fellows have taken advantage of the exposure incident to their employment? Or will not the eye disclose the real condition of the thoracic organs about as clearly as the finger reveals those of the uterine cervix?

In estimating the value of a class of symptoms upon which Prof. G. places exclusive reliance, this fact should be borne in mind—that, in almost every variety of disease affecting the internal generative organs of the female, the subjective and sensational symptoms are confused, complicated with those of hysteria, inexplicable, fallacious, and therefore unreliable. The causes are obvious, but who shall unravel and remedy the consequences? We neither undervalue, nor abuse the sex, when we declare our firm conviction that perhaps a majority of women, ill with uterine and ovarian affections, would bring us to look, for their symptoms, through the prism of their own imagination. We regard it as even more necessary to satisfy ourselves, in all obscure cases (and many of them are nebulous), by means of physical exploration also, than in the diagnosis of the diseases of infants, whose speech is sealed and whose sensations are only indirectly revealed to us.

At page 118 we read:

"The practice of applying pessaries, or uterine supporters of any kind, is one which belongs to the principles of Allopathy, and is rapidly becoming obsolete. A few years more, and all these barbarous appliances, as useless and degrading, as they are disgusting to the female sex, will be finally laid upon the same mouldy and musty shelves with the cups and the blisters, the leeches, the lancet and the actual cautery!"

When we have a substitute for pessaries, that, in every case, is infallible, every honest man among us will respond

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a hearty amen; but, until that time, and for use in exceptional cases, we are not quite ready to throw these mechanical appliances overboard. The surgeon is learning to treat fractures with fewer splints, and in many cases, without any. A recent writer insists that the ligation of the funis at birth is both unnecessary and injurious, a relic of barbarism. But we are not prepared utterly to discard the splints and the ligature. Our works upon the diseases of women must, for a time, be incomplete, if they fail to describe, and select for their readers, the best and least objectionable means of mechanical support for inveterate displacement of the uterus. If the list of remedies for these affections were twice as long, and the indications for their employment ten times as numerous, there would still be found certain examples of uterine deviation that would be incurable, and intolerable to the patient, without them.

If it were not a more pleasant duty to commend than to criticise, we might enlarge somewhat upon other topics. It must be permitted us to record our regret that the beautiful pages of this volume are marred by the stereotype allusions in terms of bitterness to the doings and teachings of the dominant school. If the author had set out to write a work upon the comparative merits of the two systems, the taste and expediency of this course would, perhaps have been commendable; otherwise, otherwise. Offensive denominational allusions are out of place in works of this kind. It subtracts from the dignity of our literature, as it does from the merits and record of a Christian gentleman, to betray a fondness and a weakness for warfare. In Heaven's name let us extinguish the fire with clean water.

Despite the defects to which we have called attention, and which to some of our readers may appear trivial, we must not forget, in conclusion, to express our thanks to the learned author for his timely volume. If it were perfect, there would be no need of a review, no necessity for another edition, neither for other works upon the same or similar subjects. A book without faults would be like a doctor without enemies, a worthless piece of furniture at best.

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The day in which all that was profitable in obstetrics, and the diseases of women and young children could be put into a single volume is past. Perhaps, in another edition of this work, its author may consent to divide it into two, and to make it even more comprehensive and complete. R. L.

CHRONIC DISEASES OF THE LARYNX, WITH SPECIAL REFERENCE TO LARYNGOSCOPIC DIAGNOSIS AND LOCAL THERAPEUTICS, BY DR. ADELBERT TOBOLD, Lecturer in the University of Berlin. Translated from the German, and edited by Geo. M. Beard, A.M., M.D., Lecturer on Nervous Diseases in the University of New York, with an introduction on the History and Art of Laryngoscopy and Rhinoscopy, Rhinitis, Inhalations, and Electrization, applied to Diseases of the Air Passages, and an Appendix, by the Editor. Illustrated by 44 Engravings on Wood. New York: Wm. Wood & Co., No. 61 Walker street. W. B. Keen & Co.: Chicago.

The title page of this work indicates, with sufficient clearness, what is its object and scope; what is promised here, is amply accomplished in the work itself; the work is as complete as can be expected from any member of a school of medicine the therapeia of which is yet to be made. The Anatomico-Pathological appearances, symptoms and causes, Etiology, Laryngoscopic Diagnosis, Prognosis, and Therapeutics, are fully and clearly set forth — the latter branch of the subject excepted. Tobold depends mainly, if not entirely, upon local means in the treatment of these diseases, and what he says of diseases of the larynx, p. 102, may, perhaps, be taken as an indication of his views regarding other diseases. "Of internal remedies," he says, "we possess none which have any specific effect on the mucous membrane of the larynx." This is very clear and very candid (as indeed the whole book is), and we doubt not it is very true as regards the allopathic part of the profession, but if they have no such remedies they might have them—they

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are within reach. *We* have them, and are ready to impart our knowledge at any time.

However, even with this exception, the work is an admirable one, and the additions by Dr. Beard, the Editor and Translator, on Laryngoscopy, Rhinoscopy, etc., etc., are truly valuable. The work is indispensable to those who would familiarize themselves with the only method of diagnosticating a very important class of diseases. If some one, capable of setting forth the drugs which have a specific effect upon the parts in question, would carry this matter one step farther, he would do mankind a favor and himself much credit. There is a rich mine here, well worth the working.

TRANSACTIONS OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY, Vol. 5, 1867.

We are indebted to the courtesy of Dr. H. M. Paine, of Albany, N. Y., for this valuable and interesting volume—setting forth the doings of our New York brethren during the last year. This work contains much that is of historic as well as scientific interest, and it would be well if an edition could be issued every year, for more general distribution, omitting matters of local detail, and giving the profession at large those portions which are of general and permanent importance.

MYRICA CERIFERA—Pathogenesis of, by E. M. HALE, M. D. E. A. Lodge: Detroit. 1868.

A collection of the provings hitherto made of this substance, which seems likely to take a place of some prominence in our Materia Medica. The symptoms in this proving are so arranged as to make reference to them much easier than in Dr. Hale's former publications. D.

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EDITORIAL.

We are happy to commence our Editorial section in this number with the following

LETTER FROM OUR BRITISH CORRESPONDENT.

The Homœopathic Medical Directory for Great Britain and Ireland, for 1868, has just been published by Messrs. Turner. From this very useful compilation, it appears that there are 260 Homœopathic practitioners in Great Britain and Ireland. Of these, 90 are resident in London and its suburbs. This list does not include the names of all the practitioners of Homœopathy in this country. Here and there, scattered about, are to be found men living by the practice of Homœopathy, more or less qualified by private study and experience, but who have passed through no college curriculum, and are, therefore, unable to take any recognized position in the profession. Of course, as staunch upholders of medical propriety, we are expected to frown upon these black sheep — these medical schismatics who are outside the true apostolic succession of the College of Surgeons and Apothecaries' Hall. Still, there are not wanting apologists for them, who think that a man may have a true gift for practicing the healing art, though he can not procure the certificate of any college or school; and that in the present, unorganized state of the Homœopathic profession, some laxity or latitude may be conceded as to the various avenues of entrance into the professional enclosure. At present, we can only procure what the law recognizes as a qualification, by passing through the Allopathic schools and receiving their lore. If a student begins his course of study by being a Homœopath, he must keep the secret to himself, or his chances of obtaining those honorary appointments which are so helpful in gaining a practical knowledge of the medical and surgical art, are very much diminished. Moreover, the secret consciousness of being, in many important respects, out of sympathy with his teachers, is not a healthy condition for one *in statu pupillari;* nor is it conducive to docility and enthusiasm in hospital studies. A student ought not to be a critic, passing irreverent mental comments on the teachings and practice of his instructors, resisting their dogmas as mischievous, false, fallacious, or nonsensical. If, with the levity characteristic of Young England, his mental response to the clinical doctrine which he hears is "*bosh*," "*humbug*," "*murderous and unnatural outrage*," "*I know a trick worth two of that*," etc., he is not likely to understand the rapture of the student who accepts as gospel all that his teacher says, and puts his heart and soul into all the work and study which he suggests. Consequently, he loses his interest in his studies as a whole, and looks forward with eagerness to the time when

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he shall gain his emancipation and procure his diploma, in the lowest rank, at the easiest and cheapest possible rate. There is thus nothing to kindle the ardor with which science must be pursued, if any real and lasting result is to be secured, and any notable advance to be made. I am convinced that Homœopathy in England suffers very seriously from this want of a medical school in which students may be trained throughout their course by men who command their thorough sympathy and trust, and where no distracting influences are at work. There is only one Homœopathic hospital in London, but that does not apparently aspire to become a school of medicine. There is no provision made for clinical instruction — no lectures, no facilities offered to students and inquirers, no provision for advancing the science of healing to a higher level than it has already attained. It would have no pretensions to any representative quality, were it not that it is the headquarters of the British Homœopathic Society, which appears to be a society founded for the purpose of mutual certification among all the Homœopaths who have what is termed a registerable qualification. The society holds its meetings every month, at the hospital; a paper is usually read on some medical subject by one of the members, and then is followed by comment and discussion. The result is published quarterly, in the "Annals" of the British Homœopathic Society. The papers recently read have not, as the French say, consecrated any new era in Homœopathic science. They are usually interesting, and the meetings are useful, because friendships are cemented, acquaintances made, the members gain some small sense of belonging to a community; and however nugatory the results may be at present, the British Homœopathic Association forms the only recognizable germ for future organization.

There are one or two hospitals scattered through the country — a small one at Bath; another, with a good staff of medical officers, at Birmingham; a comparatively ancient one (founded in 1852) at Doncaster, which Dr. Dunn has for some sixteen years supported with a liberality and energy worthy of all praise. There is also an infirmary at Tottenham, with twenty beds, for the treatment of women and children. From this account of the organization of Homœopathy in Great Britain, you will readily conclude, that, at present it is pursued, with an ardor derived from its commercial value, rather than its scientific interest. I see, however, with some relief, that an association has recently started under the title of "British Homœopathic Drug Proving Association," under the management of Mr. Robinson, formerly resident or house surgeon, now consulting surgeon to the London Homœopathic Hospital. This association has not yet produced any fruits for general use; and I do not hear of any what are termed "men of mark" coöperating with it. But that is of minor importance. Our men of mark at present are, with a few exceptions, men most gifted with the art of appropriating to good uses the discoveries of others, not particularly inclined to labor themselves in the quarries of original research. I do not say this in order to reflect injuriously upon any one; whatever reproach English Homœopathy deserves for its unproductive condition, belongs equally to us all. Dr. Hering long ago offered a char-

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acteristic apology for those whose gift does not lie in originating, that the function of begetting facts is as peculiar as that of begetting children, and can only be effectively performed by those who have a natural aptitude for it. I hope Mr. Robinson's praiseworthy effort to establish a drug-proving association, may prove to be the commencement of a movement that will ultimately give to English Homœopathy the place it ought to assume in scientific procreation.

There is another movement, started by that very thoughtful and accomplished physician, Dr. Madden, in connection with the British Homœopathic Society, for constructing a new Pharmacopœia. A number of sub-committees have been appointed, and are now in operation. These are:

I. *Botanical Sub-Committee* — Convener, Dr. Edward Hamilton. — To make a complete list of plants utilized by Homœopathists, with means of identification, and directions as to the best seasons for collecting them, and the best sources.

II. *Zoölogical Sub-Committee* — Convener, Dr. Carfrae. — To procure analogous information respecting medicinal substances derived from the animal kingdom.

III. *Chemical Sub-Committee* — Convener, Dr. Ryan. — To ascertain the best means of procuring, keeping, purifying, preparing and attenuating metals, salts, acids, and all medicinal substances that inorganic chemistry takes note of.

IV. *Pure Pharmacy Committee* — Convener, Dr. Mackechnie, *pro tem.* — To determine the best processes for making vegetable tinctures; the different methods required by different plants; the mode of securing tinctures of uniform strength, and determining the equivalent value of tincture and dried plants; the methods of preserving tinctures; of triturating; of making and medicating globules and pillules; and of dispensing the medicines so prepared.

V. *Sub-Committee of General Enquiry* — Convener, Dr. V. Bell. — To inquire into questions relating to nomenclature, writing prescriptions, assimilation of our preparations with the corresponding preparations of the British Pharmacopœia, etc.

I hope I shall be able, in future letters, to report good results from the labors of these committees. Mr. Headland has, in a paper in the Monthly Homœopathic Review for September, given some of his experience in preparing drugs. Referring to the directions for preparing *Hepar sulphuris*, (*en passant*, let me protest against the very common mistake of lengthening the *u* in *sulphŭris*,) he says: "I have by me at this present time, two samples of this medicine, one of which I prepared myself, and the other I procured from one of the leading chemists in London; but neither in smell, taste or color, do they agree — that prepared by myself being much more disagreeable to the taste than the other, while the smell is not so strong. As regards color, mine has a light brownish tint, the other is a grayish brown." The directions given in Hempel's Grüner and Jahr were followed, probably, in both cases: why should the results have been so different? This is a case that ought to be cleared up in any good Pharma-

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copœia; for while variations in vegetable preparations are perhaps unavoidable, there ought to be uniformity in mineral substances. From Mr. Headland's remarks, as well as from the repeated experience of every practitioner, it is obvious that some mode is urgently required of securing in crude tinctures an accurate equivalent of the medicine so prepared. In any alcoholic tincture, some medicinal elements in a plant will probably be left out. Chemists like to get a clear, pretty preparation, and are apt to filter away some of the most precious ingredients of the medicine which they are preparing. These variations and ambiguities are especially important to those who use crude tinctures and low preparations. Those who use higher attenuations, will do well, whenever it is possible, to procure attenuations derived from the identical substances used in proving, by which all pharmaceutical fallacies will be effectually eliminated. Many practitioners endeavor to secure triturations, in all cases in which the medicine can be so developed; and by this method, a large class of ambiguities is disposed of—though probably a new but smaller class is admitted. Perhaps Homœopathy is too young at present to escape from these entanglements; when it attains its adolescence, we may be able to get a sort of baptismal certificate of legitimacy with every medicine that we use, and be well assured that these delicate individualities have not been mutilated or tampered with.

[We much regret being obliged to divide the excellent letter of our correspondent. We shall give the residue in our next. Meantime, our readers may enjoy the pleasure of anticipation.]

NEW YORK OPHTHALMIC HOSPITAL.—OLIVER WENDELL HOLMES once said (when hilarious, we presume) that novelists could find no rascals or knaves in the medical profession, and, that these characters had to be sought in other walks of life. We might show him that History was at issue with him on this point, if it were worth while; but we will content ourselves, on this occasion, with commending him, if he needs a character versed in mendacity for his next novel, to study the individual who announced in the N. Y. Medical Register that the N. Y. Ophthalmic Hospital had closed its doors, because the Allopathic attendants were relieved by Homœopathic. It would be charitable to suppose that this individual did not know that a Homœopathic staff had been appointed, but it would be more silly than charitable; the two facts were so united that those who knew one would be pretty sure to know the other. The malignity, as well as deceit, of this announcement are such that we are sure that the author will most fully serve the purpose of the novelist above indicated.

The Sixteenth Annual Report of the Directors of this Hospital is before us. The Directors say: "In accordance with our charter, we have been engaged in carrying out the three great objects of the Association: *First*, To provide a place free to the poor; *Second*, To instruct Physicians and Medical Students in the Theory and Practice of Ophthalmy; *Third*, To kill quackery, by providing the best medical skill for the public."

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In pursuance of these plans, the Directors removed the Allopathic staff, and filled their places with Homœopathic, which will no doubt admirably meet the second and third indications above given. The surgeons, in their Report, account for the small number of operations performed, attributing it to their care not to operate prematurely; and add, "We are sorry to learn that certain operations which we had declined for the present, have been elsewhere performed unseasonably, and have been followed by total loss of sight."

The subjoined tables need no comment. During the month of January, 1868, 174 different patients were treated, which does not show any decline in the reputation of the Hospital, under the new surgeons. Eighty students were in attendance during the session of 1867-8.

TABLE A.

Diseases and Number of Patients Treated from June 11th to December 31st, 1867.

	M.	F.	T'l
I. Diseases of: *Orbita.* (None.)			
II. Diseases of: *Palpebræ.*			
Entropion	...	2	2
Ectropion	...	2	2
Trichiasis, distichiasis, etc	1	8	9
Hordeolum, chalazion, milium	3	7	10
Blepharitis, cil. ac. et chr	16	21	37
Blepharitis phleg. et erysip.	...	...	...
Furunculus	2	2	4
Herpes, crusta lact	...	2	2
Verrucæ, tumores, etc	1	1	2
Læsiones et corpora aliena	2	3	5
Total	25	48	73
III. Diseases of: *Conjunctiva.*			
Conjunct. simplex (catarrh) ac. et chron	44	48	92
Conjunct. purulenta (blenn.)	3	4	12
" " neonati	1	...	1
" granulosa (trachoma)	37	40	77
" pustulosa et exanth	19	15	34
Ecchymoses	3	1	4
Symblepharon	1	1	2
Neoplasmata	1	2	3
Læsiones et corp. al	4	...	4
Total	118	111	229
IV. Diseases of: *Sclera.*			
Læsio	1	...	1
V. Diseases of: *Cornea.*			
Keratitis superficialis	9	8	17
" pustulosa	4	5	9
" parenchymatosa	4	4	8
" ulcerosa (ulcus simplex et perforans	...	...	...
	6	7	13
Pannus	9	14	23
Macula, nebula, leucoma	25	16	41
Staphyloma	2	1	3
Læsiones et corp. al	11	3	14
Total	70	58	128
VI. Diseases of: *Iris.*			
Iritis idiopathica (rheum)	7	2	9
" syphilitica	8	7	15
Synechia ant. et post. et atresia pupillæ	...	...	...
	2	3	5
Læsiones et corp. al	3	...	3
Total	20	12	32
VII. Diseases of: *Corpus Ciliare et Chorioidea.*			
Chorioiditis (irido-chor) ac. et chro.	1	6	7
Atrophia chor. et sclerotico chor-	...	...	...
oiditis post	1	4	5
Glaucoma, ac. et chron	4	1	5
Total	11	6	17
VIII. Diseases of: *Retina.*			
Retinitis	7	3	10
" syphilitica	2	...	2
" nyctalopica	2	...	2
Apoplexia retinæ	1	2	3
Anæsthesia ret. et atrophia N. opt.	9	3	12
Amotio retinæ	3	...	3
Amblyopia (A. potatorum) et	...	...	...
amaurosis	10	4	14
Total	34	12	46
IX. Diseases of: *Lens.*			
Cataracta incipiens	8	9	17
" mollis et semidura	1	2	3
" dura	5	4	9
" pyramidalis	...	1	1
" traumatica et secund	7	3	10
Corpus alienum	1	...	1
Total	22	19	41
X. Diseases of: *Corpus Vitreum.*			
Opacitates	2	3	5
XI. Diseases of: *Bulbus.*			
Panophthalmitis	...	1	1
Atrophia bulbi	3	3	6
Læsiones et corp. al	12	1	13
Total	15	5	20
XII. Diseases of: *Refractio et Accommodatio.*			
Myopia	2	...	2
Hyperopia	3	...	3
Presbyopia	7	1	8
Astigmatismus	1	1	2
Asthenopia ex hyperopia et paresi	...	...	...
acc	8	10	18
Total	16	12	28
XIII. Diseases of: *Musculi et Nervi.*			
Paresis et paralysis N. oc. mot	4	3	7
" " " " abduc	...	1	1

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	M.	F.	T'l
Paresis et paralysis N. trochlear	1	...	1
Strabismus convergens.	5	5	10
" divergens	1	...	1
Blepharospasmus	2	...	2
Neuralgia ciliaris	1	3	4
Total	14	12	26
XIV. Diseases of: *Organa lacrymalia.*			
Hypertrophia gland. lac	1	1	2
Dacryocystitis et blenn	1	6	7
Strictura et Stenosis D. lac	1	4	5
Total	3	11	14

	M.	F.	T'l.
VIII, Retina	34	12	46
IX. Lens	22	19	41
X. Corpus Vitreum	2	3	5
XI. Bulbus	15	5	20
XII. Refr. et acc	16	12	28
XIII. Musc. et Nervi	14	12	26
XIV. Org. lac	3	11	14
Total	351	309	660
Not classified the first days	...	...	42
Total treated	...	...	702
Treated from Jan. 1 to June 10	..	...	524
	...	...	
Total treated from Jan. 1 to Dec. 31			1226

RECAPITULATION.

Diseases of:			
I. Orbita	...	...	...
II. Palpebræ	25	48	73
III. Conjunctiva	118	111	229
IV. Sclera	1	..	1
V. Cornea	70	58	128
VI. Iris	20	12	32
VII. C. Cil. et Choroid	11	6	17

Nativity of Patients.

Born in United States	...	...	359
" Great Britain	...	...	310
" Germany	...	...	31
" other countries	...	...	9
Total	...	...	709

TABLE B.

Operations Performed from June 11th to December 31st, 1867.

No. of Operat'ns.	No. of Eyes.	Operation for:	Male.	Female.	Total.
1	1	Staphyloma partialis, (removed it, removed lens, united the wound with three sutures)	1	..	1
4	2	Cataracta trauma.; discision and suction	2	..	2
5	4	Strabis. conv. (four operations as com'n. on rect. int.; one operation, shortening of R. ext.)	1	1	2
1	1	Iridectomy (cat. traum.)	1	..	1
1	1	Symblepharon partialis	1	..	1
2	1	Cataracta dura (also iridectomy)	1	..	1
3	2	Phimosis palp. and epicanthus (also, op. on nose)	1	..	1
8	8	Removal *of foreign* bodies	7	1	8
5	2	Cataracta mollis, discisio	..	1	1
2	2	Strabismus conv	1	1	2
1	1	Iridectomy (leucoma)	..	1	1
3	3	Strictura. D. lacrymal	..	3	3
3	3	Removal *of foreign* bodies	3	..	3
39	31	Total	19	8	27

All operations have been followed by good results.

BOOKS RECEIVED.

La Homœopatia. Publicacion mensual del Instituto Homœopatico de los Estados Unidos de Colombia, Bogotá; Buffalo Medical and Surgical Journal; The Detroit Review of Medicine and Pharmacy; Allgemeine Hom. Zeitung; The Hahnemannian Monthly; The N. E. Medi-

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cal Gazette; The Nashville Journal of Medicine and Surgery; The Chicago Medical Journal; La Reforma Médica, Nov. 30th, Madrid. El Criterio Médico; Pacific Medical and Surgical Journal; Canada Medical Journal and Monthly Record of Medical and Surgical Science, Vol. IV., No. 7; Pathogenesis of Myrica Cerifera, by E. M. Hale, M.D.; The Journal of Materia Medica (Bates & Tilden); Introductory Lecture, delivered at the Hahnemann Medical College of Philadelphia, by John C. Morgan, M.D., Professor of Surgery; La Reforma Médica. Periódico Oficial de la Academia Homœopática Española; The Ohio Medical and Surgical Reporter; Report on Amputations at the Hip-joint, in Military Surgery, being Circular No. 7, War Department, Surgeon General's Office, July 1st, 1867, (*for which we are indebted to the courtesy of Hon. N. B. Judd*); Eleventh Annual Report of the Directors of the N. Y. Ophthalmic Hospital, for the year 1867; Organopathy, or Medical Progress, an Essay by Wm. Sharp, M.D., F.R.S.; London: H. Turner & Co., (*further notice deferred till our next*); The Dental Register, Cincinnati, O.; The New York Medical Journal.

BIOGRAPHICAL SKETCH.

F. VANDERBURGH, M.D.

THE Lithograph which we present our readers in this number, is that of one of the oldest and most successful American Homœopathists — now, unhappily, no more; he having closed his earthly labors, January 23d, 1868, at the advanced age of 80. *

In answer to a request for an autobiography, to accompany his lithograph, we received the following, which will be read with interest, though it gives but an imperfect view of his life:

MY DEAR SHIPMAN:

I received your kind letter on my death-bed, reminding me of our early acquaintance; and although the destiny of distance divides us, I have never forgotten your friendship. In watching the slow current of life, retarded by one stream and quickened by another, I have but little time to comply with your wishes. You ask me for my photograph, and its biographical appendage. My photograph, I send you. My Homœopathic appendage began with Dr. Gram.

When he arrived in New York, Gram was a friendless stranger; and when he opened his little manuscript, no faith was found in his statements. The city was then under the spell of Post, Hoosack, and Mott; the schools were animated with their errors, and there was no time for them to look at atoms, when the masses were before them.

Gram was grave and thoughtful, and gained his ascendency over his

* Dr. Merritt, in the "American Observer," makes Dr. V.'s age something less than 80; but if our memory serves us, Dr. V. stated, when we last met him, in October, 1865, that he was then 84. It is quite likely, however, that Dr. M. had access to some family record, as we had not.

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little circle by the interest he manifested in his future ministry; and when unheard-of doctrines — such as little doses — came forth, one by one, they were tested on the sick, the results of infinitesimal doses were recorded, and Wilson, Gray and Curtiss saw the light, with its guiding star before them. These three scholars, with one teacher, lit the lamp whose cruse of oil will never empty, until the educated errors of our ancient brethren are buried beneath their own monuments.

At this time, if I remember, the sale of my medical errors had reached $10,000 a year, in the higher circles of society, before my acquaintance with Gram, and my introduction to him, enabled me to plant the reformation of medical science on that circle, to great advantage.

* * * * * * *

I then drew to my aid the lamented Curtiss — the brightest star in Homœopathy, expanding so rapidly under Gram's tuition that he (Gram) once said to me, "I should not care to go to heaven, if I could not meet with Curtiss there."

I made it his interest to be my preceptor; and, with his guidance, many time-honored errors were consigned to oblivion, and many hoary prejudices were marched off the stage.

Now, my circle strengthened; and, expanding by the radiating force from the centre, gave more room for chosen friends to move in; and I can number one, two, three, four, and five, who have gained handsome practices on the basis of this circle, with no interference whatever with any rights or privileges of my own.

The "Organon" is the book in which the reformation of medical science commenced; and whether we are called to be the instructors of others, or are only desiring security and precision to our own system, we can not do better than resort at once to that oracle.

It seems to me now, that I may have wasted the energies of my life on the study of "Vital Forces," with no benefit to any other but myself; and although I have been guided by Hahnemann's rule in the choice of the drug, my diagnosis was always based on the conditions of the disease, and if the diagnosis of the drug corresponded with the diagnosis of the disease, it cheered me onward to success.

Very truly yours,
F. VANDERBURGH, M.D.
Per D. W. V., M.D.

RHINEBECK, N. Y., *Oct. 18th, 1867.*

Though Dr. Vanderburgh retired from active practice some years ago, he never left the harness till called to his death-bed. Perhaps no man in the country was in greater requisition in all parts of it, than he; and surely no man ever gained more fully and entirely the confidence of his patients. His entrance into the sick room dispelled many a dark and heavy cloud; buoyant and ever cheerful himself, he seemed to have an unfailing supply of buoyancy and good cheer to impart to his patients. He may have been ruffled and disturbed sometimes, but it was never our fortune to meet him when he was so. When engaged in a very extensive and laborious practice, the care and fatigue of which would have disturbed

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the temper of one less favored, he always seemed full of life and energy, and, at the same time, the quintessence of good humor. Some of us must confess that it is more easy to applaud such a man than to imitate him.

The secret of his success, however, lay in the enthusiasm with which he gave himself to his profession; the weight of years did not repress it, as the following incident will show: In '65, he passed through this city, on his way to La Salle, with a patient whom he had escorted from New York. The husband said, on the day after their arrival, "Well, Doctor, you will stay with us a few days, and rest yourself." "No," said Dr. V., "I must return to-morrow." "So soon?" replied the host; "well, what can I do to entertain you?" "Oh, show me some sick folks!" A man at eighty or more, who could rest himself by examining and prescribing for "sick folks," is just the man that "sick folks" would be likely to seek after, all his life long; and this was just the experience of Dr. V. Those who can imitate his example, will surely share his experience.

Poisoning by Petroleum. — A young man twenty-three years old took by mistake 80 grammes of petroleum at eight A.M.; soon after he attempted to vomit, but could not. He had constant eructations having the taste and smell of petroleum. Three-quarters of an hour after, he felt a pain in his belly, like that produced by a purgative. This sensation was accompanied by colic, pain and throbbing in the head. At nine o'clock he took a cup of coffee, and soon after vomited; the ejecta gave forth a powerful odor of the oil; soon after there was a copious alvine dejection. The patient complained of being constantly tormented by disagreeable eructations, and by a heat in the epigastric region. An emetic was prescribed, and a large quantity of fluid containing petroleum was thrown up. Diluent drinks were then ordered. In the evening he felt quite well. The urine, which had been preserved, gave forth the odor of violets and iris root. (Jour. de Med. de Bruxelles and Bull. Gén. de Thér., lxxiii. 46.)

Urtica Urens in Hæmorrhage. — Dr. Vanackère used this remedy in a case of metrorrhagia where all usual remedies had failed. A decoction was used — 80 grammes of the *Urtica* to 1000 grammes of water — a cupfull to be taken morning, noon, and night. There was much relief the second day, and in a few days the patient was completely restored.

Since then he has used it in many cases of epistaxis, menorrhagia, hæmatemesis, etc., and always with good results. Its administration, however, was not without its inconvenience: its frequent use produced a certain irritation of the stomach, accompanied with a painful sensation at the epigastrium, so severe in one case that the patient was obliged to cease its use.

Dr. V. also gave the saturated infusion of the the dried flowers of *Urtica*, in the dose of several cups a day, to a young woman with atonic leucorrhœa, who had in vain exhausted the catalogue of remedies usually given in such cases. Patient was cured. (Bull. Gén. de Thér., lxii. 138.

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Yours most cordially

R B Hayes

(Engraved for the U.S. Medical and Surgical Journal)

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UNITED STATES

Medical and Surgical Journal.

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CERTAINTY IN MEDICAL PRACTICE.

By A. E. Small, M.D., *Emeritus Prof. of Theory and Practice of Medicine in the Hahnemann Medical College, Chicago, Ill.*

By the Theory and Practice of Medicine is understood the rules, principles, or laws that are to be observed in the administration of medicines to the sick. If these principles are correct, it follows that correct actions can be done from them. It is simply impossible for any true principle to yield a practical result inconsistent with its legitimate purpose or design.

It is quite evident that the curative power of medicin can only be brought into requisition by observing certa formularies, founded upon principles that belong to the fixed economy of nature, rather than upon rules enacted by men. Superstition and tradition may accord with these principles, but can never take the place of them. When fixed and unalterable principles come within the range of observation, the obligation to adopt them would seem to be imperative.

The reason why medical practice has undergone so many changes is sufficiently obvious. When we consider the great variety of conjectures and ill-founded theories that

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from time to time have been extant in the profession, we can not wonder at the ever varying practice founded upon them. The framing of successive theories without regard to facts elicited by critically inquiring of nature for a disclosure of her methods of operation, will sufficiently account for the uncertain results that have been apparent in the efforts of physicians.

Hahnemann's acute observation satisfied him that none but fixed principles could insure certain practical results, and these were obviously wanting in the medical profession of his day. He therefore became an ardent inquirer of nature for a method or law of cure not subject to the common mutations of the prevailing theories, and nature was by no means deaf to his inquiries. She revealed to his observation a fixed "law of cure," which the Supreme Being had endowed her with. Up to this period, medicine was without fixed principles — a barbarous jargon of conflicting theories, superstitions, and conjectures.

The discovery of this fixed law, so appropriately expressed in the Latin formula, "*Similia similibus curantur*," at once pointed to a more satisfactory method of studying the Materia Medica, with reference to the actual capabilities and powers of remedies. Cognizant of the fact that each remedy when administered to the healthy is but a disease-producing agent, the student finds himself obliged to depend altogether upon his own critical observation for a satisfactory knowledge of the phenomena of abnormal conditions rather than upon nosological descriptions. The discovery that abnormal conditions can be removed, by remedies capable of producing similar abnormal conditions, lays the foundation for certainty in medical practice; nevertheless this general or universal principle includes a multitude of subordinate particulars, which, in all probability, have but partially come to the light. This, in some degree, accounts for the remarkable discrepancy found in the different expositions of various adherents. But very few, if any, have been able to perceive clearly all that is embraced in the law, or how it can best serve the practitioner in the affiliation of remedies,

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and yet it is confessedly the only known principle that can guide him.

The fact is generally recognized, that disease so quickens the sensibilities as to render them impressible to the action of highly attenuated remedies. All abnormal conditions are indicated by certain signs, or symptoms, whether the result of known or unknown causes. The proving of remedies upon healthy persons results in the production of abnormal conditions, characterized by symptoms, more or less apparent. The thousand-fold effects of lethal influences produce similar abnormal conditions, characterized by similar symptoms. In order to cure the latter, the remedies proved to be the agents of producing effects of the nearest resemblance are relied upon.

But how shall it be determined which is the right remedy, since the pathogenetic chart of a large number, exhibits nearly the same catalogue of symptoms? The difficulty here presented is a subject of common remark. Old and experienced practitioners have not been free from embarrassment in deciding upon the remedy for any given case. While some maintain that the totality of symptoms manifest in any disease must point to an exact counterpart in the pathogenesis of the remedy, others maintain that only a limited number of characteristic symptoms need to be taken into account, and others yet contend that affiliation of remedies may be correctly made by noting single symptoms, always present in the proving, and never absent in the particular disease to be treated. That there is some truth in all of these views is quite probable, and, so far as Homœopathists have found themselves able to conform to either with satisfaction to themselves, they may be able to exhibit a fair record of success; while very many, if not all, have had occasional instances where the most critical selection of the remedy has been made in accordance with the totality of the symptoms, or with the characteristic or confirmed symptoms, or by the aid of a single symptom, or key note, and yet the result obtained was very far from being satisfactory.

It is contended that such failures are to be accounted for

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on the ground that the selected remedies were not Homœopathic to the case. This, unquestionably, is true; but how can we select a remedy more Homœopathic to a given case than one whose pathogenetic symptoms are nearest in resemblance to those of the disease? This is a question worth considering. It is also contended that rightly selected remedies fail to cure when the patient indulges in an error of diet — eats a pickle, indulges in lager beer, cherry bounce, or catawba, or breathes an impure atmosphere from cabbage pens, or has his clothes saturated with tobacco smoke. This view, however, is not generally sanctioned. There is at least a difference of opinion. Some do not believe that oysters carried through a sick room will antidote the medicine, or that the odor of the violet or rose, making a morning call through an open window, will so load the atmosphere with daggers as to defy the powers of the healing art. On the contrary, it is asserted that a rightly selected remedy will straightway antidote the disease, even if the patient is liberal in allowing himself convivial pleasures in the use of viands, and the choicest selections of the weed.

It is obvious, nevertheless, that obstacles may be thrown in the way of remedial action, and that patients of every description should become subject to certain reasonable rules that must, in some degree, favor remedial measures. Temperance, and a clear conscience, a firm trust in Providence, and an orderly life in general, are virtues that keep the sick in a favorable condition for recovery; while good sense would dictate total abstinence from all poisonous or adverse medicinal agencies, in order to guard against failures.

The question which most concerns us is, with reference to certainty, in making a right selection of Homœopathic remedies when called upon to prescribe for the sick. There must be, it seems to us, some uniform rule for selecting remedial agents that will insure a fulfillment of all the conditions implied in *Similia similibus*, or the law of cure. In the proving of remedies, it is well known that some symptoms do not occur as early as others; that, primarily, there are febrile disturbances, followed by pains and aches of

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various grades. This is manifestly the case in most abnormal conditions. All the symptoms are not present at the commencement. An excited or depressed vascular action will disclose chilliness or heat, in some form, or at some particular period of the day, which we are accustomed to regard as a fever produced by some known or unknown cause. It has been observed further, that from this fever a multiplicity of symptoms ensues more or less attendant on all febrile disturbances.

Fever, of some kind or grade, appears to indicate the first departure from normal health, and this becoming more and more developed, is attended by a variety of symptoms, bearing a near, or remote, resemblance in all cases. And as drugs are, for the most part, fever-producing agents when administered to persons in health, the fever that each produces is followed by a catalogue of symptoms, such as we find recorded in the Materia Medica Pura; and this fact, perhaps, will enable us to account satisfactorily for the great similarity of symptoms found in pathogenetic records, as well as for the similarity of the phenomena that characterize the invasion of exanthematous disorders.

While this similarity of symptoms is so great as to confuse the practitioner in his attempt to affiliate remedies, and oftentimes gives rise to hesitation and delay, it is nevertheless a fact that every fever-producing agent, whether it be drug or malaria, has its own type to present.

Aconite, *Arsenicum*, *Arnica*, *Bryonia*, *Belladonna*, *Baptisia*, *Gelseminum*, *Ignatia*, *Nux vomica*, and all other agents, produce fevers of different types — those that differ in the amount and character of the chilliness, in the cold stages, or in the hot and sweating stages, and in other particulars, which an attentive observer will readily perceive — at the same time, the development of these fevers, in very many instances, is attended by similar pains in the head, back, and loins, and most of the other parts of the body, and particularly does this seem to be the character of the pathogenetic records, where the remedies have been proved by the same persons or societies.

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We have often been conscious of the embarrassment complained of by others in attempting to prescribe for certain prominent symptoms, such as *severe pain in the small of the back.* Now, commencing in alphabetical order, we find that *Aconite*, *Agaricus*, *Alumina*, *Ammonium muriaticum*, and many others, have the symptom, "pain in the small of the back, as if bruised." Now if this symptom is prescribed for without noting the peculiarities of the fever attendant upon the system, immediately before or at the time of the suffering, the patient may experience but a trifling relief, if any; but if it be noted that dry heat, thirst, a rapid pulse, redness of the face and cheeks, and chilliness in the evening or after retiring, *Aconite* in all probability will afford prompt relief; but if the type of the fever is great chilliness in the open air, striking through the whole body, and without thirst, *Agaricus* would more certainly cure the fever, and remove the pain.

An evening chilliness prevailing, so that one can not get warm, accompanying "a pain in the small of the back, as if bruised," would indicate *Alumina;* but if the patient simply feels cold and chilly at or about six o'clock in the evening, *Ammonium muriaticum* would undoubtedly be the remedy. Thus it will be seen that the symptom, though peculiar to each remedy, may be attended by febrile disturbances which, if taken into account, afford the surest guide in the selection of that which will undoubtedly strike at the root of the disease.

A hundred remedies might be cited that have recorded in their pathogeneses characteristic symptoms very similar, if not identical, and no two of them would exhibit the same type of febrile phenomena, nevertheless, in making a successful prescription, the fever-producing power of the remedy must be similar to that which accompanies the suffering to be removed.

The fever-producing power of *Cinchona* was what first attracted the attention of Hahnemann, as being the key to its therapeutic action in intermittents, and this suggests the inquiry, if it is not the same of each and every remedy that

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commands the highest attention; for any fever may develop consecutively a long train of symptoms, and many pains and aches, such as may be looked upon as the legitimate result of febrile disturbance. A striking parallel has been observed in the symptoms produced by two totally different fevers in the same individual.

A lady, aged 29 years, became the victim of true variola, which, in the febrile stage, was accompanied by severe pain in the head, small of the back, pains in the limbs, and general soreness of the muscles, nausea, and inclination to vomit, sore throat, and difficult respiration. But the invasion of the disease was by a protracted chill, which lasted several hours, during which she felt such an aching in the back, and long bones of the lower extremities, as caused her to exclaim that her back and limbs felt as if they had been beaten and broken; after which there followed intense heat, thirst, nausea, and prostration, and the severity of the symptoms continued until the eruption made its appearance upon the face, and over the entire body.

Some time after complete recovery from this loathsome disease, and after a season of uninterrupted good health, she felt chilly when she arose in the morning, which soon took the form of rigors, running down the back; her head began to ache, and the pain in her back became intense; her limbs became painful. So perfectly did the pain in the head, back, and extremities resemble what she experienced in the small-pox, that she felt sure of its being a reproduction of the same. She had the same nausea, and inclination to vomit, and, with the exception of the difference noted in the febrile invasion, her pains and aches were precisely similar to those she then experienced; but instead of the sequel being a variolous eruption, it turned out erysipelas. The parallel between the symptoms, except in the type of the fever, was very marked, and it seemed evident that the morning chillness, and rigors, followed by pain in the head, which pointed to *Belladonna*, afforded the most satisfactory ground for selecting the remedy; while the satisfactory progress of the dis-

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ease, and its termination in complete recovery, proved the remedy to have been well chosen.

In view of such cases as the above, it would seem that our attention should be primarily directed to the particular characteristics of the fever which, in most cases, is attendant on, or is the beginning of abnormal conditions, that we may find among the fever-producing agents a remedy capable of producing its counterpart when tried upon persons in health, and this, to a mathematical certainty, will exert a curative effect. The point, therefore, which we wish to make plain is, that the most certain affiliation of the proper remedy depends upon the accuracy of noting the febrile symptoms, with the view of selecting a remedy known to produce a similar type when tried upon persons in health. It is believed that the febrile stage of all abnormal conditions furnishes the key-notes for the selection of the curative medicines.

Suppose any one were to make a proving of *Nux vomica* upon himself, and in due time subsequently make a proving of *Pulsatilla* in like manner. In the proving of the former he might find the first symptoms to be chilliness in the evening or at night, followed by heat in the head, redness of the cheeks, drawing in the limbs, and pain in the lumbar or renal region; while in the proving of the latter he might find febrile disturbance, characterized by chilliness, followed by heat, without thirst, and severe pain in the small of the back. The *Nux* fever is attended with yawning, stretching, gastric symptoms, and headache. The *Pulsatilla* by paroxysms of anxious heat, stupefaction, and headache. After noting the characteristic difference of the fever which each produces, it will be observed that there is a great similarity of effects upon other regions and organs; as, for instance, under the head of

Nux vomica is found:
Severe pain in the back. He fell asleep late at night, owing to ideas crowding into his mind. He has vertigo, and is irresolute and diffident, and subject to nausea, inclination to vomit, and dyspnœa.

And under that of *Pulsatilla:*
Severe pain in the back; falls asleep late in the evening, with frightful dreams; has vertigo, and is irresolute and diffident; has nausea, and inclination to vomit, and dyspnœa.

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In view of the fact that nearly every description of fever has many symptoms in common, we can not look upon them otherwise than as phenomena that every fever may develop; while every fever itself, in its primary character, presents its own distinctive type. The difference that can be noted between the chilliness and heat, and the time of day on which they occur, of the two remedies we have cited above, may lead us to determine, with some degree of accuracy, when to employ them. All abnormalities of the physical constitution are supposed to result, from the conjoint action of exciting and predisposing causes, in producing some type of fever, in more or less marked degree at the commencement, and, therefore, in acquiring a knowledge of the natural history of any diseased condition, if attention is given to its febrile beginning, that remedy which, in its proving, has exhibited its powers in producing a fever of similar character, will, if administered, begin its curative process where the disease began, and its influence would travel in the direction of the disease, until every concomitant symptom falls, as would the branches of a tree when the trunk is severed from its roots.

The reason assigned for the curative action of *Cinchona* in a class of intermittent fevers is, that this drug is capable of originating similar febrile conditions. Is not this true of all remedial agents? Are they not capable of producing, or of originating, just such febrile disturbances as point to a similar type, in some way connected with the abnormalities they are intended to cure?

If this be so, the ground is laid out for a different nomenclature of fevers, and a more thorough and accurate study of the Materia Medica, and old nosology must become obsolete. For when it becomes settled, that each remedy will cure a fever, with all its concomitants, similar to that which it is capable of producing, then it will become necessary to describe each case by a prefix of the name of its remedy, as follows: *Aconite* fever, *Arnica* fever, *Bryonia* fever, *Belladonna* fever, *Cinchona* fever, *Nux vomica* fever, *Phosphorus* fever, and so on. Each commences with peculiar charac-

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teristics of its own, and stirs up a greater or less variety of pains and aches, seasons of sopor and vigilance, of joy and sorrow, of bright hopes and fearful forebodings, which may, or may not, prove the sequel of the primary disturbance. Our Materia Medica would then be regarded the Book of books on fevers; shedding its light upon physiology, pathology, and nosology, together with all the train of physical ills that flesh is heir to.

In order to be able to make any thing like correct prognoses, or to estimate with certainty the result of medication, every thing should be done by rule. The practitioner who regards *Similia similibus* an absolute "*law of cure*" must rely upon this as his guide; and when abnormal conditions of health demand his skill in removing them, a thorough examination of all that pertains to them is requisite; he must make it a rule to note the first indication of departure from the normal standard, and if the result of some known cause, this must be removed, if possible; and then, to antidote the effects, he must make it a rule to administer a single dose of the remedy that is known to produce, primarily, a similar departure, and he may rest assured of a satisfactory result. It is believed that a very great majority of all curable maladies can be promptly cured by single doses, if the remedy is at once affiliated for each, whose primary pathogenetic action is similar to that of the disease; and as the primary effect of every morbific agent is seen in the form of febrile disturbance of some kind, the same may be predicated as primary in the pathogeneses of remedies, and on this ground is found the best and surest guide in the selection of remedies. First, in accordance with the principle *Similia similibus;* 2nd, as this principle is seen in morbific and medicinal fevers; 3rd, as the similarity of effects produced by subtle malaria and extremely attenuated remedies.

It is only on impressible subjects that malaria exerts an appreciable effect. It is only on conditions of the living system, made impressible by disease, that potentized remedies exert a favorable influence.

In view of these facts, we can not avoid the conclusion,

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that a strict adherence to the principles of Homœopathy, and the most thorough study and application of them, will result in the greatest certainty in the practice of medicine.

The doctrines advocated by some, that Homœopathy is limited to the principle *Similia similibus*, without regard to the repetition and size of doses, must, it seems to us, pass into dessuetude. Too much latitude in using crude drugs will inevitably lead to obscurity and error; while, on the other hand, an exclusive regard for the highest potencies, tends to make shipwreck of our faith. As Homœopathists we must recognize the law of cure, and this points to the use of single remedies, and discards compounds of crude drugs, which, at best, are uncertain in their effects. It, nevertheless, leaves the practitioner at liberty to select from the entire range of potencies, single remedies to meet any and every form of disease. The law and the testimony affords the only foundation for adding to the fabric of medicine.

OBSTETRICAL ITEMS.

By J. H. Marsden, A.M., M.D., York Sulphur Springs, Pa.

It may seem superfluous for me to ask attention to any subject, or subjects, pertaining to the obstetric art, since so many abler pens have already been employed in elucidating the principles and practice of that branch of our profession. But considering the extreme suffering and peril to which woman is exposed in bringing her offspring into the world, the humane physician can never weary in his efforts to mitigate the one, and diminish the other. The health of the human female — or, rather, I should say, the prolongation of it — so much depends upon the management of her labors, that we can not devote too much of our time to the furnishing of ourselves with all the available means to bring her safely through these hours of peculiar trial.

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I do not, at present, intend to select *any one* particular topic embraced in the wide range of obstetrics, but simply to glance at several practical matters, which may be of interest to others; and this, not so much with a view to instruct, as to call attention to them.

Caulophyllin in Powerless Labor.

It has seemed to me that, within the last few years, cases of tedious or powerless labor occur more frequently than formerly. I do not, at present, speak of such cases wherein delay is caused by rigidity of the os uteri and other soft parts. Reference is now had, rather, to those wherein the uterine contractions are deficient in frequency or power, or in both these qualities, at the same time. These cases may, or may not, be accompanied by rigidity of the os. I had a patient, less than three years ago, with whom I remained all night, whose os uteri was fully dilated when I first examined her, shortly after my arrival, but whose feeble pains recurred but once in about half an hour. I left her at 5 o'clock in the morning, and returned about 9; when the labor had made no appreciable progress since my departure. Under the management which I am about to indicate, however, the pains came on with frequency and power, in a very short time; and the child was born within an hour and a half after my return. In my practice, I meet with many cases where the pains at first, and for a long time, are very distant; and when they do increase in frequency, each individual contraction is so very brief as to effect but little toward the expulsion of the fœtus. That I am obliged to have more frequent recourse to the forceps, within the last few years, than in the earlier period of my practice, I am fully convinced; and I am equally certain that this has not arisen from any increased fondness for the use of that most valuable instrument.

That this asthenic (?) condition of labor should be frequently met with, at the present time, is not at all surprising; nor is it in the least at variance with other phenomena which we constantly witness. There seems to be some

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depressing agency at work, which tends to enfeeble the human constitution, and modifies its action, both physiological and morbid. Where do we now meet with the synochal or inflammatory fever, described in the books of a former day? It is rarely, if ever, to be found; but, instead thereof, we have, abundantly, fevers of a typhoid type; and other diseases seem generally to have assumed a similar character. Inflammatory dysentery, for instance, is seldom encountered; at least, that disease is now very rarely associated with a full, quick pulse, and a high grade of fever. So of diseases generally: they are all more or less disposed to assume an adynamic form. Instead of croup, we have diphtheria; and for the boil, we have the carbuncle. Nor is it the constitution of man, alone, that appears to be influenced by this debilitating cause. We observe similar effects upon many portions of the vegetable kingdom. The grape, for instance, attains to nearly its normal size, and promises a luxuriant crop; but, failing to concoct its luscious juice, it blights, and falls to the ground. The cherry already begins to put on the blush of maturity, when, struck by some unseen power, it rots and shrivels upon its native branch. The peach falls prematurely to the ground, and the pear fails to ripen in its season.

We shall not here stop to inquire into the cause of these phenomena. Some suppose that we are living under the outpouring of the seventh apocalyptic vial upon the air, and that they therefore indicate the near approach of the end of the age, or dispensation, when man shall no longer propagate his species, and when the globe we inhabit shall undergo another of those stupendous revolutions, such as it seems heretofore, at remote periods, to have undergone.

But, to be more practical, let us inquire what we may do in cases of tedious labor, arising from deficient uterine contractions, so as to abolish, as far as possible, the suffering and inconvenience of the patient, arising from this source of delay. The suggestions I am about to make, are deduced from my own experience; and if any reader of these lines

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has any thing additional, or any thing better, to offer, no one will receive it more gladly than myself.

When my services are engaged for a patient some time before her confinement, and when I have any reason to expect a tedious labor, I put her upon the use of *Actæa racemosa*, two weeks or more before it takes place. This, in almost every case, secures early dilatation, or, at least, dilatability, of the os uteri, and relaxation of the soft parts in general. This condition being secured, if, on my arrival, the pains be feeble and infrequent, and do not soon increase in frequency and force, I then feel myself perfectly justifiable in resorting to such uterine stimulant as may be likely to bring about the desired change as speedily as possible. Formerly, I used *Ergot*, in *small* doses — never large ones, because they are uncontrollable, and often productive of injury — *small doses*, frequently repeated. Latterly, however, I have used, almost exclusively, the concentrated tincture of *Caulophyllum*. I usually give from five to ten drops of the latter, every half hour, until the pains become active, and assume the bearing-down character. This will often occur shortly after the first dose — almost always by the time two or three doses are taken. When the drug begins to take effect, the patient generally gives unmistakable evidence of its action. "Ah, Doctor," said a young lady, to whom I was offering what I supposed would be the last dose necessary, "Ah, Doctor, it seems to me I have taken a great deal of medicine, and it don't do much good, for I am getting worse!" She thought I was giving the medicine for the relief of her suffering, and not to increase it. To another, quite lately, I gave a single dose, and walked out of the house. I was absent about ten minutes; and on my return, asked the question, "Have you had any pains since I went out?" "Oh, yes, I have pains now all the time!" The pains, under the influence of *Caulophyllum*, often become very severe; and if the patient lack courage, she sometimes becomes alarmed, and very much agitated. In all such cases, if there be no contra-indication, I administer *Chloroform*, so as to produce complete insensibility to suffering.

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If no obstruction exist, the labor is then usually terminated in a reasonably short time, and the patient wakes up, delighted to find that "all is over." After the most scrutinizing inquiry, I have never found any unpleasant consequences follow this mode of treatment.

Placenta Prævia.

Another difficulty to which I would invite attention, is, fortunately, one of very rare occurrence, but for which, on that very account, we should be the better prepared, should we, unfortunately, stumble upon it. I allude to the accident generally known by the name, *placenta prævia.* I need not further define it, for every physician knows what is meant. But how shall we treat such a case — this is a most important question. As all are aware, there are a number of methods proposed; but I shall not attempt to discuss their merits. If we may rely upon statistics — and men generally make their statements as favorable as possible to themselves — the fatality attendant upon most of the methods proposed, is fearfully great. There is occasionally, though I presume rarely, a complication accompanying this dreadful accident, which adds greatly to its danger. I allude to persistent rigidity of the os uteri — preventing, notwithstanding the alarming hæmorrhage, its dilatation, and consequently the introduction of the hand, to turn and deliver the child — the usual method of procedure. I met with a case of this kind, a little more than a year ago. When I thought delivery imperative, I found the os would not admit more than one finger with ease, and was very indistensible. I rolled up and forced the colpeurynter through the opening, and gradually inflated it — still desisting when the patient complained of pain — and then inflating again when the feeling of pain subsided. In the mean while, I gave small but frequently-repeated doses of *Ergot;* and in probably half an hour, the instrument was extruded. Upon examination, I found a portion of the placenta forced through the os, and the latter so far dilated that I easily introduced the hand, ruptured the membranes high up, and turned and delivered

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the child alive. From my experience, however, with this case, I was led to question whether a better plan than the ordinary one, would not be to abandon the idea of turning, use the colpeurynter, as aforesaid, when the os was not fully dilated, and, at the same time, stimulate the womb to energetic action, by small but often-repeated doses of *Ergot* — or, perhaps better, *Caulophyllum* — and then leave the natural powers to effect delivery, regardless of the fate of the child. When there has been long-continued previous hæmmorrhage, the child is generally feeble; and even if born alive, is very likely not to live. At any rate, what is the life of the child, compared with that of the mother? and I believe the life of the latter would more frequently be saved by this procedure, than by turning — and perhaps that of the former, too. Malpositions, if detected or strongly suspected, would, of course, contra-indicate this course of practice.

But a method has been proposed by Dr. Wielobycki, for which unusual success is claimed. Dr. Guernsey, in his report on Obstetrics, presented to the American Institute of Homœopathy, at its recent session, strongly recommends it, as he also does in his work upon Midwifery. It consists in puncturing the membranes during actual labor, with a female catheter, through the presenting placenta, and thus slowly drawing off the liquor amnii. Much stress is laid upon the *slow evacuation.* It is asserted, when this operation is performed, the hæmorrhage immediately ceases. We have had no practical experience with this method; but should a case again occur to us, we would be disposed to try it. It is easy to see, however, that in certain cases, at least, weighty objections may be brought against this practice. But if, as is perhaps too confidently asserted, the hæmorrhage ceases upon the discharge of the waters, if the child, as it is contended, be generally born alive, and the mother almost uniformly saved, then it is vastly better than any plan heretofore proposed. But in case of malpositions, undetected, where the natural powers would be inadequate to delivery, it is manifest that the difficulty of turning would be greatly augmented by the drawing off of the amniotic fluid.

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Seizing the Feet, in Podalic Version.

It occasionally happens, in cases where the operation of podalic version is demanded, that the feet are situated high up toward the fundus, and are extremely difficult to embrace with the hand, with sufficient hold to bring them down. They are reached, perhaps, with the fingers; but the requisite purchase can not be obtained. In cases of this kind, which are extremely embarassing, it has been proposed to employ a noose of wire ribbon — an article used by milliners, to give form and firmness to their bonnets. But as this appliance would often be as inaccessible as the most costly instrument, I would propose, as something always attainable and very simple, a noose of whang leather, well greased with tallow, so as not to be softened by imbibition of the fluids, with which it must necessarily come in contact. This noose is to be formed with the doubled strap, and thrown over the first two fingers of the operating hand, the free ends lying in the groove formed by bringing the hand into the proper shape for introduction, and extending externally beyond the genitals, when the hand is carried up into the womb. When the fingers bearing the noose impinge upon a foot, let the noose be widened by separating them, and a finger carried along each side of the foot, until the noose can be thrown over the instep. This done, it is to be raised over the heel, where it is held by the points of the fingers, till tightened by drawing upon the free ends with the other hand. The foot is thus secured, and can be easily brought down.

False Peritonitis.

I have rather frequently met with cases of severe pain in some part of the abdominal region, setting in, generally, not long after delivery, but sometimes when the child is several days old. These pains differ from the ordinary after-pains, in not being paroxysmal, though subject to exacerbations. They are sometimes preceded by chill, and are very alarming to the patient and her friends, on account of their sudden violence, and their resemblance to commencing peritonitis.

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The first case of this kind I remember to have met with, perplexed me exceedingly. I gave *Bryonia* and other remedies, from which I expected benefit; but without the least favorable result. The patient suffering much, and becoming greatly discouraged, I administered a small dose of *Morphia*, as a palliative, so that I might gain time. To my great satisfaction, the dose had not been taken many minutes before it was followed by complete relief; and this without any apparent narcotic effects. There was afterward a slight recurrence of the pain, which immediately vanished upon the administration of another small dose of the same drug. Since that time, I have regarded this medicine as the true specific for the difficulty just described, and have used no other. Such is my confidence in its powers, that often, when applied to in such cases, I simply send *Morphia*, $\frac{1}{10}$, and thus far have had the satisfaction to find it uniformly productive of the desired relief.* I think we are too much in the habit of discarding this drug; for what reason, I can hardly say — unless because our Allopathic brethren overrate and abuse it, using it to palliate what they can not cure. Its great power to affect the organism is unquestionable; and why should it not have a pathogenesis of its own, peculiar to itself, and a legitimate sphere of action, as well as other drugs? And why should we not have a thorough exhaustive proving of it, instead of the miserable apology for one, found in Jahr's "Symptomen Codex." Guided by the few symptoms given in Pareira's Materia Medica, I have made other applications of the *Acetate of morphia*, with the most satisfactory results.

Passive Hæmorrhage after Abortion.

We not unfrequently encounter, after abortion, a long continued hæmorrhagic flow, which yields with difficulty to the remedies commonly recommended in the books. For this, I have found the nutmeg (*Nux moschata*) very efficient. Under its influence, the discharge usually soon ceases. I was led to the adoption of this remedy, from once having

* *Atropine*, in the third decimal trituration, is equally effective. — R. L.

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a case which resisted all the means employed, and which was cured by the nutmeg, recommended by some neighboring woman. There is a common belief amongst lying-in women, that they must not use this article as a condiment, lest it should too soon arrest the accustomed discharge.

A New Remedy for Dysuria in Child-bed.

There is a certain form of dysuria, to which women are especially liable, and which sometimes afflicts them in child-bed. The prominent symptoms are, extreme pain in urinating, and the most distressing vesical tenesmus immediately after the act is imperfectly accomplished. They sometimes assert that a small portion of blood passes with the urine. This affection occasionally resists all our remedies commonly used in ordinary cases of dysuria. An eminent medical friend wrote to me, some months ago, stating the case of his own wife, who, in her recent confinement, had been an extreme sufferer from this affection, and in which all the medicines which seemed to be indicated, had been diligently used, with very little benefit. The remedy which I have found most successful in cases of this kind, is one which, so far as I know, is without "a local habitation or a name," in any work on Materia Medica. It is the *Equisetum hyemale*, or scouring-rush. It is found growing along rivulets, issuing from rocky hills. I have usually given it in the form of a rather weak infusion, made by pouring boiling water upon a portion of the recent or dried plant. A wine-glass full of this infusion is given cold, about four times a day — better, perhaps, a tablespoonful, taken more frequently. As an illustration of the effects of this remedy, of which I can not speak too highly, a case occurred to me during the past summer, in which I was, unfortunately, obliged to deliver by craniotomy. It was necessary, for several days, to evacuate the bladder by means of the catheter. As soon, however, as the patient began to pass her urine unaided, she experienced severe suffering, especially just after it was voided. I gave her the *Equisetum hyemale*, to be taken as above. When I next saw her, some weeks afterwards, I

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inquired if she had got rid of the last difficulty of which she had complained. "Oh, yes," she replied, "I had not taken more than half of the medicine, until it all left me." I had given her merely sufficient for a pint of the infusion.

Many will doubtless object to the use of a medicine which has no known symptomatology. Why resort to a drug which has not been proved, while our Materia Medica is rich in those whose pathogenesis has been well ascertained? I reply, simply because it is *known to cure*, while those which seemed to be indicated, failed upon trial. If a remedy cures, it cures; the fact can not be disputed. And if it cures, it *probably* cures Homœopathically; and an impartial proving of it would most likely establish the legitimacy of its claims.

DENTALGIA WITHOUT CARIES.

(*A Lecture delivered before the Missouri Dental College.*) By Henry S. Chase, M.D., D.D.S.

Nothing more disturbs the mind of the young practitioner in Dentistry than the complaint of tooth-ache in teeth which he finds upon examination to be undecayed.

There is a great variety of conditions in the teeth which will produce this affection, and it is of importance to be able correctly to diagnosticate the cause. For upon the location of the latter will depend the means which will be used for a cure.

All of these cases may be divided into two great classes, namely, those affecting the Crowns, and those affecting the Roots of the teeth.

Those affecting the Crown relate exclusively to the Dental Pulp.

The Crown.

Teeth which are abraded by mastication, so that the Pulp is not as well protected as usual by dentine, from thermal

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changes, become so painful that some operation must be performed for relief.

Pulpitis ensues from these thermal changes. There is great aggravation of pain from drinking cold water. Sometimes the mere contact of food produces it. There is seldom pain on percussion, or occlusion of the jaws. A slight, dull pain may be felt, usually if a very quick and strong blow is made in a vertical direction.

But there is often found Pulpitis in undecayed teeth which are not abraded by mastication or other causes. Congestion of the Pulp is sometimes produced by great excitement of mind or body, or by both acting at the same time. From unknown causes, the Pulp becomes very sensitive and painful.

Pus is often discharged from the connective tissue cells of the pulp, and, pressing on the nerves of that organ, develops excruciating pain, and immediate relief is demanded. When a pulp is highly inflamed, an artificial opening to it will immediately be filled with pus cells.

At times we find absorption of the alveolus to have taken place, and then that of the gum, thus leaving the neck of the tooth exposed to external influences. Now, we know that the Pulp is more nearly exposed, or has a thinner covering of osteoid substance over it at the neck, just below the natural margin of the gum, than at any other point. And thus we observe that such teeth, when the pulp does become inflamed, suffer the acutest pain.

The dental pulp is, not uncommonly, seriously affected in some constitutional diseases. Persons who have taken small and frequent doses of *Arsenic* in intermittent fevers, etc., so that ptyalism has been produced, have their teeth readily affected by thermal changes, and they readily take on pulpitis.

Alveolar Abscess.—It is not often that alveolar abscess is found dependent on an undecayed tooth. But it happens often enough to make it important for us to be well acquainted with the conditions of such teeth in connection with this painful affection.

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As I have already remarked, pus is often formed in the pulp cavity, from inflammation of that organ, and if it forms in such quantities that it can not be re-absorbed or discharged into other tissue, it forces its way through the root canals, the alveolus, and the gum, and appears externally through a fistulous opening, generally near the ends of the roots from which it has proceeded.

Treatment.— The pulp cavity should be fully opened, in such position as is most convenient. It should be thoroughly cleansed of all it contains. If the pulp is still alive, it must be devitalized, and removed, as is hereafter described.

Endostosis.— This is an affection of the dental pulp.

It is a growth of bone or dentine, or, at least, of an osteoid substance within the pulp or upon it.

It is sometimes within the substance of the pulp itself, and sometimes upon the dentine of the inner surface of the pulp cavity.

There may be found, on examination of such a tooth, a pellet of bony substance encased within the soft pulp, or there may be a spicula or pellet attached to the tooth itself.

These cases are found generally in those instances where the teeth are worn down by mastication, and the pulp becomes irritated by thermal changes. When this growth of bone is *within* the pulp, it, perhaps, does not give rise to pain, but when it takes place upon the inside of the dentine of the pulp cavity, it may press upon the pulp by its enlargement, and produce very severe pain. Especially will this be the case, if the pulp should become congested from any cause, as from congestion of the whole head, or from inflammation, produced by changes of temperature, in the tooth itself.

The Roots.

The first affection which I would notice is

Gingival Peri-cementitis.— This is an inflammation of the peri-cementum (or, in other words, the alveolo-dental periosteum), at the neck of the tooth, just at the edge of the gum. There is great *tenderness* of the part, to the touch of a pin, or

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quill, tooth pick, tooth brush; and sometimes even the contact of the food or the tongue produces great pain. It is not usually aggravated by cold water, or air, although it sometimes is. Patients are hard to be convinced that there is not caries.

Peri-cementitis — Dental Periostitis.— This is an inflammation of the delicate, white, fibrous tissue or skin, which surrounds the roots of teeth. In carious teeth, this is one of the most common diseases; but without caries it is more rare, but not at all unfrequent. It is often produced by concussion. It is sometimes the result of "taking cold." It is concomitant, frequently, with rheumatism, of which it is the analogue, the same kind of tissue being affected in each disease. The roots of teeth projecting into the antrum often take on inflammation when a person has "cold in the head," in which the lining membrane of the antrum is involved.

Drug poison is a great source of this disease, particularly that from *Mercury.*

In all of these cases the teeth will be found to be more or less sensitive to pressure or blows. Sometimes patients can not shut their jaws, owing to the pain produced.

The inflammation in this membrane produces swelling, which slightly loosens the tooth, by raising it more or less in its socket. Pressure on the crown produces pressure on the nerves of the part, causing great pain.

Cold water, instead of aggravating the pain, as in pulpitis, is usually soothing; but *hot* drinks are not soothing, although tepid ones are.

Exostosis.

This is an affection of the cementum, or if not strictly a *disease* of the cementum, which I think it is not, it is, at least, an abnormal growth of cementum at any portion of the exterior of the root. There is dull pain at any time during waking hours. The pain is not usually sufficient to prevent sleep.

It often lasts for months or years, coming on at irregular intervals. This affection is not very often observed in unde-

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cayed teeth. Caries is a fruitful cause of exostosis, and the pain is then more acute in its character, and the disease terminates much sooner, for the patient demands relief more imperatively, and the tooth is usually extracted.

I am entirely at a loss to say what conditions of the system produces exostoses. * * * * * * But it doubtless is sometimes caused by syphilis, and these exostoses are the secondary results. The same effects are produced on the bones of the body and are called *nodes.*

There is at first an inflammation of the peri-cementum, of a subacute character, and then the cells of the cementum proliferate beneath the peri-cementum, and thus add a homologous tissue, in an abnormal position. The pain felt is undoubtedly from pressure produced by the enlargement of the root within its close-fitting, bony case. The alveolus is forced to give up a portion of itself to make room for the growing tissue of the root.

This affection is nearly always pronounced neuralgia by physicians. For the pain is not always located in the tooth affected, but shoots into other teeth, either of the upper or under jaw, of that particular side.

I have often found these exostoses in teeth which do not occlude: those which have no exercise in mastication. In these cases no doubt the peri-cementum becomes chronically affected, previous to the new bony growth. When there are no *natural* teeth to occlude, there should, if possible, be artificial substitutes, that the teeth may be placed as much in a physiological position as possible.

Treatment.

When pulpitis arises from cephalic congestion, produced by mental or bodily excitement, we should endeavor to allay the inflammation by the general means used for this purpose.

If there is severe inflammation of an acute character, pus will be formed in the pulp cavity, and death of the pulp will very likely ensue, unless the disease is cured in a day or two. Decomposition of the pulp will then commence, and, in a few weeks at most, peri-cementitis will follow, and an

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alveolar abscess form. Therefore we must watch the case, and if we do not cure with internal remedies, we must drill to the cavity, and devitalize and remove the pulp. We *may* be *deceived* in the cure by internal remedies, for if the pulp should die, there would be a dimunition, and then an absence, of pain for several days or weeks, or until its decomposition had produced irritating gases, which should set up inflammation of the dental periosteum.

If the pulp is dead, it will not respond to the action of cold water; whereas, if it is living, it will not bear its presence in the least.

When irritation of the pulp follows arsenical medication, we must give remedies which will neutralize its effects, if possible.

Patience, without medication, will generally cure this class of cases.

When the disease has been caused by abrasion, from whatever cause, we may, in some cases, form a cavity in the dentine, over the pulp, and place in its bottom a non-conducting substance, and then plug over it with gold or tinfoil.

When we can not do this, the pulp must be destroyed, and removed, and otherwise treated as an *exposed* pulp. This operation is productive of the greatest satisfaction to the patient, who so readily appreciates immunity from pain without loss of his tooth.

In all cases of pulpitis, or pulpalgia, when other means fail, the pulp must be devitalized, and removed. There is rarely any necessity for *extraction.*

Operation.

A spot on the tooth should be selected which will most readily admit a drill to the pulp cavity. In most cases it will be found to be near the margin of the gum, either on the anterior or buccal surface of the tooth, rarely on the grinding surface.

In the treatment of the incisors and cuspids, the hole should always be on the lingual surface, in a direct line with the long axis of the dental pulp cavity.

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A well tempered, flattened, convex drill will be found one of the most effectual instruments for this purpose. We may drill until some pain is experienced, which, in some cases, will not be until the cavity is barely reached by the point of the instrument.

Arsenic should then be placed at the distal end of the artificial canal, and left for six, eighteen, or twenty-four hours. At the end of that time the pulp will usually be found insensible to pain, and may be removed by drills, excavators, etc.

There may still be life in the root vessels, but they will give no trouble if the following plan is pursued. Do not attempt their removal, unless it is in the incisors, and cuspids, and palatal roots of the upper molars. The pulps of these teeth are very large in the roots, and should always be removed. Fill the pulp chamber with a thick, pasty solution of tannin in alcohol, and let it remain one week. At the end of that time the canal and pulp chamber may be plugged. I sometimes plug after the tannin has been in but twenty-four hours, and in rare cases, after only a half-hour. I consider a week, however, the safer time to elapse before the canal is permanently stopped.

If the root vessels are alive, place over them a bit of Hill's stopping, to prevent the metallic plug from impinging upon them. Do *not* put *Kreasote* or tannin within the cavity and *leave* it there; for thereby the danger is increased of devitalizing the root vessels, when it is better that they should live; and if devitalized after the tooth is plugged, they can not have the benefit of the tannin. The tannin is introduced before plugging, that it may form a compound with the dead portions of the pulp which may be remaining in the tooth, a tannate of albumen, or a tannate of gelatine, which is not easily decomposed, especially when hermetically sealed up in tooth substance.

The treatment of peri-cementitis is constitutional, almost wholly.

Mercury, in very minute doses, will be found the very best remedy for all those cases not produced *by Mercury*. It

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should be given in one-hundreth or one-thousandth grain doses, every hour, until relief is procured. It is seldom that more than eight doses will be required to ensure a *cure*.

When the disease has been caused by *Mercury*, as in ptyalism, following its use, the *Iodide of Potassium*, or the *Iodide of Ammonia*, will be found very useful, also in minute and oft repeated doses.

Local bleeding of the gums will sometimes be useful when they are seen to be congested or swollen, but no reliance should be placed on local treatment, to the exclusion of that which is constitutional.

For GINGIVAL PERI-CEMENTITIS the *treatment* may be local.

Kreasote applied with camel's hair pencil, or with a stick of soft wood to the periosteum on the neck of the tooth, will, after a few applications, effect a complete cure. It should be carefully applied, so that none will run down upon the gums, or beyond where it is actually needed. It should be applied a little under the gum, and a quill is good for this purpose, or a small, thin burnisher. Once a day, for three or four days, will generally be sufficient.

This treatment is so efficient, and the cure so rapid, that your patients will be delighted at the unexpected results.

I know of no better treatment for exostosis than to use the same remedies that we do for peri-cementitis. We can never certainly *know* that what we have to deal with *is* exostosis until the tooth is extracted. I have no doubt that *Mercury* will cure many of these cases. I have never extracted a tooth with exostosis that I had *treated* for that disease, or for peri-cementitis.

REFLECTED DENTALGIA.

Pain is often felt in undecayed teeth, which fail to give any physical signs of disease. In these cases, we should carefully examine the mouth, and endeavor to discover a tooth which is decayed, plugged or unplugged. The pain often will be found to be reflected or transferred from some decayed unplugged tooth, with the pulp nearly or quite exposed. We have, almost weekly, examples of this. The

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pain will not, however, be found to proceed from the opposite side of the face, but can be transferred from one jaw to another, as the distribution of the trifacial, or fifth pair of nerves, would indicate.

I will now give a few cases in practice, illustrating what I have been saying:

Mr. P., age 65, has the molars of the under jaw very much *worn* away, not smoothly, but in cavities, like those seen in animals, where there is a mixture of hard tissues, as though there was enamel plate set up edgewise in the dentine. They have been gradually growing sensitive to cold water, cold air, or to hot drinks. In fact, all sorts of thermal changes affect them uncomfortably. The right under second and third molars, are now in a hypersensitive condition, and the patient wishes them extracted. * * I have cut retaining grooves in the cavities, and plugged them. * * It is a year since the operation, and they have given no trouble.

Mr. H., age 50, has only the incisors and cuspids remaining in the upper jaw. These are worn down on their lingual surfaces, so that what was once the pulp cavities of the crowns may be seen, and are now solid osteoid substances, probably dentine. I say, *probably* dentine; for pulps are sometimes converted into cementum, instead of dentine, — and then, again, they are only *calcified*, without being converted into either dentine or bone. But to return: The right upper lateral incisor has lately become so sensitive to thermal changes, that the patient seeks relief. I take a flat oval drill, and open the pulp canal from the lingual surface, and in a line with its long axis. As soon as the operation becomes severe, I cease; and find that the drill has barely reached the cavity. I now devitalize it with *Arsenic*. The next day, the pulp is found dead; and the pulp canal is more freely opened, and the contents removed. *Tannic acid* is now introduced on cotton, and sealed up for one week. At the end of that time, the cavity is syringed out, and plugged.

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ENDOSTOSIS (?)

Mr. B., age 30. Sanguine nervous temperament; has severe pain in the right under second molar. Know of no cause for it. Has been growing sensitive to thermal changes for some weeks. Considering the case chronic, I drilled from the anterior approximal angle to the pulp, and treated as in the foregoing case. Found the pulp cavity filled, nearly solid, with an osteoid substance, leaving a very small portion of soft pulp in the cavity, and the root vessels alive. The operation was entirely successful.

Mrs. M. has alveolar abscess proceeding from the right upper central incisor. Occasionally has suppuration also from the root of the left central; this has occurred from one tooth or the other, every week or two for seven years. Face usually swells very much, is very painful, and she is "laid up" a day or two, every time it takes place.

The history of the case is this: The second or third day after marriage, these teeth began to ache. They were undecayed. No dentist was consulted. The pain continued two or three days, and then ceased. About two months subsequent to this time, they ached again, were loose, face swollen two or three days, and then a discharge of pus took place. Patient comes now to have these teeth extracted. I decline, but propose a cure. The patient agrees. I drill from the lingual surface of these teeth, into the pulp-chamber. Pus oozes in abundance from the one which is suppurating. The cavity and root canal of the other contains a moist, black, carbonaceous mass. The latter is the remains of the dead pulp, and also of pus, which has so often filled the root canal. Both roots are thoroughly syringed, and left open for two days. At the end of that time, *Kreasote* is introduced, on a bit of cotton, and forced through the ends of the roots, by placing, after the cotton, a pellet of soft rubber, and using a small plugger to force it onwards. The *Kreasote* appears at the opening of the fistula, on the gum of the right incisor, but not at the suppurating exit of the left one, which is always at the margin of the gum, on the

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anterior portion of the same tooth. This operation was repeated at the end of a week, and a permanent cure ensured. The teeth were quite sore and painful the day following each operation, and this is quite common.

More than a year has elapsed since the treatment of these teeth, and there has been no return of the disease. The teeth were permanently plugged, in four weeks after the last operation. Had the pulp of these teeth been removed at the time they first ached, many weeks of suffering would have been avoided. They were undoubtedly dead when they ceased to ache the first time.

Mr. S., age 44. Sanguine temperament. Has pain in left under molar, when swallowing food or drink; can not swallow cold water without great pain. Find the tooth undecayed; *appears* right, excepting a recession of the gum over the lingual neck. There is no tartar there now, and I think, has been none. Drilled from the anterior buccal angle; devitalized, and treated as in other removals of the pulp. There was an immediate and permanent cure.

Capt. P., age 28. Nervous sanguine temperament. Has almost constant pain, not severe, but dull and aggravating, in the right under second bicuspid. The contact of a tooth-brush, or of his tongue, produces severe pain. The tooth is neither sensitive to cold water, or to pressure. The pulp is not implicated, neither are the roots. The trouble is *gingival peri-cementitis* — an inflammation of the periosteum at the neck of the tooth. I apply *Kreasote* to the diseased part, with a thin burnisher, for two mornings; and a complete cure is effected.

Peri-cementitis.

Mr. G., age 20. Nervous lymphatic temperament. Has had an increasing pain for three days, in the right upper first molar, which is now so severe that he seeks relief by extraction. I find the tooth undecayed, but slightly protruding; protruding, so that there is pain on occlusion of the jaws. Side pressure is also painful. He has a fresh cold in his head. I prescribe one-hundredth of a grain of finely-tritu-

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rated *Quicksilver*, to be taken every hour for eight hours. Pain ceased in three hours, and his catarrh disappeared the next day; at which time he reported himself well.

Mr. J., age 46. Bilious nervous temperament. Has severe pain in right upper second molar, which stands alone. It occludes with an under tooth. Pain has lasted several days. Find the tooth undecayed; but little pain on side pressure — more on vertical percussion. Has discharge from the right nostril; much more when lying on his left side. I diagnosticate inflammation of the antrum, implicating the roots of the molar tooth, which probably reach just into that cavity. Prescribed 8 powders, 2 grs. each, of the third decimal ($\frac{1}{1000}$) of *Mercurius Vivus* (*Quicksilver*), triturated with sugar. Patient cured next day.

Mercury is the best remedy with which I am acquainted, for acute catarrh, or acute inflammation of the lining membrane of the antrum.

I think of one other cause for dentalgia, which I have not yet mentioned. This is neuralgia of the fifth pair, or trifacial nerve. It is not very common to find teeth painful, that have not the cause situated within themselves. But cases do occur, where we must look elsewhere for the cause; and it is well for ourselves and the patients, if we shall be able to correctly diagnosticate such cases.

In pure neuralgia, there will be none of the symptoms which we find in manipulations connected with previously described affections. The pain itself may not be constant; indeed, it is often periodic — or, at least, there are periodic exacerbations of pain. In locations where there are miasmatic diseases, especially intermittent fevers, these periodic neuralgias seem to be caused by the same influences which produce the fevers; and they are cured by the same remedies.

The gravid uterus is sometimes a cause of dentalgia, but not nearly as often as is supposed by women in that situation; for it is *not* often that *undecayed* teeth ache, while mothers are in this physiological condition. If there is pain felt in decayed teeth, or those which have been treated for

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caries, the cause of the pain should always be sought in the teeth themselves, and not as a result of pregnancy. Yet, if the physical signs which distinguish the diseases heretofore described, are absent in a case, and you conclude, also, that it is not neuralgia idiopathica, then we may look to the condition of pregnancy as being the cause, where this state is known to exist.

The treatment of the last class of cases must be upon general principles. The whole condition of the patient should be taken into account. Women are often in a poor state of health, during this period, from a variety of causes — none of which equal, as a general thing, that of *innutrition*. This is especially the case with flour-eaters. Those who make the principal portion of their sustenance from wheaten flour, starve the tissues by the absence of lime phosphates in that article of food. An entire change to a more nutritious diet is indicated.

WISCONSIN SOLDIERS' ORPHANS' HOME.

ABSTRACT OF PHYSICIAN'S REPORT, ETC.

THE Soldiers' Orphans' Home is located at the Capital of the State, Madison. For the year which this report covers, there have been 275 inmates, of whom the number of boys was 165, and of girls, 110. Their ages are from 4 to 15, as follows:

One	15
Ten	14
Twenty-six	13
Twenty-seven	12
Thirty-nine	11
Thirty-two	10
Forty-one	9
Thirty-one	8
Twenty-one	7
Twenty one	6
Fourteen	5
Twelve	4
Total	275

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These few facts premised, one can see that a large per cent., among such small children, must necessarily pass through all the disease of childhood; and fortunate are they who only are afflicted with such minor diseases. Great care must, of necessity, be taken of the little sick children; for which, the Board of Trustees, not slow to comprehend, have made provision. For the past year, the Medical Department has been in charge of Dr. L. S. Ingman, of the firm of Bowen and Ingman, Homœopathic physicians, of this place; with whom, as a student, the writer of this article has been constantly associated. To present, in brief, the number of cases treated, etc., is the object of this paper. More particularly, hereafter, will special cases be explained, with treatment adopted, should it be desired.

Out of the number of children before mentioned, the following cases have arisen:

STATEMENT OF MEDICAL CASES TREATED.

Disease.	*No. Cases.*
Catarrh	1
Consumption, quick	1
Cough, whooping	7
Croup	12
Diarrhœa	36
Diphtheria	6
Dysentery	18
Erysipelas	4
Fever, Gastric	52
Intermittent	18
Rheumatic	2
Typhoid	4
Inflammation of the brain	2
Inflammation of the lungs	21
Mouth, ulceration of the	13
Measles	26
Ophthalmia, acute	86
chronic	3
Paralysis	1
Prolapsus ani	1
Salt Rheum	3
Scabies	72
Scrofula	5
Tonsillitis	6
Total	400

STATEMENT OF SURGICAL CASES TREATED.

Numerous cases of simple hurts, requiring the attention of a surgeon, have occurred, but only one worthy of particular notice.

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Charles Spencer Johnson fell from the third story balcony, breaking both bones of the forearm of each arm, producing a comminuted fracture of the right arm, and so injuring his spine as to paralyze his legs, and destroy the motion of his neck. His arms were set, and mended well; but he has, as yet, no use of his lower limbs. He has, however, entirely recovered the motion of his neck.

There have six died, as follows:

Cornelia Rouse, aged about 7 years, died October 29th, 1866, of diphtheria, the membrane suddenly forming below the reach of sight, and strangling her.

Effie Macalway, aged about 5 years, died October 30th, 1866, of typhoid fever.

Matilda Stearns, aged about 8 years, died November 11th, 1866, of quick consumption. She was taken with congestion of the lungs, following an attack of measles, and rapidly passed into consumption.

Ada Richards, aged about 9 years, died February 22nd, 1867. Was taken with stroke of paralysis on the 8th of February, with symptoms of typhoid fever, but changed into inflammation of the brain, of which she died.

Mary Ann Hess, aged about 6 years, died February 26th, 1867, of inflammation of the brain.

William Blanchard, aged about 7 years, died March 10th, 1867, of dysentery. Was treated, on arrival at the Home, for the itch, with which he was perfectly rank; was getting well, took cold, had the whooping cough, followed by dysentery, from which he died.

RECAPITULATION, ETC.

Whole number of medical cases - - - - -	400
Whole number of surgical cases (omitting all minor ones) - - -	1
Deaths - - - - - - - - - -	6

During the year, several diseases have passed nearly through the whole Home. The treatment of these has been varied, and very successful; but to be properly explained, would require more space than can be appropriated for this artiele. Some most severe cases of ophthalmia, scabies, dysentery, and measles, complicated with other diseases, have occurred; exciting considerable attention from the resident profession. Considering the severity of the cases, the large number sick at the same time, and the often inadequate preparations for nursing them, it redounds to the credit of the science of Homœopathy, and the indefatigable physician, that so few have terminated fatally. We challenge any hospital, where so many children, of such tender ages, are treated, to show a more favorable record.

C. H. V.

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"DYNAMIC POWER."

By H. P. Gatchell, M.D., Kenosha, Wis.

This phrase, all too common among Homœopathists, has recently elicited quite a sharp letter from Dr. Samuel A. Jones, in the way of a criticism on Prof. Temple; and it would gratify others besides Dr. Jones, if Prof. Temple would explain what he means by "dynamic power."

In his reply, covering three pages of the "Investigator," he furnishes no explanation whatever. He informs us that matter and power exist in the three great kingdoms of nature. If this is the essence of Prof. Temple's knowledge of the subject of dynamism (and from his article it appears to be), then the world is quite as wise as he, and others who seem disposed to claim some special knowledge, perhaps in virtue of the phrase "dynamic power."

It is true Prof. Temple alludes to the fact that isomeric bodies possess dissimilar properties; as if implying that properties do not depend on composition. But isomeric bodies have dissimilar structures, therefore, of necessity, dissimilar properties. And the properties of bodies depend, and depend only (so far as information respecting physical science goes at present), on their material composition and structure. Nor would it be presumptuous for one to call in question Prof. Temple's fitness for writing on this subject, after reading on the 111th page of the "Investigator" his representation of the "immaterial force or power" of bodies, "as only manifesting their properties by the action produced on organic bodies."

Do not inorganic bodies act one on another? and is not this action in virtue of power pertaining to them? and are not their properties manifested in the action?

And it would puzzle any one to tell in what respect the action of medicines is any more dynamic than that of the cells of spongy platinum in causing oxygen and hydrogen

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to unite and form water; or the action of magnetic iron in rendering a needle magnetic; or even the action of planets and suns in controlling the movements of their respective satellites. The truth seems to be that those who are so ready to resort to the use of the phrase "dynamic power" as a sort of universal solvent, do, for the most part, use it in a very vague and indeterminate sense.

It would be difficult also to say what is now included under the term dynamic, in reference to the action of remedies, that might not better be included under the term catalytic. By substituting the term catalytic, we should at least get rid of the unmeaning tautology, "dynamic power" — a phrase which Prof. Temple attempts to defend by quoting from Hahnemann the very different phrase "dynamic influence." If the latter furnished any apology for the former, it would not be conclusive, since Hahnemann was not infallible. But it furnishes none. For while the latter is perfectly proper, the former is totally improper. The latter is marked by clearness, the former by confusion of ideas. It is proper to speak of the influence of a power, improper to speak of the power of a power. And that is what dynamic power signifies, since the term dynamic means pertaining to power.

There is no objection to the use of the term dynamic so that it is used properly. We have the substantive matter, and the adjective material; but our language affords no adjective corresponding to the substantive power, as material to matter; hence the necessity of importing this stranger from Greece. And the proper use of it is to distinguish the power of matter as distinguished in thought from the substance of matter.

Let us see if we can not (without attempting the impossible, a knowledge of the essential nature of matter), advance a step towards an apprehension of the relations between matter and power, whether classed as mechanical, chemical, or catalytic.

Beyond the mental sphere, we know nothing in the universe but matter and the powers of matter. We know of

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nothing as intervening between two material bodies and their reciprocal influence. This is equally true of all modes of material action, of chemical and catalytic, as of mechanical.

An acid and an alkali approximate. At an infinitesimal distance, or in contact, they unite to form a new body, a *tertium quid.* They have exercised a reciprocal action in virtue of presence merely. This action by presence is as strictly true of chemical as of catalytic action; in the former case with, and in the latter without combination; in the former resulting in stasis, in the latter oft times in motion.

So, also, in the act of nutrition, substances enter into combination to increase the bulk of existing bodies, not to form new ones; there being this difference between chemical combination and nutrition, that the latter is a combination of similar, and the former of dissimilar substances, and, in both cases, in virtue of presence.

Again, in the therapeutical action of a remedy, we have merely a new motion produced by its presence. There is no combination, since the remedy, being a foreign substance, would prove pathogenetic, and not therapeutical, if it entered into combination. There is no normal combination in the organism, but of similar substances; this alone constitutes nutrition; and nutrition is the only normal combination within the tissues.

It would not aid our understanding, either of chemical combination of dissimilar elements, nutritive combination of similar materials, or the catalytic action of remedies in therapeusis (to coin a term for the occasion) to assume the intervention of a third substance, since the question would equally arise, how can that act by its presence? and so on, indefinitely. And without the intervention of substance there can be no intervention at all; since where there is no substance, there is merely vacancy, nothing at all. I am aware of a class of, I can hardly say thinkers, but of persons, who talk of force as independent of substance. This is only making vagueness more vague — confusion worse confounded. Did they ever know a display of force where there was no substance?

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In fine, we know in either physical or in physiological science (apart from the psychological relations of the latter), nothing but matter, and the action of matter in virtue of presence. We have only matter inducing by its presence changes of state in other matter. The forces of matter are not a something besides matter; they are simply matter acting. Matter has its essential character, in virtue of which it exists as matter, and its dynamic relations, in virtue of which it influences other matter.

If I have written freely on this subject, it is with no disposition to call in question Prof. Temple's talents or attainments, but only in doubt of his ideas as to this particular subject, a doubt very much confirmed by his representing existence as a property of matter. Shades of the philosophers, existence a property! I have always supposed existence a necessary condition to the having of properties.

"DYNAMIC POWER."

By J. T. Temple, M.D., St. Louis, Mo.

Professor Gatchell takes up his cudgell in good earnest, against the use of the term, and against its existence. He asks for the meaning of "dynamic power." We shall endeavor to answer the question, so as to leave no doubt as to our meaning. Before we enter on this branch of our reply, we shall first ask attention to the Professor's plain and unequivocal statements, and his subsequent contradiction and confused ideas on the same subject. He says: "The properties of bodies depend, and depend only, (so far as information respecting physical science goes, at present,) on their material composition and structure." In our reply to Sam. A. Jones, M.D., we spoke of isomeric bodies as being composed of the *same elements*, and in the *same proportions*, and yet all *differing in their properties*. Such is the case with spirits of turpentine, the oil of lemons, oil of juniper,

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oil of black pepper, oil of bergamot, oil of roses, and illuminating gas, etc.

The doctrine advanced by Dr. Gatchell is of very ancient date, and its paternity attributed to both Aristotle and Epicurus. If we understand the Professor, he teaches that all force is the emanation of matter. He says: "We know of nothing as intervening between two material bodies and their material influence. This is equally true of all modes of material action — of chemical and catalytic, as of mechanical." This is in perfect harmony with the teachings of Spinoza, a prominent representative of the material school, who contended that "force is but an effect of matter;" which is equivalent to saying that matter is prior to force. He declares the mind and body to be one and inseparable. It (the material school) attributes all the phenomena of life to development, or organization. With Cabanis it holds to the profane conclusion "that the brain secretes thought, as the liver does bile." That the Professor is a representative of the material school, we think no one will question, who reads his communication. Being a teacher of physiology, he of course believes that what is "termed the primary cell is a positive, natural entity, and not a mere receptacle of life."

He is unable to go behind the primary cell, and treat of causes which were active previous to its physical creation. He apparently ignores the fact that this cell had a beginning. To say that one cell springs from another cell, is simple tautology; an assertion which explains nothing.

This little cell, therefore, is the mysterious and impregnable fortress before which the allied armies of materialism halt in helpless bewilderment. It is a structure beyond which the sensual eye can not penetrate. But the Professor desires progression. "Let us see if we can not advance a step towards an apprehension of the relation between matter and power, whether classed as mechanical, chemical, or catalytic." Here it will be perceived that his materialism looms up in grand proportions, and that he believes in no power, unless it be mechanical, chemical, or catalytic. In

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three or four subsequent paragraphs, he illustrates his materialism. In the last paragraph but one, he says: "Matter has its essential character, in virtue of which it exists as matter; and its dynamic relations, in virtue of which it *influences other matter.*" Here, one gleam of light breaks through the misty materialism which precedes, and the Doctor contradicts his bold enunciations, running through thirteen paragraphs, by one little, short sentence.

Let us now try to give Dr. Gatchell our meaning of the dynamic power. We have not the pleasure of an acquaintance with the Professor, but his communication informs us of his being a live man. Of course, he has a material body, that thinks, and acts, and has the power of locomotion. That body is moved by a force, or power, — or, if the Doctor prefers the term, by an "influence." Now, that force, or power, is not material, nor dependent on matter for its locomotion, or thought, or activity; but on the immaterial power which is superior to, and which alone acts on, this material body. This power we call Life, or the dynamic force.

When we give a remedy attenuated to the 200th degree, and find that it produces a prompt relief of a suffering or disease in the human system, we have the evidence of two facts: first, that the remedy was the true Homœopathic individual; and second, that it cured the disease by virtue of a power it possessed — which power we call its vital principle, its dynamic power, or, if the Professor prefers the term, the dynamic "influence."

When an individual receives an epistle containing sad intelligence, which produces disease — often of a serious kind — we say that this result was caused by a dynamic "influence," or power. Now, let us look at these three cases, which will suffice:

1st. The learned Professor, deprived of vitality, or the dynamic power, which now pervades and controls his organism, would still have his body perfect in all its parts, and composed of the same elements, and in the same proportions, as before the dynamic power was withdrawn. Will

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the Dr. tell us where is the evidence of any power in this case, or the "relations between matter and power, whether classed as *mechanical*, *chemical*, or *catalytic?*" Can any conception be formed of the "immaterial force or power" of bodies, except from their action on organized bodies?"

2nd. A drug carried up to the 200th potency, has a power to cure disease, superior to the first attenuation. Does this action resemble "that of the cells of spongy platinum, in causing oxygen and hydrogen to unite and form water? or the action of magnetic iron, in rendering a needle magnetic? or the action of planets and suns, in controling the movements of their respective satellites?" Or is it mechanical, chemical, or analytic?

3rd. In the case, which is not uncommon, where serious functional derangement is caused by a letter, conveying sad intelligence, let us inquire where is the material from which this force emanates. What explanation has a materialist to give?

In closing this hasty reply, we agree with Professor Gatchell in doubting our ability to write on so grand and glorious a subject as dynamic power. Let us say that we believe every drug to be possessed of a vital, living principle, which we call the dynamic power.

The dynamic school of medicine, to which we are proud to declare allegiance, "attributes all the phenomena of nature to an interior or spiritual cause." It believes "that a physician, whose horizon is bounded by an historical knowledge of the human machine alone, who only distinguishes the coarser wheels of this piece of intellectual clockwork, will never raise the Hippocratic art above the narrow sphere of a mere bread-earning craft."

"If the phenomena of life, of physiological function, and of organization, are only capable of explanation upon psychological grounds, we must also look to the same source for an understanding of morbid function and structural disorganization, or what we call disease. The relations existing between the spiritual-vital principle and the material frame-work, were well-nigh lost sight of; they have been

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neglected and overwhelmed by the atheistic and material tendencies of the past."

We commend to our materialist professor, the views of Plato, who regarded the Deity as the source of all power. He maintained that matter itself has no power or force; that God acted through matter, as his instrument; etc.

If we have failed to answer the Doctor satisfactorily, let us beseech him to study the subject, and he will have his views of Homœopathy elevated from the material elements of earth, to the consideration and admiration of those grand powers which are immaterial, and pervade the universe, emanating from Deity.

A WORD TO "THE OTHER SIDE."

By Emil Tietze, M.D., Philadelphia, Pa.

II.

In Grauvogl's "Lehrbuch der Homœopathie," Part II., page 326, we find some remarks with regard to remedial indications, which well deserve the attention of our orthodox friends, who seem to drift more and more toward a species of Homœopathic individualization, with hardly any thing but the name of Homœopathy in it. He says:

"—— we may justly infer that, with regard to remedial indications, we have to consider not only *single* subjective and objective symptoms, which have been observed in provings — not only what has occurred in those provings as so called primary, secondary and reciprocal action, in a Homœopathic sense — but, above all, the *generalities*, which, in all collections of Homœopathic provings, precede the different results introduced under their corresponding anatomical divisions, and have constitutional signification. Further, * * that, before we can arrive at correct indications, we must also correctly interpret the symptoms which were caused in the provings of drugs, as regards their *pathological* meaning."

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Hirschel, in his "Compendium der Homœopathie," page 110, etc., upholds similar doctrines, and illustrates them more fully, in the following remarks:

"After we have paid attention to all the functional and material phenomena of a disease, with due regard to locality, we must next consider the pathological process. It is certain that the specific relations of the remedy, with regard to this momentum, essentially share in the similarity or harmony between remedy and disease. For it can not be denied that the individual nature of the disease to which the individual character of the remedy is to correspond, is principally conditioned by its peculiar life, which, upon a distinct anatomical substratum, takes a well-defined pathological course, and terminates according to fixed laws and tendencies.

"Catarrhal, ulcerative, croupous, or typhoid processes, though they may appear upon one and the same mucous membrane, will, nevertheless, rest upon most different physiological conditions, which deviate, in well-defined pathological directions, either toward the material or functional side. To find, by the aid of anatomy, these physiological, fundamental conditions of a general character, is the task of a rational pathology. But it is an equally necessary task for a rational therapeia, to point out the essential physiological character, which must be embodied in the remedy to be applied, if it is to have an effect upon the peculiar process.

"Here the phenomena of drug-action, observed in our provings upon healthy persons, again offer us the means for this knowledge. However, we readily admit that pathological experience, at the same time, must facilitate our conclusions, which we stand in need of with regard to the pathological process; in short, that, from the symptoms alone, without any further combination and comparison, an inference can not be drawn as regards this process. It is of great importance to us, and facilitates the remedial indication, if we know, for instance, the different pathological conditions which cause diarrhœa; and, thus guided by symptomatology and practical experience, distinguish between

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the relation of *Mercurius* to the hyperæmic, of *Pulsatilla* and *Antimonium* to the catarrhal, of *Arsenicum* and *Acid. phos.* to the typhoid, of *Sublimate* to the dysenteric process. Other pathological conditions causing diarrhœa, such as tuberculosis, scrofulosis, abnormal dentition, demand our special consideration, which is not to be found in the symptoms of the remedy alone; yet, after having arrived at the inference that a distinct series of remedies corresponds, above all others, to one or the other process, the difference of the symptoms will then induce us to select the remedies from that very series. Thus, we select for tuberculous diarrhœa, the similarity of the symptoms being, of course, presupposed, from among *Calcarea*, *Chin.*, *Ferrum*, *Phos. ac.*, *Arsenicum*, etc.; in case of a scrofulous diathesis, from among *Calcarea*, *Lycopod.*, *Baryta*, etc.; for diarrhœa during dentition, from among *Chamomilla*, *Mercurius*, *Calcarea acet.*, etc. Without this knowledge of the specific relation of the pathological process, inferred from the general physiological and special pathological character of the remedy, we would, notwithstanding all the similarity of the symptoms, frequently be led astray; since these touch but the outside. The following examples may illustrate this still further: The treatment of ulcers upon the mucous lining of the oral cavity, will be an entirely different one, when they rest upon simple hyperæmia, or local causes, (follicular, phagedænic, excavating ulcers,) or when they result from scurvy, *Mercury*, syphilitic, or other constitutional diseases. Here, the symptoms corresponding to the form of the ulcers, are less frequently decisive than the character of the remedy. Pure symptomatic and yet frequently idiopathic pathological anomalies, we find in vomiting and constipation. If we compare the promoting causes which are at the bottom of these troubles, and consider that we notice them in practice on the one hand, as so-called one-sided diseases — *i. e.*, such as allow us but little symptomatic hold; and on the other, that, as regards this point, the symptoms of drugs offer us, likewise, but very few characteristic indications; it becomes self-evident that it is only the relation of the remedies to the differ-

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ent pathological processes constituting the foundation of these troubles, that can lead us to a rational cure. The usefulness of *Iodium*, *Bromium*, *Spongia*, etc., in croup, is well known. If we compare the symptoms caused by them, with those of croup, we find a great similarity. But who would wish to deny that many other remedies — as, for instance, *Bryonia*, *Sepia*, *Ipecac*, etc., — show entirely similar, though not the same, characteristic symptoms; and yet experience does not confirm their specific relation to this process. Notwithstanding all the well-marked symptomatic differences by which our remedies for tooth-ache distinguish themselves from each other, we notice, nevertheless, transitions from one to the other; as, for instance, between *Mercurius* and *Chamomilla*, *Nux* and *Sulphur*. Then, if the symptoms are not marked enough to decide the remedial selection alone, we are essentially aided by the congestive, nervous, arthritic, rheumatic and carious character of the tooth-ache, and the corresponding peculiarity of the remedy. Typhoid pneumonia, in a person of a tuberculous diathesis, demands a treatment entirely different from that of a simply inflammatory process of the lungs, though the symptoms in both may appear to be similar. A case of hydrops, resulting, for instance, from scarlatina, demands, on account of the fundamental pathological process, other remedies (*Arsenicum*, *Helleborus*, *Calcarea*, etc.,) than a case after debilitating influences upon the blood, (*China*, *Ferrum*, etc.,) or one after taking cold (*Colchicum*, *Dulcamara*, *Ledum*,) or another in consequence of organic diseases, (*Digitalis*, *Iodium*, *Lycopodium*, *Baryta*, *Spigelia*, *Squilla*, *Sulphur*.)

"Next, it is necessary to consider the different stages of the pathological process, since the latter frequently moves and changes its character during the different periods, and thus requires different remedies; as is plainly visible, for instance, in inflammation. Now, it is true, we may suppose, that changes of this kind plainly manifest themselves externally; yet we must not lose sight altogether of the advantage physicians gain in arguing, at the same time, the relation to one or the other stage, from the general and special physio-

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pathological character of the remedy. Thus, according to the symptoms of *Bryonia*, and its tendency to exudations, we will apply it more in the second stage of inflammation; while *Aconite* corresponds to the first. In the same manner, the (secondary?) action of *Phosphorus* upon the blood explains its use in the stage of hepatization of the lungs; that of *Mercurius*, in the purulent stage of inflammation; that of *Hepar sulph.*, in abscesses, in the second stage of catarrh, in the third stage of hooping cough, and in the retrogressive development of croup. Thus, the different stages of hydrocephalus, the consecutive forms of scrofulosis, of syphilis, according to the structures affected, (primary, secondary, tertiary symptoms,) make a difference in our therapeutics. All this, we can also trace to its foundation, symptomatically; yet it nevertheless requires a deeper physiological understanding. In this, we find another proof, that, over the symptoms, which always constitute our guide, we must not forget the general momenta; yet, that these, with us, are not vague and hypothetical speculations, but rest upon objective symptoms and physiological and therapeutical experiments. In the single part, we must not lose sight of the whole, and not forget the former over the latter."

Now, our author seems to agree, partly, at least, with the above doctrine, when, on page 534, (Hahn. Monthly, Vol. II.,) he says:

"One symptom alone, let it be objective or subjective, should never determine the choice of the remedy; this one symptom only calls our attention to one or more remedies, and the other symptoms and conditions also present in the case, must be well considered, and the similar must be found."

This is very true; we regret, however, to find the Doctor's practice at variance with his theory — a misfortune which, we fear, threatens to fasten itself to our friends of the other side; and is owing, probably, to their mania for so-called "characteristics" and "key-notes,"— a disease at present raging among them as an epidemic. For example, in Vol.

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II., page 505, of the Hahnemannian Monthly, the same author reports the cure of a boy who suffered from diphtheria. *Belladonna*, *Lachesis*, *Lycopodium*, had been given for the trouble, however, without any favorable result; on the contrary, the number of symptoms already present had been augmented by another of unfavorable significance — a very stiff and painful neck, drawn to one side. This induced the doctor to prescribe *Lachnanthes;* and the result of it was that the boy, who had been nursed for six days, was found next morning, well, and playing with his toys.

Here, as we see, the remedial selection is based merely upon *one* symptom. It is true, it may be remarked, that the description of the case had not been given in detail; that, consequently, we were not able to decide whether any other symptom or symptoms had been present, indicating the remedy mentioned. However, the doctor introduces his patient as a boy, suffering from a group of symptoms, constituting diphtheria; hence, to justify the selection of the remedy, this group of symptoms would necessarily have to be found in the pathogenesis of that drug.

Now, the question arises, can we construct, out of the pathogenesis of *Lachnanthes*, a nosological picture, corresponding, both in its essential character and its most prominent symptoms, to that of diphtheria? We believe not. We do not find, in the proving of that remedy, any indications of the all-important and peculiar disturbances of the blood; and miss in it, at the same time, the well-marked local relations characteristic of that malady. To this, we will briefly add a few words as regards the symptom which, in the Doctor's opinion, indicated that remedy.

According to Gubler, (see Kafka's Therapie, page 432,) the different paralytic affections during and after diphtheria are occasioned by anæmia. He remarks that we can observe such troubles in a number of acute diseases; as, for instance, after typhoid fever, in the course of acute exanthematic diseases, after erysipelas faciei, purpura hæmorrhagica, pneumonia, pleuritis, bronchitis, etc. This supposition seems very plausible, indeed, if we bear in mind the essential char-

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acter of the disease, the decomposition of the blood, and its subsequent deprivation of nutritious elements. Be this as it may, this much seems certain, at any rate: that the phenomenon in question does not point to hyperæmia and inflammatory congestion — pathological conditions upon which those symptoms of *Lachnanthes* seem to rest — which apparently resemble the paralytical affections at times associated with diphtheria. And how this remedy — which, according to its pathogenesis, possesses no relation, either in its general character or single symptoms, to the character and symptoms of diphtheria — could have cured a symptom which, without any doubt, is the result of that pathological process, is a problem we feel ourselves unable to solve. These, in the main, are the reasons why we think that the patient was not cured by *Lachnanthes*.

Again, we do not deny the relief or cures, often surprisingly sudden, which, in many instances, follow the application of well-selected Homœopathic remedies, no matter whether they are given in high or low dilutions; yet, with all our readiness to eulogize their promptness of action, we do not believe them to act miracles — *i. e.*, we do not believe that pathological processes, which, for their development, have required days, if not weeks, and which, in their course, have occasioned a number of most important, material, and deeply-seated changes, can be eradicated and removed, within a space of time unreasonably short. Now, to admit the possibility of curing a case of well-developed diphtheria, which has assumed very unfavorable complications, within the space of *twenty-four hours*, by a remedy which bears no essential relation to this pathological process, and was selected merely upon the strength of a single symptom, in all probability wrongly interpreted as regards its pathological meaning, is, we frankly confess it, a little more than our accommodating and obliging nature can concede — and the more so, as experience has taught us, over and over again, how slow and tedious, recoveries from this disease are, as a general rule. This alone would, in our estimation, be a tolerably good argument why the cure of the boy in

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question can scarcely be attributed to *Lachnanthes*, and why it is more likely that one of the remedies previously given, had effected the favorable change following.

Well, then, to which of the remedies given previously to *Lachnanthes*, is the cure to be attributed, probably? To *Belladonna?* If the case were one of genuine diphtheria, we unhesitatingly answer in the negative, for reasons given in our former article, in our remarks on this remedy. No doubt, this drug fully corresponds to some affections, similar to diphtheria, as regards localization of the pathological process; but certainly not similar as regards its character. So exquisitely adynamic a disease as diphtheria, offers, we believe, no field for *Belladonna*, no matter how strongly the symptoms may apparently point to it. According to experiments made with this drug, which were followed up with the microscope, its action upon the blood consists in a rapid detritition of the blood corpuscles, (see Grauvogl's Lehrb. der Hom., Part I., page 161); hence, in an increased activity of interchange of matter, but not in their premature decomposition — *i. e.*, in a cessation of that physiological process, on account of the entire loss of vitality of the diosmotic membranes, their subsequent destruction, and the supremacy of a dead chemismus within the organism.

This experiment goes a good way, we think, to prove the correctness of our previous remarks. Thus, we make bold to say, that only mistakes in diagnosis have led to the erroneous idea of the efficacy of *Belladonna* in diphtheria. Pharyngitis crouposa, for instance, has, no doubt, frequently been confounded with it, as we have observed in several cases ourselves; and when we consider the carelessness, hastiness, and professional bombast, which have paraded hundreds of cases of comparatively insignificant and entirely heterogeneous affections, under that name, we need not wonder in the least, that such remedies as *Belladonna*, *Capsicum*, *Mercurius*, *Iodine*, *Merc. iod.*, etc., have received ephemeral, though entirely undeserved praises, as anti-diphtheritic remedies.

Now, as to *Lycopodium*, we can regard it as little as *Belladonna*, a remedy for diphtheria. It is true, its effects upon

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the blood are unquestionable, and more lasting, and of a deeper nature, than those of *Belladonna;* yet they appear more under the form of slowly-developing dyscratic affections, than under that of a sudden sanguineous decomposition. It is more a lasting anomaly in proportions, as regards the normal elements of the blood, than a sudden dissolution, on account of the introduction of foreign and highly poisonous substances, which mark *Lycopodium.* The pathological changes which correspond to this remedy, are, therefore, as a rule, of long standing, frequently inherited from parents, or conditioned by diseases, gradually developing from impaired and abnormal nutrition. From this we may argue, perhaps, that, under certain circumstances, *Lycopodium* might be thought of as an intercurrent remedy in diphtheria; if, for instance, the patient exhibits a decided scrofulous or tuberculous diathesis, and the symptoms present indicate a combination with those chronic evils, and partly point to *Lycopodium.* Yet, even under these conditions, we hold its efficacy in this disease as exceedingly problematic; and the reports of cases of this kind, ascribed to it, are certainly not so enticing as to increase our confidence in it in that direction.

Different, however, is our estimate of *Lachesis* as a remedy for diphtheria, for we know of but few drugs in our Materia Medica, which so well and essentially correspond to this affection, in all its important features. The peculiar disease of the blood, the local relations, the phenomena of reaction, the complications and sequelæ of this malady, are so well expressed in the pathogenesis of this drug, that we can have no reasonable doubt as to its great efficacy. Besides this, experience fully corroborates the correctness of this opinion, and would, perhaps, have done so oftener, were it not for the frequent unreliability of our *Lachesis* preparations, and would we but lose less time with other remedies, before applying it. Yet, notwithstanding this, we do not mean to say that *Lachesis* is *the* specific for all cases of diphtheria, since other remedies, such as *Crotalus*, *Apis*, *Acid. mur.*, *Kali bichrom.*, etc., undoubtedly may be better similars, under

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certain circumstances. However, it must have been *Lachesis*, we think, which cured the case in question.

Finally, we deeply regret that the author should have found no better illustration in proof of the correctness of his doctrine — the doctrine that we ought to guard against the grouping of symptoms to make out a name — and that he himself, "*four in hand*," should have rushed into the error of the *post hoc, ergo propter hoc;* a mistake which he has so frequently censured, in others, with all his orthodoxy, austerity, and bitterness.

Other instances in which the selection of the remedy is based merely on a single symptom, are the cures of cases of pneumonia with *Podophyllin.* (Hahn. Monthly, Vol. I., 181.) Since an English colleague has marked them as "therapeutical delusions of the other side," we are spared the unpleasant task of commenting upon them in our article — a favor which we appreciate all the more, the more the weakness and lukewarmness of the defense made in their behalf by our author, indicate his mortification at that poor investment. We need hardly say that we fully agree with the English critic, in his remarks, that, if those cures were Homœopathic cures, he would echo Hufeland's prediction, that Homœopathy would be the grave of science.

It is true, our Doctor answers to this "that it would be far better that science were consigned to the grave, before it sends the patient to that place;" he has, however, unfortunately, forgotten to furnish us with the proof that *science would have sent the patient to that abode;* and that *it was the unscientific treatment alluded to, that saved him from going thither.*

One of the reports of the Homœopathic Medical Society of Philadelphia, (H. M., Vol. II., page 575, etc.,) contains another example of this kind. We refer to the case of croup, cured by *Chamomilla*, the selection of the remedy being based upon the following symptoms:

1. One cheek of the child is red, the other pale.

2. The child can not be pacified, except by being walked rapidly up and down the room; and it breathes more freely when thus exercised.

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Now, we confess ourselves at a loss to understand how the remedial selection, in a case of croup, solely resting upon the above symptoms, can claim the adjective "Homœopathic," and how it can be made to agree with the rules Hahnemann gave us in this respect. For, in order to render the selection of a remedy truly Homœopathic, it must, if we are not very much mistaken, in the main, fulfil the following conditions:

1. The *totality* of the symptoms given, must be represented, as nearly as possible, in the pathogenesis of the remedy to be applied.

2. Of these symptoms, the primary, idiopathic, and pathognomonic, *i. e.*, those symptoms which "*particularly distinguish and characterize the disease*," (Organon, § 164,) must be well expressed—must stand out prominently in the pathogenesis of the remedy. Hence, there must be similarity between the local relations of the pathological process, and the local relations of the pathogenetic effects of the remedy; and, above all, similarity between the inner character and starting-point of the pathological process, and the inner character and starting-point of the pathogenetic action of the remedy.

3. The remedy selected must contain, in its pathogenesis, the *peculiar* symptoms of the case, which, without being idiopathic and pathognomonic of the disease, nevertheless express themselves strongly and lastingly, and, as it were, *independently*, and *on their own account*, either under all, or under certain definite conditions only.

Now, one of the main differences existing between the two contending sections of our school, rests, we think, upon the different interpretation of §§ 147, 153, and 164, of the Organon. (See Organon, Fourth Amer. Ed.) For, while the one side understands them as plainly laying upon us the obligation to consider, in the selection of the remedy, above all, its similarity to the *pathological process*, both as regards its local relations and external and internal character; the other concedes to them no such meaning, and believes them to point merely to the necessity to pay due attention to the *individual differences* which mark one case from the other.

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From this latter view, the doctrine of "*characteristics*" and "*key-notes*" seems to have originated; *i. e.*, the doctrine that the Homœopathic similarity of a remedy should depend, foremost, if not exclusively, upon its close resemblance to those individual symptoms and conditions, regardless whether the local relations and the character of the pathological process were embodied in the pathogenesis of the remedy, or not.

This view, we fear, will prove as mischievous in practice as it is erroneous in theory; and, if accepted as a general therapeutical rule, would certainly deprive us of all hopes as regards the final elevation of our therapeutics to the dignity of a positive science. However, we admit that, in all those diseases, the pathology of which is, as yet, entirely unknown, we must base our medication mainly upon such symptoms, no matter how insignificant they might appear to us; yet, we can by no means concede to them exclusive validity and importance, supremacy in all those affections which allow us a comparatively clear insight into the nature of their pathological process, and present to us a number of subjective and objective phenomena, which, by virtue of their intimate connection with this process, must, above all others, have claim to representation in the remedy to be applied. Besides this, the doctrine of "characteristics" and "key-notes," as it seems to be understood by the other side, is nowhere taught by Hahnemann. He would, in so doing, have rendered his remarks with regard to "the *totality* of the symptoms," a phrase without meaning and truth; and, more than that, would have destroyed the very spirit of his system.

That Hahnemann showed himself utterly hostile to all the numerous delusive and dangerous speculations in vogue among physicians of his day, is well known to us all; and we are not in the least surprised at his repeated entreaties not to endanger our therapeutical success by leaning upon the worthless and tottering physiological and pathological fabrications of that day. However, have we made no progress in those directions? and would it not be an insult to Hahnemann's memory, were we to doubt the gratification

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and delight which the immense forward strides in medical sciences would have afforded him? Or was he inimical, also, to exact researches? hostile, even, to facts resting upon the solid basis of scientific experimentation? And further, can we find no indications in his writings, which prove that, to him, Homœopathic treatment was something more than a merely mechanical covering of a number of symptoms, without regard to their pathological meaning and importance? If any one should feel inclined to think so, he may please to ponder, for a moment, over the following extracts, taken from his Lesser Writings. He says — Vol. I., 154:

"We need but thoroughly know, on the one hand, the diseases of the human body, as regards their essential character and their contingencies, and on the other, the pure action of drugs — *i., e.*, the essential character of the specific artificial diseases usually produced by them, together with the accidental symptoms which originate from the difference in dose, form, etc.; and we will, if we select for the natural disease given, a remedy producing an artificial disease, as similar to the former as possible, be able to cure the most difficult diseases."

"Above all, we have to attend to the main disease; deviations and phenomena of secondary importance (Nebenzustände) demand our special attention, only if they are very urgent, and impede the cure in a high degree," etc. (*Ibid.*, page 148.)

"Nothing extra is to be prescribed in this disease (typhus) either for local inflammations or swellings, or for eruptions, subsultus, lasting constipation, diarrhœa, want of appetite, vomiting, hæmorrhages, or cough. These symptoms, originating from the main disease, disappear with it, simultaneously, under the application of the remedies mentioned." (*Ibid.*, Vol. II., page 159.)

We will now return to our case, and see whether the remedy selected fulfills the conditions necessary to render it a Homœopathic remedy.

It is true, the pathogenetic effects of *Chamomilla* upon the

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air-passages, are so well marked as to entitle this remedy to frequent consideration, in certain affections of the larynx and trachea; but, at the same time, it is evident that the croupous process does not lay within the circle of its action. For the effects of *Chamomilla* upon the organs mentioned, are but those of a simple catarrh, and bear no resemblance to the signs of a deeply-seated and specific inflammation. Hence we miss, in the action of this drug, all the more important and pathognomonic symptoms of croup — the specific anomalies in respiration and voice, the peculiar cough, the sensitiveness of the larynx to touch, as well as the deeply-seated inflammatory process, together with its peculiar formation of plastic exudates. From this, it is evident that *Chamomilla* lacks all the main requisites for a remdy against croup, and that neither in its external nor internal character, it corresponds to this pathological process. We might safely close our argumentation at this juncture, were it not that the doctrine of "key notes" compelled us to proceed, and to "face every note of the music."

Now, as regards the "characteristic" of the "red and the pale cheek," the Doctor seems himself to have attached but little importance to it; an estimate which will be readily accepted by the majority of Homœopathic physicians. For the truth is, that when this symptom signifies any thing, it generally appears in company with others, plainly pointing to *Chamomilla* or *Ignatia*, *Belladonna*, *Aconite*, etc.; and thus we can well do without it, and can do well without it. And when it comes without the *Chamomilla* company, it generally signifies nothing; and thus we would better do without it, and do do better without it. In the one case, it is the fifth wheel on the carriage; and in the other, the fifth wheel without the carriage. (*Apropos:* by fifth wheel, we do not mean what carriage-builders understand by that name.)

The Doctor, however, lays far more stress upon the second characteristic; for, as soon as he observed it, he knew that he had found his "key-note." Well, let us see whether he did not make a mistake in thorough-bass, after all.

"The child can not be pacified, except by being walked

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rapidly up and down the room; and it breathes more freely when thus exercised."

In the above, we observe a double symptom; and, for this reason, will consider its several parts. Now, the question is, what pathological meaning has the first? It signifies great irritability in the sensitive sphere of the nervous system, which, at one time, may be a primary idiopathic; at another, a secondary, sympathetic phenomenon. In one case, it is a secondary symptom, and rests upon insufficient oxydation of the blood, in consequence of a mechanical impediment, the results of a specific pathological process in the larynx, which seriously interferes with respiration. The second symptom, in connection with the information given us, that the case in question was a case of croup, explains the origin and amelioration of the first, and decides the question as to its rank. Besides this, it shows that the mechanical impediment created by the pathological process was partly and temporarily removed by mechanical means, a draught of air. Next, we will inquire whether the above symptoms, accompanying a case of croup, are of such significance and importance as to justify us to concede to them absolute supremacy in the remedial selection. We think not; for they do not constitute either the *totality* of the symptoms, nor the *primary*, *idiopathic* and *pathognomonic* phenomena, nor any of those *peculiar* signs which appear, as it were, on their own account. Neither of these assertions requires proof by demonstration; they are plain at a glance.

Now, do the above symptoms, in a case of croup, point to *Chamomilla* as the proper remedy? They do not. The first symptoms, in abstracts,—*i. e.*, without reference to any particular pathological process—or in connection with certain diseases, might indicate it; but hardly in connection with the second symptom, and certainly not in a case of croup, for the reason that the pathogenesis of *Chamomilla* represents neither the *totality* of the symptoms of the case, nor those which *particularly distinguish and characterize it*, nor those which were looked upon by the Doctor as *peculiar*. The proof of the correctness of the first two assertions can easily

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be found in the Materia Medica, and in our previous remarks; the correctness of the third, we shall endeavor to demonstrate.

Chamomilla is not the only remedy which, in its pathogenetic action, shows over-irritability of the nervous system. This phenomenon is, for instance, characteristic also of *Belladonna*. Yet the nervous hyper-erethismus of *Chamomilla* differs from that of *Belladonna*, in this: that, with the former, it is a *primary idiopathic* phenomenon; with the latter, a *secondary symptomatic* symptom. Thus, in *Belladonna*, the nervous hyper-erethismus originates from vascular excitement; in *Chamomilla*, vascular excitement originates from nervous hyper-erethismus. With *Belladonna*, we observe congestion, inflammation, and afterwards pain; with *Chamomilla*, on the contrary, at first pain, and afterwards congestion and inflammation. With *Belladonna*, we find inflammatory congestion and convulsions; with *Chamomilla*, pain and convulsions; etc., etc. Nervous hyper-erethismus, we know, is ameliorated by motion; vascular erethismus aggravated by it. This seems to explain why our *Belladonna* patients do not wish to move, or be moved about; while, on the contrary, our *Chamomilla* patients feel relieved by such motions. How, then, we ask, can a symptom which represents to us a *secondary sympathetic* phenomenon, the result of an inflammatory process in the larynx, which is relieved in the ratio as a *mechanical impediment is removed by a draught of air*, and *oxydation of the blood is restored*, point to a remedy which, it is true, by virtue of its pathogenetic powers upon the sensitive sphere of the nervous system, exhibits an entirely similar symptom; yet, as a *primary idiopathic* phenomenon, which, however, is *not* the result of an inflammatory process in the larynx, and not relieved by the partial removal of an impediment of respiration, by means of a draught of air, restoring oxydation of the blood; but, according to a physiological law, unknown to us, by *mere motion?* But, you reply, how then do you account for the cure? The question being a delicate one, we decline to answer it, and kindly request the reader to draw his own inferences.

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The number of these examples could be considerably increased from our current literature; yet we trust that those we have given will suffice to show the danger of the doctrine of "key-notes," and we can briefly and best express our idea with regard to these new-comers, by adding, that they somewhat remind us of what, in our school-days, we used to call "*pontes asinorum*,"—however, without any particular and odious accent on the second word. They were necessary at times—for example, in reading Thucydides—and did well enough elsewhere, when rightly used; but when exclusively used, or abused, were very apt to turn into "*fontes asinorum*,"—the accent resting, in this instance, rather heavily on the animal.

INFINITESIMAL DOSES.

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

In a recent Allopathic medical journal, we find the following statement:

"It (the 'Regular school') rejects infinitesimal doses, because they are not only irrational in themselves, but are rejected by the major part of Homœopathists also."

Not many years have elapsed, since the medical press of the old school was unanimous in its unqualified rejection of the alleged Homœopathic law of cure—*Similia similibus curantur*. At the present time, it would not be easy to find an allopathic writer of any repute, who would deny to this law an application in therapeutics, more or less limited, but by no means inconsiderable. The "Homœopathic law" is no longer scouted as an "irrational" hypothesis. It is admitted to be, at least, *one* of the laws of cure.

The "infinitesimal dose" is now the *pons asinorum*. Our opponents reject it, and claim to be supported in so doing, by a majority of the Homœopathists. While we do not admit this claim, we grant that there are facts which give it a certain plausibility.

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The influence of the Homœopathic practice upon that of the old school, has been shown: first, by the diminished doses and the greater simplicity of the medicines prescribed, of late, by Allopaths; second, by the greater attention they pay to the anamnesis, or history of the case, as well as to the subjective symptoms of the patient, — an unconscious concession to the doctrine of the "totality of the symptoms," as the basis of the prescription, by the admission of the existence of the "Homœopathic law," and of its applicability in the treatment of, at least, some cases of disease. When Allopathic physicians have reached this point, they are evidently not far from an acceptance of the doctrines of Homœopathy, as they were stated in Hahnemann's first publications. Very many, whose orthodoxy is unquestioned by academies and associations, now occupy the position, and shape their practice accordingly. Others, having come thus far, are unable to stand still. They are carried onward, to an admission of the universal application of the Homœopathic law to the selection of drugs; and, under the strength of this conviction, or from force of circumstances, they avow themselves to be Homœopathists.

The question of the dose, however, is one which these new converts have not, as yet, experimentally investigated. It presents a new problem in the application of the law; viz.: granted the law, in what doses should drugs be given, in order to secure the surest, quickest, and least harmful effects? It is by endeavoring to solve this problem, that inquirers will be led, if at all, to use "infinitesimal doses." But experiments for this purpose are not in order until after conviction has been experimentally obtained on the subject of the *law*. This is not only the *logical*, it is also the *historic* sequence. Hahnemann did not discover the necessity for infinitesimal doses, until he had, for some time, practiced in accordance with the Homœopathic law.

It is in the way we have described, viz.: by accessions from the old school, that our ranks have chiefly been filled; and when we consider how large a proportion the recruits bear to the veterans, in every active army, we can readily

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account for the existence of a large number of "Homœopathists" whose knowledge of Homœopathy is quite elementary, and their experience, and consequently their faith, quite limited. This large class, and the others, who, though admitting the Homœopathic law, have remained *nominally* Allopaths, have not yet seriously confronted the question of the dose. For them, as for Allopathists, it is a subject yet to be studied and experimented upon.

But the fact that many physicians have, through many years of successful practice, relied upon infinitesimal doses, and have claimed for them, as the result of their experience, superiority over massive doses, imposes the study, as a bounden duty, upon every conscientious physician. He can have no excuse for not entering upon it at once, and most earnestly; unless, indeed, he can show the "infinitesimal dose" to be palpably absurd or "irrational."

Allopathists claim that it is irrational. But we propose to show, from the records of Allopathic medical and scientific writers, that the action of matter upon the human organism, in quantities quite as small as those supposed to constitute an infinitesimal dose, and its identification in such quantities, are widely admitted, and are not held to be irrational or impossible. Why, then, should a similarly small quantity of a drug be thought an irrationally small dose for the diseased organism?

At the outset, let us define our terms. We understand by an "infinitesimal dose," a quantity so small that the drug can not be identified by the ordinary modes of examination — *e. g.*, by the senses, or by the more common chemical tests. That we may have a standard, we take the third decimal dilution as the largest dose that can properly be called "infinitesimal." This, according to Hahnemann's calculation, should contain the $\frac{1}{1000}$th of a grain (or drop) of the crude drug. Whether it does really contain this quantity or not, we do not know. It is possible that subdivision does not go on uniformly, in the successive dilutions or triturations. We know the mode of preparation. The dilution is, practically, just what it is. But the proportion of

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drug to vehicle, actually existing in a dilution, is a matter of theoretical computation only.

What, then, is the testimony of scientific men on the subject of the recognition of minute quantities of matter? Are they in the habit of identifying substances in quantities much smaller than the so-styled "irrational" infinitesimal dose of the Homœopathist?

For the purposes of our inquiry, we may classify as follows, the tests by which minute particles of matter are identified: The Physical, Chemical, Microscopic, Micro-Chemical, Spectroscopic, Physiological and Pathological Tests. These tests increase in the above order, in the complexity of conditions requisite for their successful application, and likewise in their delicacy.

1. The Physical Test.—By this, we detect matter through a recognition of its obvious physical properties. A single one, from the multitude of familiar examples, will show how small a quantity of matter may be detected by this test. One grain of the Aniline dye, known as *Fuchsine*, colors 50 millions grains of water, so that 50 grains of the mixture have a visibly red hue. It appears, then, the $\frac{1}{1000000}$th of a grain of *Fuchsine* has the power so to affect the optic nerve as to produce the perception of a red color. This dilution corresponds to the 6th decimal or 3rd centesimal of the Homœopathic pharmacopœia.

2. The Chemical Test. — The investigation of chemical tests, as to the minimum quantity of matter that can be detected by them, is just beginning to receive the attention which it deserves. Enough has already been done to show that the quantities of a drug which the Homœopathist is supposed to give in the 3rd decimal, or even the 3rd centesimal, are not regarded as irrationally small, in the laboratory of the chemist.

Phosphorus, under Mitscherlich's test, is visible to the naked eye, in a quantity less than the $\frac{1}{100000}$th of a grain; "yet this gave a luminosity many times greater than would have sufficed to recognize its presence with absolute certainty." — (Wormley, Micro-Chemistry of Poisons, p. 203.)

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Phosphoric acid. — The $\frac{1}{100000}$th of a grain, treated with a mixture of *Sulphate of Magnesia*, *Chloride of Ammonium*, and free *Ammonia*, produces characteristic crystals of *Ammonio-phosphate of Magnesia*, visible to the naked eye, and by which the presence of *Phosphoric acid* is demonstrated. These quantities correspond to the 5th decimal dilution of the Homœopathist.

3. The Microscopic Test.— It is well known to students of Homœopathic literature, that Dr. Mayrhofer, of Vienna, years ago examined, microscopically, the triturations of the metals. He claims to have recognized portions of the metals from which these triturations were made, in the 10th decimal trituration of *Platina;* in the 10th and 11th of *Aurum met. præcip.;* in the 9th of metallic *Mercury;* in the 8th of *Ferrum met.;* in the 12th of *Cuprum met. præcip.;* in the 13th of *Stannum met. præcip.;* and in the 5th of *Zincum met.* I have been told that a recent writer claims to have demonstrated the physical impossibility of Mayrhofer's statement, on the ground that, with the powers which Mayrhofer says he employed, it would be impossible to render visible the particles of metal which, it is assumed, are contained in these triturations; viz., the quadrillionth of a grain of tin, and the trillionth of a grain of gold, silver, platina, and copper. This writer, it seems to me, hazards a great deal when, on theoretical grounds, he affirms that an observer did *not* see what that observer declares he *did* see repeatedly. Is it not possible that both the writer and the observer may be correct, but that the particles of matter in these triturations are not all really so small as, by theoretical computation, we make them out to be? We have, as yet, no means of demonstrating that the subdivision of matter proceeds uniformly in the process of trituration or attenuation. The numerical designations employed in our pharmacopœia are theoretically correct, and serve as terms in discourse; but they may not be realized in fact. If this be so, however, it does not affect the question of the use or advantage of infinitesimal doses. The difference in the therapeutic action of different dilutions of drugs, is clinically demonstrable; but it may be due to

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some other effect of the process of dilution, than the mere subdivision of matter. In any case, the preparation of Homœopathic triturations and dilutions is a definite and uniform process; and these triturations and dilutions, whatever they may be as to quantity or form of drug, are what we understand as "infinitesimal doses."

We are not justified, I think, in rejecting Dr. Mayrhofer's observations, on theoretical grounds. The practical conclusion, if we accept them, is, that particles of the crude drug, whatever may be their weight or size, are discoverable in the 12th decimal dilution — a decidedly "infinitesimal dose." If discernible by the eye, and capable, therefore, of irritating the optic nerve, it is not unreasonable to suppose that these particles might act upon other portions of the organism.

But the detection of infinitesimal quantities of matter, by the aid of the microscope, does not rest on the testimony of Homœopathists alone. Prof. Andrews states that, under the *Bichloride of Platinum* test, using the polariscope with the microscope to distinguish the double salt of *Platinum* and *Sodium*, he has detected the $\frac{1}{822000}$th of a grain of *Sodium*. (Chem. Gazette, X., 398.) Wormley says, of the same test: "Even the $\frac{1}{1000000}$th of a grain of the alkali will sometimes afford distinct results." (Op. cit., p. 87.)

Ammonia. — By Nessler's test, the $\frac{1}{1000000}$th of a grain is distinctly discernible.

Omitting equally delicate tests of many other bodies named by Wormley, we mention:

Arsenic. — By Reinsch's test, the $\frac{1}{1000000}$th part of a grain of metallic *Arsenic*, may be recognized by its angular measurements, under a power of 150 diameters. (Wormley, p. 273.) This corresponds to the 9th decimal dilution of the Homœopathist.

Corrosive Sublimate. — Under the *Copper* test, with an $\frac{1}{8}$th inch objective, a globule of metallic *Mercury* may be distinctly made out, "measuring only the $\frac{1}{25000}$ of an inch in diameter, and weighing about the $\frac{1}{50000000}$th of a grain."

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(Wormley, p. 341.) This is nearly the 10th decimal dilution.

Strychnine. — Under the color test, with *Bichromate of Potash*, the limit is that of the visibility of a crystal under the microscope. At present, it may be taken as the $\frac{1}{10000000000}$ of a grain. (Wormley, p. 559.)

4. The Spectroscopic Test.— The application of spectral analysis to the identification of minute portions of matter, is receiving new developments every day. It will suffice for our purpose, to cite the estimate of Kirchoff and Bunsen, that, by it, they distinguished the $\frac{1}{1000000000}$th of a grain of *Sodium.* (Poggendorf's Annalen, 1860.) This mode of analysis is now being successfully applied to vegetable substances, in forms equivalent to the Homœopathic dilutions.

5. The Physiological Test. — This test is based upon a knowledge of the peculiar action which the substance under examination is capable of exerting upon the healthy living organism. *Atropine*, for example, being known to possess the power of dilating the pupil, it has been proposed to test a liquid suspected to contain *Atropine*, by applying a portion of it to the conjunctiva, and observing the effect on the pupil. Wormley states that, by this method, the $\frac{1}{3000}$th of a grain of *Atropine* has been detected. Headland says that the $\frac{1}{1000}$ of a grain of *Aconitine* produces a distinct numbness of the tongue, characteristic of that alkaloid. (Wormley, p. 619.)

Marshall Hall proposed the physiological test for the detection of *Strychnine*, suggesting the administration of some of the suspected liquid to frogs, in which *Strychnine*, if present in the liquid, would excite characteristic spasms. Wormley found that $\frac{1}{15000}$th of a grain of *Strychnine* would produce the physiological effects of that substance upon healthy frogs, in the spring of the year; that is to say, under favorable circumstances.

To these citations, we may add a reference to the facts that musk will, for years, produce its physiological effect upon the olfactory nerve, without appreciably losing weight; that the vapor of turpentine, diffused in the free atmosphere,

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will produce its physiological effect on the human organism, viz., hæmaturia; and that the emanations of lead from so small an object as a newly-painted bird-cage hanging in a large apartment, have been known to produce an unmistakable lead-poisoning. (Watson's Lectures.) The susceptibility of many persons to *Ipecacuanha*, is well known. Wood relates an instance in which a person in the third story of a dwelling was seized with *Ipecac.* symptoms, when a bottle containing *Ipecac.* in powder was opened in the lower story. Those who are curious, may estimate to which Homœopathic dilution such a dose would correspond. A friend, a Homœopathic physician, informs me that a patient of his recognized the contents of a vial of *Ipecac.*, 3*rd*, as soon as he had removed the cork, although he was sitting at a distance of several feet from him.

It will be observed that, in proportion as the tests for minute quantities of matter are more delicate, and rest upon more complicated reactions, they require the observance of more conditions on which success depends. The finer microchemical tests are vitiated by the adventitious presence of various foreign substances; and this is still more true of the spectroscopic test. The physiological test demands purity of the substance to be tested, and a favorable condition of the subject-tester, viz., that the season be favorable (as in the case of frogs); that the prover be in good health, and possess a good degree of susceptibility. It can not have escaped the attention of the reader, that the physiological test is, to all intents and purposes; the same as that which Homœopathists understand by "drug-provings." It is legitimate, therefore, to insist on similar conditions when proving drugs. And now, this similarity being granted, if Marshall Hall, when testing the $\frac{1}{15000}$th of a grain of *Strychnine* on a frog, may recognize, as produced by the *Strychnine*, the spasms of the frog, because they resemble spasms produced on man by massive doses of *Strychnine*, why may not Wurmb, when proving *Natrum mur.*, 30*th*, ascribe his symptoms to that dose if they correspond to those produced on Watzke by the first dilution?

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6. The Pathological Test. — This is by far the most delicate of all the tests. It depends upon a special susceptibility of the organism when diseased, which susceptibility is, by virtue of the disease, wonderfully exalted for certain foreign substances.

The doctrine of such an exalted susceptibility is the foundation of the Homœopathic theory of the action of infinitesimal doses. It is claimed that the susceptibility of the diseased organism is exalted as towards those drugs which have the power of producing, in the healthy organism, symptoms similar to those presented by the diseased organism in question. To assume the truth of this claim, might be called "begging the question." But Allopathic works of repute contain many instances of an exalted susceptibility of the diseased organism to certain drugs. The inquirer may satisfy himself respecting the homœopathicity of these drugs to that particular state of the organism to which the susceptibility was manifested. For example, in tubular nephritis, *Mercury* is not tolerated by the patient. (George Johnson, Bennett.) But *Mercury* produces, on the healthy, symptoms and a condition very much like those which characterize this disease. The same may be said of certain forms of iritis and *Mercury*. (Dixon on the Eye. Critchett's Lectures, in "Lancet.")

The pathological test, like the physiological, requires certain conditions for its successful application. The susceptibilities of the patient must be awakened by disease, as towards the particular substance to be tested, or the particular poison in question. Under these circumstances, its delicacy far surpasses all our other experiences in micrology. Consider, for example, the manner in which the contagion of puerperal fever may be conveyed by the obstetrician, from a patient to a susceptible parturient; or erysipelas to the same, (Tyler Smith, O. W. Holmes); how, likewise, the miasm of scarlatina may be carried, hundreds of miles, in a letter. (Carson.)

For the purpose of testing the infinitesimal dose of the Homœopathist, it is needful only to know the physiological

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(pathogenetic) effects of the drug, and to have a subject whose susceptibility consists in his being diseased in such a way that he presents symptoms similar to these physiological effects of the drug. Under these conditions, whoever is curious concerning infinitesimal doses, may readily satisfy his mind. And, with the presumptive evidence to which we have referred, of the power of "infinitesimal" quantities to produce manifest effects, we submit that no one can logically reject "infinitesimal doses," unless he first make the experiment carefully and repeatedly, *and in accordance with these conditions.*

In conclusion, as bearing upon the general question of infinitesimal doses, and especially upon the "*condition*" of special susceptibility, required by the "pathological test," the following paragraph, by Virchow, (Gesammelte Abhandlungen zur wissenschaftlichen Medizin,) is noteworthy:

"A minimum of a very energetic inciter may possess very great and lasting effects, since the primary catalytic action may be propagated further and further. This is one of the facts which demonstrate the possibility of the so-called Homœopathic effects. Yes, and this catalytical action takes place the more intensely, the greater the specific relation existing between the remedy and the organism, or any of its parts; so that it is actually this proportion which determines the degree of irritation; and the remedy which is homœopathically indicated, is also the strongest — *i. e.*, causes the most powerful stimulations. In this proposition, however, the one factor is represented by the inciter; whereas the second, greater and more important one, is represented by the susceptibility of the organism towards the former." (Dr. Ryan, Hom. Infin. Doses.)

As touching the affirmation that "a majority of Homœopathists themselves reject the infinitesimal doses," hear what the President of the Homœopathic Congress of Paris says, in his closing address, August 12th, 1867:

"The important fact of our meeting in 1867 is, that it has been the occasion of a veritable expression of our scientific faith. The question has been asked, What is it to be a

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Homœopathist? We have replied, that the Homœopathic physician is he who follows the law of similitude, in the application of remedies; and who believes, besides, in the reality of the action of the infinitesimal dose.

"Hahnemann's posology has now existed fifty years. It has been followed by his disciples. All have believed in it, and have practiced it. Myriads of facts have been produced in its favor, as well of a physiological as of a therapeutic order. Scientific doubt on this subject is no longer possible; and we have all seized the occasion of the Congress of 1867, to affirm, anew, our faith in the infinitesimal doses. Gentlemen, it is a great thing to have made of this question, an article of scientific faith, and to have solemnly proclaimed it, all assembled as we are in this Congress—French, Belgians, English, Germans, Spaniards, Hungarians, Italians, and Americans—physicians of all countries." (Bulletin de la Societé Medicale Homœopathique de France, VIII., 11, March, 1868.)

We hope we may be pardoned for adding another item to this excellent paper.

M. Chaveau has recently presented the French Academy with the results of some of his experiments with vaccine virus. In another number, we may give his experiments, which are interesting in many respects, more fully; but content ourselves, at present, with stating his experience with *dilutions:*

"I inoculated the same subject, (child, horse, or cow,) simultaneously, upon the skin, by the ordinary methods, in one place with pure vaccine matter, of good quality, and in another, with several vaccinal dilutions, formed with the same virus, diluted in a quantity of water gradually increasing. Care was taken, with each series of inoculations, to make the same number of punctures, and always to charge the lancet with the same quantity of liquid. These experiments have been very often repeated, in such a manner as to test the activity of the vaccinal humors, diluted to the greatest number of degrees possible. Thus, I have come, in my last series, to inoculate the vaccine fluid diluted in 150 times its weight of water.

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"In general, the first dilutions manifested as much activity as the pure vaccine matter. The vaccinations made with matter diluted in from two to fifteen times its weight of water, were, in fact, successful nearly every time. Setting out from the 50th dilution, however, the inoculations failed pretty generally. I have, however, in one case, obtained a pustule upon ten punctures made with vaccine matter, diluted in 150 times its weight of water."

M. Chaveau accounts for the many failures under the use of the highly-diluted virus, by the fact that no "virulent corpuscles" happened to be on the point of the instrument, in these cases; and adds:

"In injecting the vaccine virus, diluted, no matter to what degree, into the circulatory apparatus, the subject of the experiment is infected, without fail, (à coup sur.) One of the most beautiful artificial specimens of horse-pox which I have obtained, was produced by the intra-venous injection of 8 milligrammes of vaccinal serum, diluted in 400 times its volume of water." (Comptes Rendus, LXVI., 320.) [Ed.]

CONTACT-POTENCIES.—HOW THEY ARE MADE, AND WHO ORIGINATED THEM.

By E. M. Hale, M.D., Chicago, Ill.

Dr. P. P. Wells, in the last number of the United States Medical and Surgical Journal, (April, 1868,) writing of the so-called contact-potencies, says that, so far as he knows, Dr. Channing, of New York City, was the first to discover and use them.

We had supposed that Dr. Wells was better acquainted with Homœopathic literature. The facts of the matter are these: The Count Von Korsakoff, a Sarmatian nobleman, and an enthusiastic admirer of Hahnemann, was the real inventor of the contact-potencies, and he first conceived and executed the idea of diluting medicines to the 1500th.

According to Dudgeon,* what Korsakoff prided himself

* Lectures on Homœopathy, page 357.

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most on, was his brilliant notion of *communicating medicinal power to a multitude of non-medicated globules, by means of introducing among them a single medicated one.*

"Hahnemann's assertion that one globule would continue to give off medicinal power, unimpaired, for twenty years or more, and at the end of that time be never a bit the worse for its long labors, had apparently suggested his new and original notion to our worthy Count, who evidently thought that this medicinal power, given off so continuously by the medicated globule, might be turned to some useful purpose."

Korsakoff's method was, to place in a bottle 1,000 sugar globules, unmedicated, and add to them one globule imbibed with *Sulphur*, 100*th*, shaking the whole for a minute, when, of course, he found that any one of these globules, thus infected by the medicated one, acted just as well as if it had imbibed the tincture at first-hand.

He went farther than this, and proceeded to medicate, in the same manner, 13,500 plain globules, by shaking them for five minutes, with one globule of *Sulphur*, 30*th*. He even prepared a case, containing bottles filled with non-medicated globules, and into each bottle he dropped a medicated one; and after a little shaking, all became medicated.

As Hahnemann warned his disciples against a too great succussion of liquid dilutions, so Korsakoff warned against carrying the bottles about with us, in our pockets, for fear their power should be enormously increased by rubbing against each other.

Hahnemann took the trouble to reply to Korsakoff—admitting, however, the *probability* of one dry medicated globule infecting several thousand of unmedicated ones; but he doubts whether they can be further dynamized by being shaken together in the pocket.

He looked upon Korsakoff's experiment with dynamizing medicines up to 1500, as curious, in showing the almost illimitable extent to which the Homœopathic process may be carried, without destroying the medicinal properties, but he considered them *useless, in a practical point of view.*

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This method of Korsakoff's found supporters. It was adopted by some of Hahnemann's own friends. Dr. Gross instantly gave in his adhesion to the doctrine, and gravely certified that he had "communicated *blood-power* to ever so many sugar globules, by adding to them one globule imbibed with his own blood, and with this wonderful medicine he had cured congestions of various sorts.*

(Was this the same Gross who fabricated that most absurd and useless of all rubbish, the "Comparative Materia Medica?")

Now, if we compare the "accidental discovery of Dr. Channing, of New York," as described by Dr. Wells, we find no difference in the essential nature of the method. Dr. Fincke's method is undoubtedly the same as that made use of by Korsakoff. The contact-potency, then, is nothing more than a revivification of an old and obsolete method discovered by an amateur, and discarded by Hahnemann, as "useless, in a practical point of view."

SURGICAL CASES.

No. I.

EXOSTOSIS OF THE LOWER THIRD OF FEMUR, REMOVED BY EXCISION.

By E. C. Franklin, M.D., St. Louis, Mo., *Prof. Surgery Hom. Med. College of Mo.*

The term exostosis, has reference to a bony protuberance, or growth from a bone, and is derived from the Greek, which signifies a bone growing from a bone, forming with it an organic whole, and, when it is possible, originating or proceding from the bone. When the development of the bony tumor is complete, and often in its early stages, the

* Arch., XIV., 2.

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exostosis possesses characteristics homologous with that of its base and point of origin, whether it be compact or cancellated.

All new growths from bone are not necessarily exostoses, although they may be composed, to a certain extent, of normal ossific matter. To be exostosic, they must possess the characteristics of the bone from which they proceed. Exostoses are divided into *compact* and *spongy;* are found chiefly in young and middle-aged persons; are more common in males than in females; and have a preference for the cranium and bones of the lower extremities. A tendency to exostosis has been observed in several members of the same family; and is undoubtedly due to some latent poisons, or constitutional dyscrasia, dependent upon a syphilitic or other intoxication of the system.

Compact. — The most frequent of the exostoses are the *compact.* These appear upon the outer table of the cranial bones, assuming the form of a plane convex nodule, separated from the bone by a furrow, and resembling a mushroom, attached to the bone by a very short pedicle. This is described by surgical authorities as the *ivory* exostosis, and often exceeds, in density, the bone from which it springs. The number of these exostoses occurring in one person, is sometimes very considerable; and in the case under treatment, I counted upwards of *thirty*, on the various bones of the body — the preponderance in numbers being upon the lower extremities.

Spongy. — The *spongy* exostosis proceeds from a circumscribed rarefaction, or expansion, of the bony tissue (osteoporosis), and forms a tumor of cancellated structure, intermingled with marrow and other soft products, and surrounded by a compact layer, or rind. It sometimes proceeds from compact, as well as cancellated bony structure; and is developed from the peripheral laminæ of the bone, or from its interior. In its external and internal appearance, therefore, it is subject to many varieties of form and structure; its external layer uniting with that of the bone.

Pathological Characteristics. — The *compact* exostosis

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is dense from the beginning of its development, and advances by consecutive layers, acquiring the density of ivory; and throughout its various forms and sizes, contains nothing of a spongy constituency. Upon a minute examination, there is found a large number of peripheral lamellæ, with elongated corpuscles. The Haversian canals are small, and widely separated from each other, a number of them being surrounded by a distinct and completely defined lamellæ system. They vary in size from that of a flattened hempseed, which is scarcely perceptible, to that of an orange; the most frequent size, however, being that of an ordinary marble. The form of these growths is usually that of a plane convex nodule, with a smooth and polished surface. As they increase in magnitude, they assume either a round or oval form; or, as they grow in length, they take on a horn-like or cylindrical projection. Their color is white, or yellowish-white — whiter, even, than the bone to which they are attached. The origin of these growths is still a matter of mystery. They have been ascribed to a syphilitic diathesis; but they, really, have nothing in common with the inequalities and nodules that spring from constitutional or specific poison.

The *spongy* exostosis continues for an indefinite period, in its own original spongy state, and often permanently so; but more commonly, new substance is deposited in its interior, causing more or less induration. The compact exterior wall acquires considerable thickness, and encloses either a mass of cancellous substance, or a well-formed central cavity. Sometimes compact spots are found in its exterior; or it may become uniformly solid throughout. In some instances, a renewal of rarefaction, or osteoporosis, seems to succeed this process of condensation. In this manner, is accounted for, the growth of spongy exostosis, from within, outwards. These spongy exostoses often acquire a large size, and are very often multiple. When numerous, they appear more or less symmetrical in their arrangement. Not unfrequently they bridge over joints, and give rise to anchylosis. In chemical composition, the compact, or ivory exos-

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tosis, contains a less proportion of animal matters, and more of the phosphate and less of the carbonate of lime, than healthy bone.

Symptoms.— The symptoms of exostosis are simply those produced by a hard, thick, and slowly-growing tumor, connected with a bone, and pushing forwards the soft parts covering it. In many cases, serious inconvenience is produced by their pressure upon neighboring organs, as occurred in the case to be related. In a few cases, they have been known to project inwards, and impinge upon the medullary canal. They are then termed *enostoses*, and are seen in connection with the cavities of the skull, orbit, and pelvis. Very rarely both these varieties have been met with in the same person.

Operative Procedure. — In the case referred to, the patient was upwards of thirty years of age; and, from the general contour of his body, one would reasonably suppose that he had been a victim to rachitis. The bones of the leg were bent abnormally, as were also those of the fore-arm; constitution scrofulous, but the most careful examination failed to discover any thing rachitic in character. There were upwards of *thirty* of these excresences, growing from different portions of the bony structure; but the one causing most trouble and inconvenience, projected from the lower and inner third of the femur, pressing outwards the vastus internus muscle, stretching the nerves supplying those parts, and seriously interfering with locomotion.

The patient being willing to undergo an operation for its removal, I invited Dr. Charles Vastine to assist me in its ablation; and, with as many students of the Homœopathic College as could be admitted into the room, I proceeded with the excision — having first placed the patient under the influence of *Chloric-ether*, a preparation of *Chloroform* and *Ether*, in the preparation of one-third of the former to two-thirds of the latter. I have used this compound anæsthetic largely, in my surgical practice, both in civil and military life; and can confidently recommend it as the safest, most reliable and satisfactory.

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The patient fully anæsthetized, I made an incision of about four inches, over the surface of the tumor, dividing skin, tissue and muscle, by a clean sweep of the knife. Then, carefully dissecting away the periosteal covering, the bony growth was laid bare, when I proceeded to uncover its base, or peduncle, which proved to be little less in dimensions than the projecting growth. Clearing away the soft parts from the peduncle, and seizing a strong bone-forceps, well pressed down upon the base, I detached, with a single effort, the bony tumor, which was in size a little less than a hen's egg. The asperities and inequalities remaining at the bottom of the wound, were removed by the aid of the rasp; and a clean and smooth surface presented for union. This is the most important feature of the operation; as, without it, inflammation, erysipelas, etc., etc., are exceedingly apt to ensue, and jeopardize the success of the operation. The lips of the wound were approximated, by means of the silk suture and adhesive plaster, and *Calendula* lotion freely applied to the parts. Healing by the first intention took place within a few days; but soon after, fever set in, which was promptly relieved by *Aconite;* and subsequently an abscess appeared in the site of the tumor, which was opened, and injected with a solution of *Calendula.* In a few days, the patient was enabled to attend to his ordinary avocations; and in three weeks from the operation, the case was perfectly cured.

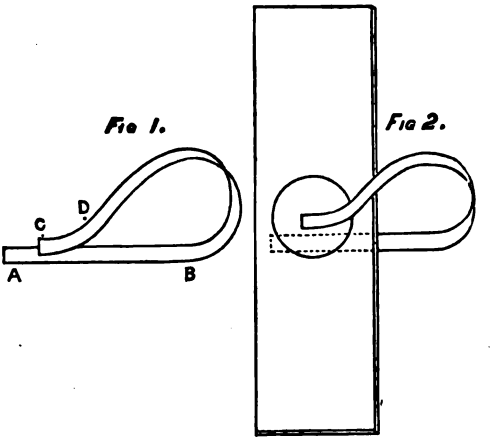
The surgeon, in such cases, must be careful that the whole of the tumor be removed, else it may be reproduced. In certain cases — as when the these growths are situated upon the cranium, and its base can not be extirpated — *Nitric acid* or *Potassa fusa*, carefully applied to the part that is left, so as to produce its exfoliation, will be found highly serviceable to prevent repullulation from taking place. In some cases, the chain saw may be advantageously used in removing these growths; also, the chisel, gouge, and mallet, — the instrument being selected according to the size, shape of the tumor, and its situation.

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MICROSCOPY.

By T. F. Allen, M.D., New York.

When mounting objects in fluid, I have used, for a long time, a simple contrivance, which, as I have seen it nowhere described, and as it is so simple and useful, seems worthy of a note. Its use is for holding the thin glass cover firm, when applying the cement.



I make it of a piece of hoop-spring, about three inches long, heating and bending into a large curve, to approximate the ends, as in *Fig.* 1. The lower arm, A B, should be quite straight, and the curve should not project below its level; the end A should project a little beyond the end C, that it may catch under the edge of the slide in applying it. The arm C D should not be quite parallel to the arm A B, but so inclined that when applied to the slide (see *Fig.* 2) the thickness of the slide will bring them parallel. The arm C D must be quite short, so that it shall not occupy more than half of the thin covering glass. The large curvature allows the cement to be applied quite around the cover. It may be tempered to suit — some stiff, others more flexible. One can be made in five minutes; and, to me, they have proved very useful.

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REVIEWS OF BOOKS.

ORGANOPATHY; or, MEDICAL PROGRESS. An Essay, by WILLIAM SHARP, M.D., F.R.S. London: 1867.

"*This is an age of progress*," is a trite observation, often repeated. The fact is generally recognized with complacency and approval. "*The world moves.*" This is enough. Movement is demanded, not only by the increased enlightenment of the present, but also, and more, by a restlessness of spirit, which will not be content with the attainments and opinions of the past. It is, to a great degree, the current mode of our day, to look on these with little favor, merely *because* they have been of the past. It is a fact, that the past no longer commands our reverence. Its teachings have come to be slightly regarded. Its opinions — the presumption is against them, because they are old. Its practices are no longer matters of authority with us. We turn from them in our pride, with the complacent remark: "We have changed all that."

In this contempt for the old, the fixed, the immovable, so characteristic of our age, our countrymen are quite conspicuous among men. And perhaps not less so for their ready attention to whatever is new; and it is said to be all the better for them, if this be marked by something of extravagance, as well as novelty — and, above all, if it deal with fundamental principles with freedom; and, best of all, if the attempt be to set these aside, and replace them by the new doctrines, so evincive of "movement," the characteristic of our age.

"*The world moves.*" The fact is made to apologize for folly, in its greatest extent; and is raised as a defence of falsehoods, the most bold and unblushing. What if this be

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so? Does the fact convert folly to wisdom, or falsehood to truth? What if the world moves? Is there, therefore, nothing fixed in fundamental truth and principle, which can not be moved? Because the world moves, shall not, therefore, the throne of God and his truth stand fast? and are these no longer proper subjects of reverence and confidence? What if the world does move? is the fact of more importance than this, that there are some things in it which do not. Is this movement to blind my sight to those truths and principles which can not be shaken? Is it not upon these, and only these, that all progress in philosophy and practice, of any value to us, must rest? Is it not because they can not be moved, that therefore, while I walk in their light, and under their guidance, I shall surely walk safely? Is this safety of less importance than the boasted progress which knows no rest?

Progress is good. It is a duty. But it is a duty, also, that we see to it that it be good. Opinions and practices move, it is true; but before we make these movements ours, we are bound to see in *what direction* they go, and the *results* to which they tend. The progress in opinions and practice which is worthy of our respect, is that composed of observed facts, added to known truths already on the record. Speculation makes no part of it. Extravagant fancies are wholly foreign to its nature. Presumptuous self-confidence has added little to it heretofore, and it presents as little to our hopes of future good. True progress, by which we attain to the solid realities of science, is born of no such parentage. This comes only from patient labor and useful observation, and is the result of new truths, so discovered, added to the old, which were known. This progress is an advance which adds truth to truth. It accepts the new, when proved, while it retains the old for like reason; discarding no one truth, merely because it is old. That a proposition is new, is, in itself, small recommendation to our confidence; though certainly this is no just ground for its rejection. It must be much more than this, before it can be received as constituting any part of true progress in medical science. In the

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past, novelty and plausibility were often sufficient to give currency to theories and practices, which added nothing to this progress. Now it is different. We challenge the novel and plausible to produce the evidence of their truth. Failing in this, they are now cast aside — at least by our school, to take their place with the falsehoods and fancies of that which constitutes so large a part of the history of medical opinions and practice. This fact is one of the evidences of progress in medicine, the most cheering in its promise, and beneficent in its results. This challenge to the truth began with *Bichat*, in the physical basis of our science; and was fully and successfully carried by *Hahnemann*, into its practical teachings and duties, to the extent that now we receive as true, only that which comes accredited by the most careful observation of the facts, both as to the philosophy of diseases, and the nature and action of their curative agencies.

Such, and only such, is that progress in medical science which leads to greater practical successes, and such the process by which alone it can be carried forward. By any other process than that of observation of facts, if we attempt to advance, we simply cut loose from all safe anchorage, and drift in speculation and darkness, till we reach the logical result of such folly, in inevitable confusion and disaster. To such a progress, "Organopathy" brings us no contribution of facts, and gives to its advance no new impulse — though the author of this pamphlet of 64 pages declares (p. 20) he has given eighteen years to the investigation of the "new method" (Hahnemann's); and the object of this, his present work, is to call the attention of the medical profession to the results of this labor. After its perusal, we have more of regrets that it was ever undertaken, than approval of the principles he endeavors to inculcate in it. These regrets are only surpassed by those greater, that the author has allowed himself to commit his greatest possible mistake, that of publishing the results of this eighteen years of fruitless toil.

"The first labor," he tells us, "was to separate, in Hahnemann's system, what was found to be supported by observa-

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tion, from all that was destitute of that foundation; the former to be rejected, the latter to be adopted," etc.

"If "Organopathy" is to be received as the result of this attempt, so protracted, there can be no doubt this "first labor" has been a miserable failure. There is much, very much, in the system of Hahnemann, supported by wealth of observation and practical successes, which it fails wholly to notice as "adopted;" while, at the same time, it is silent as to the particulars of those elements in the system which *his* "observation" has failed to confirm — so that we are left in doubt as to them, whether they may not have been confirmed abundantly by the observations of others. The pamphlet is equally silent as to his *methods* of observation, as it is on this class of the elements of the subject, on which it was brought to bear. For these reasons, it is perfectly worthless as a testimony on the subject of which it treats. As we proceed, its utter want of value will appear from other and more weighty reasons.

We may safely pass by the attempt of Dr. Sharpe, on p. 27, to disparage Hahnemann, in order, as it appears, that he may the better be able to conciliate his opponents. It is a sufficient answer to this assertion, that he was "visionary, unscientific, and easily led away by loose analogies," etc., that Hufeland — who knew him better than Dr. S., and, to say the least, was equally capable of judging correctly in the premises — does not agree in this estimate of the mind of the master. To Hufeland, Hahnemann was something quite different. And then, the more conclusive reply to this petty attempt is, that "visionary, unscientific and weak" minds are not those from which come great revolutions in science, like this which Hahnemann has wrought in that of medicine, by his promulgation of Homœopathy. It is not in the experience of the world, that weak men seize on the science and mind of their generation, and impress both with great truths, revolutionary in their character and results, as to the then prevailing practices and opinions. This has not been the work of weak minds. He who is capable of this, is worthy

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of the distinction conferred on the founder of Homœopathy, when he is called "*The Master.*"

"But," says Dr. S., "Homœopathy, as represented by Hahnemann, is vague, indefinite, and unproved."

This only shows that that which Dr. S. has at times attempted to advocate, he has only partially understood. He here confesses he does not understand it. He has been endeavoring, for eighteen years, to do so; and acknowledges that his "progress made may have been slow," and, modestly enough, "rather the offspring of time than wit." This it evidently is. But it is very small, even for time. Still, he has attained to this in his long course of investigation, viz.: the conviction "that there is something good in Homœopathy;" and for this, we should certainly be thankful. We might even be more thankful, if he had not added, immediately after, this: "or, rather, something *underlying* it." Here, the whole thing comes out — the whole secret of the author's failure of success, in his long-continued effort. He has been occupying himself, all these years, not with Homœopathy, but with "something underlying it,"— something beneath it. Indeed, it seems to have been very far beneath it. If he had made himself more conversant with the spirit and facts of Homœopathy itself, the result might have been something different.

The "*progress*" contemplated and claimed by the author, in this his last work, is reached through open attacks on Hahnemann and his teachings. His indictment is made up of several counts, which differ greatly in their importance; and to these are added the peculiar views of the author, as opposed to the teachings of the Master. He objects to the statement that "*similar diseases cure each other*," not because he has, in eighteen years, discovered that this is not true, but because it has not been proved to his satisfaction. This he has a right to do — still similars will cure.

He objects to the application "of the Homœopathic principle to the action of *mental emotions* upon each other," by Hahnemann. He does not even attempt to show that they do *not* so act.

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He objects, also, to the statement that "the effects on the human body, of the physical forces of inanimate nature — heat, light, electricity and animal magnetism — are governed by the same law." He simply opposes his negatives to the thousand times observed facts of the Master and his followers, in the premises. It is not difficult to decide which is the better authority.

He then, having disposed of these agencies, passes to the remark that "there is sufficient evidence to compel the admission that *a relation exists in nature* between the effects of material poisons on the healthy frame, and the effects of the same poisons on diseases resembling those which they are capable of producing." The principle is somewhat awkwardly expressed, but it is such as satisfies the author. If the term "*poison*" were clearly defined, we could better judge whether it would satisfy us. In the absence of this, it is wholly indefinite. If he limits the meaning of the term to those destructive agencies usually understood as referred to by the use of the word, and restricts the meaning of the word "*drug*," in the same sentence, to this class of bodies only, as he seems to do, by what follows, then he is as far below a proper comprehension of the resources of Homœopathy, as he was below its principles, in his long search after that supposed "underlying something" which he has not yet found.

After attempting a definition of a drug — he rejects Hahnemann's — he proceeds to develop his peculiar views of drugs and diseased action, which are so far from ascertained truth, and so like the materialistic teachings of antiquity, that they can hardly fail to excite the suspicion that he has been delving so very low down after that "underlying something," that he has had but rare and slight acquaintance with the lights which modern and true "progress" has thrown over the whole surface of the science of these subjects. But for these peculiar views, the pamphlet might well have been left to the early forgetfulness to which it is surely doomed. They differ from the half-formed notions of those who are only partially instructed in the "progress"

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of modern times, only in this: that they are rather more crude. They have, to this class, a seeming of scientific character, calculated greatly to mislead those who are groping after truth, as the author seems to have been so long. It is for this reason solely, that any importance attaches to the pamphlet before us. It is to these views, we propose to devote the remainder of this paper.

On pp. 30–31, he opens their presentation in this wise:

"Hahnemann looked upon all diseases as derangements of the *vital force*, or life, of the body; and he asserts that the action of drugs is also upon this force, or life. This view implies a *general action*, both by morbid action, and by drugs.

"The practical consequences of this doctrine are seen in his *Materia Medica*, in which he records the effects of drugs taken in health, or the physiological action of medicines. In these 'provings,' each drug has symptoms attached to it, connected with every organ of the body.

"I do not adopt this view. It is simply a conjecture that 'in disease, the vital force only is primarily morbidly deranged,' etc. * * * Not only does it not rest upon any facts which prove it, but, as it appears to me, it is incapable of proof.

"That each drug acts in the same manner, and so produces symptoms or effects over the whole body, is, I think, also a mistake."

The difficulty of Dr. S. with all this is, the *general* character of morbid and drug action, as opposed to *local*, which he believes in and advocates. He seems to see, clearly enough, that if the nature of disease be as represented in the Organon, "a derangement of the vital force," then the action of its cause must be *general*, and the "progress" he attempts by making it *local*, in opposition to the facts of nature, is stopped. We have recently argued this matter of the "essential nature of disease," and shall not now go over the ground again. We agree wholly with Dr. S., in the conclusion he draws from what we regard as little, if any thing, less than a dem-

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onstrated truth, as to this nature, that it implies — indeed, necessitates — the *general* action of both cause and cure.

But the Dr. "does not adopt this view" of the nature of disease. It would have been interesting if he had told us what view he does adopt. It is not quite obvious how any other view can by possibility be sustained successfully, unless the possibility of producing disease in the *dead* body be first shown. He calls this view merely a "conjecture," and complains that it has not been "*proved.*" It is difficult to *prove* a self-evident fact more clearly by outside evidence than by its simple statement. The gross absurdities to which he is driven who rejects this view, are, in themselves, sufficient collateral evidence of its truth — if, indeed, it needs even this support.

He does not think drugs "produce symptoms or effects over the whole body." In this case, there is the Dr.'s scepticism on the one side — who, it is evident, has never proved a drug — and the recorded experience of the thousands who have, on the other; the unbelief of one, opposed to the experience, integrity, and capacity, of this cloud of witnesses. The egotism of the opposition is really sublime.

But the particular point which Dr. S. raises in opposition to the teachings of Hahnemann, is, "that diseases affect special organs, or constituent parts of the body, and so are local; and that drugs act locally, also;" (p. 37.) "This is Organopathy. It has not merely the resemblance of the symptoms of the drug and the disease, but the identity of their seat." (*Ibid.*) If this means any thing, practically, it is that diseases are local, and only so, in their nature; and that drug action is also, in like manner, restricted to certain limits. We unhesitatingly affirm that neither of these positions is true. As to the drug, we oppose to this restriction the experience of all provers of drugs who have given us the results of their observations in the records of our Materia Medica. They, with no exception, declare they had sufferings, both general and local. The testimony of one such experimenter, would be quite sufficient to outweigh a theory like this, of the mere local action of drugs; that of the mass

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of them, removes the question far beyond the grounds of controversy.

As to disease, we oppose to this limitation of its nature, the observations of all practical men, who are capable of *seeing* what is present before their eyes. It is apparent, from the announcement of this false principle by Dr. S., as a "*progress*" in medical science to be approved, that he is not of this number.

To this testimony, we add that of the facts of nature, as they are met in cases of disease which have been regarded as more especially localized than others. Take, as a first example, typhoid fever. *Louis* and his followers have localized this disease in Peyer's patches and the solitary glands of the large intestine. They have gone so far as to declare that, where particular phenomena are wanting in these localities, this fever is not present. To them, these phenomena *are* the *fever*. Their estimate of the importance of this group is set aside by the following facts: The *first* symptoms of the fever are not referable to this locality, but are developed in the functions of other and remote organs; that symptoms referable to these patches, are only met after the disease has made some progress; that the morbid process usually set up here, is neither a more important nor constant element of the fever, than are the modifications of the functions of several other organs; that the fever is not often fatal by reason of lesions of Peyer's patches, though it sometimes is; that it is much more frequently fatal through lesions of the brain and lungs. And, further, the whole idea of this fever being a *local* fact, is negatived by the universal change in the functions of *all* the organs of the body. There is not an exception. The *whole man* is sick. This disease is but the *condition* of the *man*, not that of any one organ or locality. There is no soundness in him; from the head to the foot, he is sick. The suspended and changed functions of the secreting organs, are no less an integral *essential* part of the fever, than is the vaunted local inflammation and ulceration. So of the loss of muscular force, the solution of the blood crasis,

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the moral and mental aberrations, the modifications of circulation and respiration, etc.

To this example may be added dysentery, a disease often treated of as a local affection of the intestinal tube. In this, also, the whole man is sick. The inflammation of the colon is no more a part of the disease than is the changed state of the whole of the nervous functions, of the secretions, of the mental and moral condition, of the circulation, of the muscular forces, of the calorific function, etc.

If we were to give time and space to the enumeration and examination of the diseases which affect our race, we should only find each, like the two we have given above, an invasion of the *man*, and not, *exclusively*, of single organs or localities. Indeed, we have no hesitation in saying that such a phenomena as a *merely* local disease, has no existence, other than in the imaginations of men who would be wiser than their teachers; and never has had. It is an impossibility, in the very nature of the case. It might be otherwise, if man were composed of independent parts, each with no relationship to the others; but while, as now, each is bound to all the others by the tie of a common vitality, and by sympathetic relationships the most intimate, it can never be.

And yet, in the face of these most obvious truths, in this nineteenth century, has been found one claiming our respectful attention, while he presents his relic from antiquity, as an improvement worthy of our confidence — a "*progress*" in medical science, full of hope and good fruits. He proposes by this to set aside the laws and operations of life, the facts of experience, the actualities of diseases; and then calls upon us to accept all this as "*medical progress.*" It is a progress, indeed; but in what direction? Obviously, it is but a proposed retrograde into the murk and uncertainty of the past, from which the light of true Homœopathy has brought to us so great deliverance. "Organopathy" presents us no new idea. We have seen it all before. Others, before Dr. S., have attempted, by its restrictions and generalizations, to set aside that individualizing of diseases, and the action of drugs, without which, Homœopathy is not. They have,

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to say the least, shown ability equal to that of the author, as displayed in "Organopathy;" and his success is not likely to surpass theirs, which has hitherto proved a nullity. The attempt of professed friends of Homœopathy, to rise in importance on damaging assertions and inuendoes, is not new. It has been repeated so often, that the trick has become rather stale. The entire want of success which has hitherto attended it, should have been a sufficient warrant for laying it aside altogether. Hahnemann, as to the character of his mind, his attaintments, and his life-work, is an accepted fact, fully before this present generation; and not at all a fact yet to be discovered. Of this, those who hereafter propose to improve that work, may as well take note; and also of this other fact, that their own work is sure to be judged on its own merits, and in no case on any supposed demerits of either Homœopathy or its author. P. P. W.

NOTES ON THE ORIGIN, NATURE, PREVENTION AND TREATMENT OF ASIATIC CHOLERA. By JOHN. C. PETERS, M.D. 2nd Ed., with an Appendix. New York: D. Van Nostrand. 1867.

We cordially endorse all the complimentary notices which have been made by the Allopathic medical press, as regards the mechanical execution of this work. It is a credit to the publisher, and a comfort to all medical readers.

But, apart from this, the work is useful and valuable. It gives a condensed account of the origin of cholera, its modes of distribution, and the various theories concerning its nature and treatment, both Homœopathic and Allopathic. Some points, which Dr. P. thinks are very clear, might bear discussion; but our limits forbid referring to any thing more than the medical treatment. For the prodromic diarrhœa, he gives 34 prescriptions; and, as he does not indicate a preference for any, it is fair to presume that he considers them all on a par. For the choleraic diarrhœa, he gives us 27; but indicates no preference. One might conceive of a

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case of prodromic diarrhœa, where he might try all the 34, if the patient would let him; but in choleraic diarrhœa, matters are rather more urgent, and few cases could be found where 27 prescriptions could be tried, and a doctor certainly would be in a great dilemma, in the midst of so many means, without knowing which was the best. If the Doctor would only give his experience with each one of them, in the next edition, it would throw some light on the subject. In fully developed cholera, however, the mist begins to clear away a little. "Macpherson's directions are: Secure the best hygienic conditions possible; give them (the patients) abundance of water to drink and ice to suck." This, with other hygienic directions, is about all. A little *Chloroform*, here and there, may be used; but Macpherson himself *took no drugs*, when he had the cholera. (Why?) In the treatment of collapse, the matter becomes still plainer — it is clear as noon-day. "Macpherson says, in the stage of collapse, he knows of no drug worthy of the smallest confidence." (If he did not say so, about the previous stage, he *did* so, which is more emphatic.) Here we are face to face with death, and neither Macpherson nor Dr. Peters knows any drug worthy of the smallest confidence; more than this, on the next page (124) he quotes a writer who says: "A larger portion recovered, of those who were left to the efforts of nature, than of those who were actively treated." Or, in other words, in the choleraic diarrhœa, treatment is of no great account; and in the collapse, it is worse than useless — it is injurious. And this is the treatment of the famous Regular Scientific Allopathic School. Surely, it can not boast superiority over any other. Dr. Peters himself says, in a letter to us: "I most distinctly do not believe in a greater success in true cholera, than 50 per cent. — either Homœopathic, Allopathic, or any other pathic." About fifty per cent, however, will get well of themselves. A school whose treatment is *nil*, or worse than that, is not a school to claim preëminence over others.

As regards *Chloroform*, which Macpherson thinks (p. 157) is the only important addition to our stock of remedies made

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for some time, Dr. P. adds below, on the very same page: "It was tried at the London Hospital, given both by the stomach and by inhalation; but all the patients died."

On the whole, we do not see that Dr. Peters has made any material advance beyond his Allopathic compeers, as regards the treatment of cholera. He might say, with M. Gluge, in the Belgian Academy: "I do not know what I should do to cure my cholera patients." "We know no more about the matter than we did thirty years ago." Or, with M. Lebeau: "Experience does not speak favorably of methods which show a loss of 50 per cent." Or, with a writer in the "Bull. Gén. de Ther.," etc., LXXI., he might speak of drugs and treatment (Allopathic) as all being, "in the last analysis, about equally good or equally insufficient and dangerous."

But what Dr. P. says about the Homœopathic treatment of cholera, is of more interest to us; and we will consider this more at length. Our readers will remember a comment which we made upon a review of this work, on page 218 of this Volume. According to the reviewer, Dr. P. asserted that Homœopathic treatment was no more successful than Allopathic; upon which we observed that "Nobody knows better than Dr. Peters, that this is not true." This brought a letter from the Doctor, charging us with injustice. We replied that the remark was based upon our general knowledge of the Doctor's acquaintance with Homœopathic literature; but that if he said that he never had seen this evidence, or did not credit it, we were ready to retract the assertion. To this the Doctor replies that he does most distinctly discredit the evidence; hence, we avail ourselves of the earliest opportunity to withdraw the charge, since a man can not, in any proper sense, know what he does not believe.

Further than this, we feel bound to say that the remark expresses more than we had intended. We have known Dr. Peters for thirty years, and never knew or heard any thing of him that would lead us to think him untruthful, or even uncandid; and any thing in the above remark which seems to charge untruthfulness upon him, we wish to retract, and express regret that it was said. The notice was written

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hastily, and, as is apparent on the face of it, without having seen the Doctor's book. Had we seen it, our notice would have been written quite differently.

If Dr. Peters, however, most distinctly discredits Homœopathic statistics of cholera, he must discredit a very respectable Allopathic authority — Dr. Wilde, since editor of the "Dublin Quarterly Journal of Medicine," who says, in his "Austria — its Literary, Scientific and Medical Institutions:"

"Upon comparing the report made of the treatment of cholera in the Homœopathic hospitals at Vienna, with that of the same epidemic in other hospitals of Vienna at a similar time, it appeared that while two-thirds of those treated by Dr. Fleischmann recovered, two-thirds of those treated by the ordinary methods in the other hospitals, died. This very extraordinary result led Count Kolowrat (Minister of the Interior) to repeal the law relative to the practice of Homœopathy. The hospital in question, it should be added, was daily visited by two Allopathic inspecting physicians, appointed by the government. Dr. Roth, of Munich, also, who was sent by the Bavarian government to observe the cholera in different localities, and report on the effects of its Homœopathic treatment, published, in 1833, an interesting pamphlet, which has furnished a considerable portion of the statistics above detailed. The statistics from Tischnowitz, in Moravia, (where there were 327 cases and 32 deaths,) were furnished by the authorities of that place, accompanied by a letter of the most grateful acknowledgment. Dr. Veith, one of the practitioners, whose results are quoted in the above list, had formerly been a medical practitioner in the Allopathic School, but was, at the time when the cholera raged at Vienna, Chaplain to the Court and to St. Stephen's Cathedral; and whilst administering the consolations of religion to those infected with cholera, he was shocked at the awful mortality that prevailed, and the idea of treating them according to the Homœopathic system, with which he was already familiar, occurred to him. His success was so great that, of 125 patients, he lost but 3."

II. He also must discredit him when he says, in the same work, p. 62:

"When the Bavarian Parliament and the Hungarian Diet, in 1843, unanimously agreed to recommend the merits of

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Homœopathy to the favorable consideration of their respective governments, it was shown:

1st. "That, in Germany, the mortality in Homœopathic hospitals was not quite 6 per cent.; whereas, in Allopathic hospitals, it amounted to more than 12 per cent.

2nd. "That in severe inflammation, the mortality in Allopathic hospitals was nearly 15 per cent., and in Homœopathic hospitals not quite 5 per cent.

3rd. "*That in cholera, the mortality in Allopathic hospitals was* 56, *and in Homœopathic hospitals under* 33 *per cent.*

4th. "That the average number of days which the patients remained in the hospital, was from 28 to 29 in Allopathic, and from 20 to 24 days in Homœopathic hospitals; and,

5th. "That in Homœopathic hospitals, the charge for each patient is nearly half the expenditure for each patient in Allopathic establishments."

III. He must discredit Dr. Macloughlin, one of the (Allopathic) Medical Inspectors of the Board of Health, when he says, in a letter to Hugh Cameron, Esq., M.R.C.S., and one of the Surgeons to the London Homœopathic Hospital:

"You are aware that I went to your hospital, prepossessed against the Homœopathic system; that you had in me, in your camp, an enemy rather than a friend; and that, therefore, I must have seen some cogent reasons there, the first day I went, to come away so favorably disposed as to advise a friend to send a subscription to your charitable fund. And I need not tell you that I have taken some pains to make myself acquainted with the rise, progress and medical treatment of cholera, and that I claim for myself some right to be able to recognize the disease, and to know something of what the medical treatment ought to be; and that there may be, therefore, no misapprehension about the cases I saw in your hospital, I will add that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any any other. In conclusion, I must repeat to you, what I have already told you, and what I have told every one with whom I have conversed, that, although an Allopath by principle, education and practice, yet, was it the will of Providence to afflict me with cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a Homœopathic than an Allopathic adviser. I can not suppose that any thing I have said above can be of value to the

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Homœopathic system; but, such as it is, you are at full liberty to make what use you please of this letter."

IV. He must discredit what Dr. John C. Peters once fully credited. See "North American Journal of Homœopathy," Vol. IV., p. 442, where he sums up the results of the treatment of cholera by Rummel, Knorre, Reil, Schweikert, Drysdale, Fleischmann, and Buchner, as follows: 1221 cases, 829 recoveries, 392 deaths. "These cases," Dr. P. adds, "are reported by well-known and honorable Homœopathic physicians; and the average loss, in *fully-developed cholera*, seems to be about 31 per cent." And, further on, he says: "Up to the present time, Fleischmann has treated 1202 cholera patients, with 793 recoveries, and 409 deaths; or about 33 per cent. of mortality."

We certainly shall not be to blame if we see things as Dr. Peters saw them ten years and more ago, rather than as he sees them now; nor if we wonder through what media the Dr. now looks at these facts, so different from those through which he once saw them.

Perhaps this sentence, on p. 161, may throw some light upon this question: "It is fair," the Doctor says, "to assume that all the so-called cures of cholera, with Homœopathic doses of Allopathic remedies, were merely recoveries." To reach this assumption, however, the Doctor needs another assumption, and makes no scruples to use it — viz., that the remedies in vogue amongst us are not Homœopathic at all; and to gain this, still another assumption is needed — viz., that Dr. Peters knows what is Homœopathic to cholera, better than all the Homœopathists of Europe and America, for the last half-century. This, we are not prepared to admit; and, till this is granted, Dr. Peters' other assumptions may be fair, but they are vain.

The Doctor hurls a shaft, ever and anon, at infinitesimal doses; and writes us that he has no faith in them whatever, not even in the second of *Arsenic*. We shall not dwell much on this point, as it has been already ably set forth in another part of this very number; but will only say that one of two things must be true: 1st, That Dr. Peters has never tried

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them; or, 2nd, That he lacks the qualities of mind requisite to appreciate truth on this point. The part of the brain where such a function is performed, is softened, or was never there. Indeed, we could more readily grant that Dr. Peters (or any other man) had no brains at all, than that there was no efficacy in infinitesimals; and this without impeaching either his honesty or his capacity for appreciating the truth on many subjects. We knew a man once — and an honester man never lived, and few more intelligent — who declared that ripe strawberries and their leaves were all of the same color. We heard another speak of a *green* dog. The whole company laughed, of course. "Why," said he, "what are you laughing at?" "At the idea of a green dog! — who ever heard of such a thing?" "Green dogs? why, I have seen thousands! There, he was just as green as that dog," pointing to a little brownish-yellow cur, running across the deck. Of course, we all laughed harder than ever; — arguing was out of the question. Now, why may not honest and intelligent men be devoid of the faculty of discerning other truths, as well as the truths of color? There undoubtedly are such; — we may laugh at them, or pity them, as the case may be; but not argue with them.

A Manual of the Dissection of the Human Body. By Luther Holden, F.R.C.S., Assistant Surgeon of and Lecturer on Anatomy, at St. Bartholomew's Hospital, London. With Notes and Additions by Erskine Mason, M.D., Demonstrator of Anatomy at the College of Physicians and Surgeons, and Surgeon to the Charity Hospital, N. Y. New York: R. M. DeWitt, Publisher, No. 13 Frankfort St. Cloth, 8vo., pp. 575.

The work before us is another evidence of the rapid improvement that is being made, and the increased facilities that are almost daily being offered to students, in every department of science pertaining to the practice of medicine and surgery. Such works on anatomy as Gray's, and now Holden's Manual, take us back, in almost painful contrast,

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to the days when we began the study of anatomy in an old copy of Cruvielhier, and, somewhat later, entered the dissecting-room, armed with a case of immaculate instruments and the Dublin Dissector. They make us wish we could have been born a little later — or, at least, make us feel that we would like to begin over again, where we are, in order that the youngsters may not reap *all* the advantages of recent improvements in text-books and modes of instruction.

This work does not propose to take the place of such works on general descriptive anatomy as Gray's or Wilson's. It is intended to be used as a guide to the study of practical anatomy, in the dissecting-room; and, whether as a guide to the first incisions and observations of the mere beginner, or a help to the physician desiring to refresh his anatomical knowledge, or a companion to the surgeon in his practice upon the cadaver, this book must be regarded as equally admirable. There is nothing else that can be compared with it.

The strenuous aim of the author has been to combine the plainest practicability with the utmost accuracy of detail. Each region of the body is dissected throughout, by itself; and muscles, fascia, vessels, nerves, glands, etc., are described in the order in which they naturally appear as the dissection proceeds.

The language is always plain, practical, right to the point; enough words are used, and not one too many. The reader will be impressed with this, wherever he may open the book. The very first sentence will give an idea of the adaptation of the style to the subject, the place, and the needs of the learner: "Make an incision through the skin, down the middle of the neck, from the jaw to the stomach; a second along the clavicle, to the acromion; a third along the base of the jaw, as far as the mastoid process. Reflect the skin, and expose the cutaneous muscle called the *platysma myoides.*" The student is at once set intelligently at work, in a way that inspires courage and confidence, and a love of his pursuit.

It is superfluous to particularize portions of the work,

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where all are so thoroughly useful and admirable. In glancing over it, however, we could not but particularly remark the dissection of those parts concerned in inguinal and femoral hernia, that of the pelvis and its viscera, and the brain.

The points of surgical interest are all clearly and forcibly illustrated, in every part of the body; and, scattered over the pages, in the form of references and foot-notes, are very many valuable hints on comparative anatomy, anomalies, and other matters of interest.

The work is amply illustrated with large, clear and remarkably accurate wood-engravings; the typography is all that could be desired; and the whole substantially and handsomely bound. No one, young or old, wise or foolish, should think of entering the dissecting or the prosecting room, without Holden's Manual under his arm. F. A. L.

THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. Edited by E. NOEGGERATH, M.D., etc., etc., and B. F. DAWSON, M.D., etc., etc. May, 1868. New York: Moorhead, Bond and Co. Vol. I., No. 1.

The initial number of this promising Quarterly is on our table. Its general appearance is all that could be desired. Its table of contents includes: The History of Eight Cases of Placenta Prævia, by Prof. T. Gaillard Thomas; On the Pathology and Treatment of the Different Forms of Croup, by Prof. A. Jacobi; The Rectum, and its Relations to Uterine Disease, by Prof. H. R. Storer; A Case of Diabetes in an Infant, by Jas. L. Brown, M.D.; Salutatory; Transactions of the N. Y. Obstetrical Society; Abstracts and Book Notices. It discusses, in Dr. Thomas' terse and excellent style, the following means for preventing hæmorrhage while the os dilates, viz.: 1. Distension of the cervix by bags of water. 2. Evacuation of the liquor amnii. 3. Partial detachment of the placenta. 4. Complete ditto. 5. The tampon, or colpeurynter. Of the means for hastening delivery, he gives us the relative value and special indications for: 1.

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Ergot. 2. Version. 3. The Forceps. 4. Craniotomy. The paper on Croup, like most essays from our German friends, is wordy, diffuse, and evidently based upon the supposition that its readers are ignorant of the special pathology and treatment of this dangerous affection. It pleads the merits of tracheotomy. Dr. Storer's article is prefatory to papers that are to follow. The case of diabetes, which proved fatal in a child of less than three years, is quite remarkable. We recommend this journal to our readers, as a means of information in the specialty to which it is devoted. L.

MORGAN'S DOUBLE INCLINED PLANE.—We received a note from Dr. Morgan, too late for insertion in the last number, respecting the use of the bed-pan by a patient in this inclined plane. He finds that this utensil is frequently unmanageable; but says that "a successful, even admirable, substitute was found in an old oval vegetable dish. This is, indeed, in most other cases requiring such aid, to be greatly preferred."

BOOKS RECEIVED.

Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By Jno. C. Peters, M.D. 2nd Ed., with Appendix. New York: D. Van Nostrand. 1867.

The Western Homœopathic Observer.

New York Citizen.

The Dental Register.

New York Medical Journal. *Earnestly recommended to those of our readers desirous and capable of keeping pace with medical science, in its present rapid progress.*

The Detroit Review of Medicine and Pharmacy.

Revista Médico Quirurgica y Dentistica de los S. R. E. S. Wilson and Gonzalez. Edited in Havana, and published in New York by Dr. Jno. Howe, 311 West Seventeenth St.

Nashville Journal of Medicine and Surgery.

Vol. III., Part I., of the Publications of the Mass. Hom. Med. Society, for 1866-67.

Pacific Medical and Surgical Journal.

Hahnemannian Monthly.

The American Journal of Materia Medica.

The Monthly Homœopathic Review.

Rivista Omiopatica.

The Ohio Medical and Surgical Reporter.

The North American Journal of Homœopathy.

Transactions of American Institute of Homœopathy, 1867.

The American Journal of Obstetrics and Diseases of Women and Children. Morehead, Bond and Co., New York. Edited by E. Noeggerath, M.D., and B. F. Dawson, M.D.

Bulletin de la Societé Médicale Homœopathique de France.

New England Medical Gazette.

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EDITORIAL.

LETTER FROM OUR BRITISH CORRESPONDENT.

(*Continued from p.* 347 *April No.*)

DURING the year 1867, Homœopathy has continued steadily to advance in this country. It is advancing among all classes of society; and it seems to me as if the Allopathic schools were slowly opening for the reception of it. For some years, the mere negation of expectant medicine has been uppermost among liberal physicians. But lately there have arisen many indications that a more positive system is likely to be demanded by the Allopathic intellect and conscience. I say *conscience*, because I am persuaded that expectancy in medicine is the co-relative to atheism in Morals, Philosophy and Theology; and that no reverent mind can long endure the attitude in regard to universal law and truth, which the expectant system obliges it to assume. The habit of mind which medical scepticism requires, is exactly that which must be put off and shunned in all other spheres of honest and hearty action. The latest indication of a revival of faith among the Allopaths, is to be found in an address by Sir Thomas Watson to the Clinical Society of London. The existence of such a society reminds the learned baronet of "the thing most needful at present among us—

"I mean, more exactness of knowledge, and therefore more direct and intelligent purpose and more successful aim in what is really the end and object of all our labors—the application of remedies for the cure or relief of disease. Certainly, the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics."

And then the speaker recounts their achievements in anatomy, pathology and diagnosis:

"We know tolerably well *what* it is that we have to deal with, but we do not know so well, nor any thing like so well, *how* to deal with it. This is more true, no doubt, in the province of the physician, than in that of the surgeon; but it is lamentably true in both provinces. We want to learn distinctly what is the action of drugs, and of other outward influences, upon the bodily organs and functions; for every one now-a-days, I suppose, acknowledges that it is only by controlling or directing the natural forces of the body, that we can reasonably hope to govern or guide its diseased actions. To me, it has been a life-long wonder, how vaguely, how ignorantly, how rashly, drugs are often prescribed. We try this, and, not succeeding, we try that; and, baffled again, we try something else; and it is fortunate if we do no harm in our tryings. Now, this random and hap or hazard practice, whenever and by whomsoever adopted, is both dangerous in itself and discreditable to medicine as a science."

Now see how this grand old medical Pagan erects his altar to the unknown God, concerning whom, Homœopathy has a few revelations to offer:

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"There *are* cures as well as remedies, and there *are* remedies that are equal to the cure. Who can doubt the efficacy of *Opium*, and of anæsthetic vapors, of *Quinine*, of *Iodide of potassium*, of emetic and purgative drugs? But there is a host of other known or reputed substances—to say nothing of a further host, no doubt, hitherto unthought of and unessayed—about which, our practical knowledge is very loose, imperfect, or even misleading. Concerning the peculiar virtue and specific agency of each and all of these, present and to come, we want sound and multiplied experience. There is no other way. The required knowledge must needs be gathered empirically, and by many hands; and whilst there are many drugs and medicaments yet unproven, there are also many shapes of disease, of which the true nature and origin are still disputed or doubtful. Of all these matters, will this Clinical Society—if I rightly apprehend its scope and purposes—take cognizance. Full and faithful descriptions, brought before it by competent and accurate observers, of the symptoms, circumstances and progress of disease in the living body, and of its behavior under treatment by medicines prescribed with singleness and simplicity, and a definite aim and object—or sometimes, it may be, of its behavior under no treatment at all; authentic reports of trials with medicinal substances upon the healthy human body;—contributions of this order, multiplied in number, compared together, contrasted, sifted and discussed, by a variety of keen and instructed minds—of minds skeptical, in the best and truest sense of that word—must lead at length, tardily, perhaps, but surely, to a better ascertainment of the rules—peradventure, to a discovery even of the laws—by which our practice should be guided; and so bring up the therapeutic and crowning department of medicine, to a nearer level with those other parts which are strictly ministerial and subservient to this."

This is a most remarkable deliverance from Allopathic headquarters. The learned baronet has got more than a hint of the most characteristic doctrines of Homœopathy—he sees that medicines must be prescribed simply and singly; that they must be "proved" (our own term) on the healthy, before they are given to the sick; that the effects produced on the healthy are likely to lead to the discovery of a law for their administration. The strange part of the business is, that he can thus discourse without being startled by the correspondence between his golden dreams of an undiscovered ideal, and the realized facts of Homœopathy. It is no slight testimony to the scientific value of Homœopathy, that all the priests of Allopathy, when they become inspired enough to prophesy, deliver themselves of mystic utterances to which Homœopathy is the only possible interpretation.

Another sign of the influence which Homœopathy is exercising upon the dominant school, is to be found in the more moderate tone of the journals when they refer to it. Some years ago, no medical journal could catch sight of the red rag of Homœopathy, without instantly going mad. The "Lancet" was especially remarkable for the violence of its rabid fits, and the savage style in which it growled and roared under the influence of the paroxysm. All that has now ceased. The "Lancet" rarely refers to us at all. A contemptuous reference occasionally finds its way into the journals; but they seem to think it discreet to avoid scolding, and either ignore us altogether, or affect a lofty, dignified scorn, in which no naughty temper is visible. For instance, the "Medical Times and Gazette" of August 31st had a review of Dr. Hughes' "Manual of Pharmacodynamics," couched in these terms: "In case our readers should be inclined to waste their money, let them know that this is a manual of Homœopathy." That is all. Surely, one can not but admire the dignified reserve, the severe brevity, the hush of self-restraint, that is apparent in this exquisite little notice. One can only hope that the writer did not indemnify himself for the sup-

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pression of the wrath that was probably glowing in his bosom, by kicking the next dog, or thrashing the next urchin that crossed his path, on rising from the editorial table. As another specimen of the style in which reference is made to us, I may refer to a jocular and facetious allusion lately made in a clinical lecture, reported in one of the journals — I forget the names. The lecturer vindicated the use of *Aconite* in pneumonia, although derived from such a corrupt source as Homœopathy, by quoting Rev. Rowland Hill's apology for using secular music for psalmody; the reverend gentleman did not see why the devil should keep all the best tunes to himself. The application — made, no doubt, with a good-humored wink — was left to the hearers; the lecturer would not be so ill-mannered as to say what was the devil that he particularly referred to. I am sure the Homœopathic students (there were sure to be some) who listened, would laugh as heartily as the rest of the class, at the humor of the lecturer.

The "Medical Mirror" is a monthly Allopathic journal, and assumes a more catholic and impartial tone than the other medical journals. It opens its pages to the advocacy, or certainly the exposition, of all shades of medical opinion. It reviews the Homœopathic journals, without any rancor, and with as much fairness as we have a right to expect from those who are committed to opposition. Of course, it blunders. Practitioners of the old school, very often show a singular incompetency to understand the very first principles of Homœopathy; they are not half so clear-headed about it, as hundreds of non-professional persons, who have never studied science at all. Your readers will doubtless be surprised to learn, on the authority of the "Medical Mirror," that "there are Homœopathists who ground their claim to the name upon their use of infinitesimal doses only, eschewing the law of similars." This is editorial. Another writer, who contributes an article on Remedial Systems, etc., is more ambitious, and attempts a definition of Homœopathy. Here it is: "Homœopathy, I need scarcely say to you, is giving the patient, each of us may be called to treat, infinitesimal doses, or sensible doses, of an uncombined drug, or a single medicine prescribed at a time, or by rotation; and the followers of such, believe that in the carrying out of this mode of cure, lies their only hope of success." What a fog the writer's mind must have got into before he could have penned such fantastic rubbish as this! This is all he says about Homœopathy. In another page of the same number, is a letter from Dr. Bayes, of Bath, quoting a case sent to him by a correspondent at Antigua — a case of fever, with obstinate and uncontrollable vomiting, which would not yield to antipathic treatment, nor to expectancy, but was immediately checked by four doses, each containing about a drop of *Tincture of Ipecacuanha*. Dr. Bayes very justly claims this as a fact to be put down on the credit side of Homœopathy, without insisting upon a larger influence than the fact carries. The editor adds a characteristic note: "We deny *in toto* that 'similia similibus' was practiced in this case. 'Similia similibus' would have indicated an emetic dose of *Ipecacuanha*, which was not given;" and so on. However, the case is evidently more articulate than the editor is, and it is a great gain to find Homœopathy even ventilated in an Allopathic journal. The next number contains a

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letter from "a physician practicing Homœopathy," answering the editor's question, "What is Homœopathy?" and the subject is continued in a subsequent letter. In November, two correspondents of the orthodox type, make their appearance. The words, IMPOSITION, QUACK, (in small-capitals), and 'gigantic fraud," sufficiently epitomize their letters. The editor admits a reply in December; but very properly then puts an extinguisher on the rising squabble, and refuses to admit any more brawling into his pages. Perhaps, we may think, he need not have admitted any.

The "Lancet" of October 12th, 1867, contained a communication from Dr. Hood, on the Internal Use of Lime in Cancerous and other Tumors, from which I shall venture to quote rather largely. It is a most interesting and remarkable case of successful Homœopathic treatment of a disease usually put down in the black list of incurables. The writer says:

"Some years ago, I was sent for to the borders of Hertfordshire, to see a lady who was upwards of 80 years of age. I found her apparently a hale, hearty woman, and at first was at a loss to discover why I had been sent for, as she was up and dressed, and appeared as if nothing ailed her. She was naturally of a reserved character, and was a woman possessed of a 'strong will.' Some little time elapsed, without her making any reference to the cause of my summons to her. When I asked her why she had sent for me, she replied to my question, by asking me whether I believed that the powder of oyster-shell would cure cancer. I was somewhat surprised at the nature of her inquiry, and answered that I had never heard of such a remedy for the disease. She then literally unbosomed herself to me, and explained why she had sent for me. She undid her dress, and exposed the left side of her chest, which was perfectly flat, and covered simply by a piece of linen. This she removed, and exposed to view an enormous raw surface, which resembled the body of a sheep after the shoulder has been cut from it. The wound appeared comparatively dry, and I observed no indication of any discharge from it, except a slight sanious discoloration on the linen that covered it. She told me that she had had a cancer of the breast for some years, and that, by a steady perseverance in the use of oyster-shell powder, it had entirely separated itself from her chest, as I then saw it; and I could not but remark that no surgical skill could have done it more effectually. She told me that she had lived for some time chiefly on bread and milk, and seldom had eaten any meat. She had never communicated the fact of her having the disease, even to her sister, a lady who was older than herself; and her maid was the only person who knew of it. How her sister, who slept with her, could have remained ignorant that her bedfellow was laboring under some horrid complaint, appeared surprising; but on enquiry, I learned that the old lady had lost the sense of smelling. Although the diseased mass had separated itself from the lady's person, there still remained the peculiar odor common to external sloughing cancer. I inquired how it was that she had resorted to this remedy, and she gave me the following history, almost *totidem verbis:* Some years ago, a gentleman living near the town in which she resided, had a tumor in his cheek, as large as a Seville orange. It was about the time that the late Sir Astley Cooper gave up practice in London, and came to reside at Hemel Hempstead. This gentleman thought he could not do better than go and consult Sir Astley about this tumor. Sir Astley saw it, and told him that it was a cancerous tumor, and strongly advised him to submit to its removal. This the gentleman objected to have done; when Sir Astley told him that unless he did, he would not live beyond six months. On the following Tuesday, being market day, this gentleman was riding through the town, when an old woman accosted him by saying, 'I hope, sir, you will pardon me, but seeing your face tied up, may I ask you what is the matter with you?' and his reply was, 'My good woman, I have a cancer in my cheek; and Sir Astley Cooper says I shall not live six months.' She rejoined, 'If you will try an old woman's remedy, I am sure it will cure it.' This the gentleman agreed to do; and in less than six months the tumor disappeared, and he got perfectly well. This lady knew all the parties; and it was the success that attended the remedy in this gentleman's case, which induced her to employ it in her own. The following is a verbatim copy she gave me of directions for using the oyster-shell powder:

"FOR A CANCER. — Bake a quantity, say half a peck, of oyster shells, for three nights, in a slow oven. Then scrape out the small white part of the shell. Powder finely, and take as much as will lie on a shilling once or twice a day, in a little warm water or tea. If that affects the

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system too much, leave off for a day or two, and commence again. Should an ointment be thought desirable, mix the powder in cream, lard, or good fresh butter, without any salt in it, and apply it. This treatment generally requires perseverance for three or four months, before its effects are seen. The shells to be used are those that are concave.

"This lady lived for two years after my first visit to her, and ultimately died in an epileptic convulsion, when she was apparently in her usual health. The wound resulting from the separation of the cancerous breast, never entirely healed; but she never complained of any discomfort from it."

Dr. Hood adds that he has been in possession of these facts for some years. The reason why he did not publish them before was because he could not explain the *modus operandi* of the very simple remedy used; nor would he, apparently, have published the case now, but for the fact that he has found an explanation that can be published with it. He happened to be talking with Mr. Spencer Wells on this subject, and Mr. Wells suggested that the cure was effected by the action of lime on the coats of the arteries supplying the cancerous tumors, producing atheromatous, and then calcareous degeneration, and consequently diminution of their calibre and atrophy of the diseased mass. Mr. Spencer Wells said he had often used lime in cases of fibrous tumors of the uterus with this pathological aim in his mind, and had produced, in many cases, the result desired. Dr. Hood thinks this explanation so satisfactory that he, like the lady, at last unbosoms himself. One does not know which kind of simplicity to admire most — that which leads him to keep such important facts to himself, because he is baffled in his attempts to explain them rationally, or the greenness with which he accepts Mr. Spencer Wells' utterly delusive and unsatisfactory explanation as a true and sufficient one. The unhappy victims of cancer want such facts as these — they do not care much for any pedantic explanations of them; but facts seem to be unworthy of honor, unless they can be dressed in the livery of the schools. The most nutritious and necessary dish is kept back until it can be sent up properly garnished and dressed with orthodox pathological sauce and trimmings. I lately met with a very similar case of pedantic hesitation to receive facts without the proper red-tape investments. A writer in the "English Leader" could not accept Homœopathy for a long time, because he could not find the spiritual law which underlies the natural law which Homœopathy announces. At last he finds what he considers a solution of this mystic problem; and then Homœopathy, wearing a celestial halo round its brow, is admitted to his mind. I will not trouble your readers with a description of this spiritual vestment, having, indeed, myself, some difficulty in understanding it.

This same remedy for cancer does not seem to have excited any special attention. Homœopathists will easily incorporate Dr. Hood's information with what they know of *Calcarea*. But another of our royal medicines has suddenly started into considerable prominence: namely, *Sulphur*. "The great *Sulphur* cure," is the leading title of a pamphlet by Dr. Pairman, of Biggar, in Scotland. Dr. Dewar, of Kirkaldy, had before written a short brochure on "The Curative Powers of *Sulphurous Acid Gas*;" the purport of which is to prove the sovereign value of *Sulphur*, used either by inhalation, or in a watery solution of *Sulphurous acid*, applied

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locally to suffering throats, mucous membranes, or skins, "in killing the poison of cattle-plague, pneumonia, cholera, diphtheria, nearly all ulcerations of the throat or windpipe, fever, asthma, asthmatic bronchitis, croup, perhaps consumption itself, glanders and greasy heel in horses — in fact, all zymotic diseases; to say nothing of such trifles as chaps, chilblains, common colds and influenzas, hoarseness, sores of all kinds, skin eruptions, horses' hacks, 'snifters' in babies," etc., etc. Dr. Pairman's pamphlet is very remarkable; he uses a spray of *Sulphurous acid solution* as a local application, in all sorts of catarrhal and throat diseases, and, according to his own account, with magical — almost instantaneous — effects. He tells his story in a quaint, good-humored way, with a dash of fun, like *sauce piquante*, in his style, that makes the flavor of it very aromatic. He stops once, in order to "heave half a brick" at Homœopathy — the comic style in which he writes, makes *Punch's* expression exactly appropriate — but that doesn't matter. Homœopaths may laugh, too, — for they win. He brings fresh capital to our concern, and helps to pave the road which Allopaths must traverse before they get at the truth in medicine.

One characteristic of the present time, which may be accepted as of good omen for Homœopathy, is the extraordinarily prevalent tendency to make all questions of opinion, open questions. All sorts of settled dogmas are being ferreted out of their snug retreats, and submitted to the cross-questioning of science and skepticism. The fashion has invaded the comfortable quarters of medical dogmatism. For instance, one very popular method at present in vogue, of treating chronic disease is by *rest:* the necessity for exercise and movement, in all cases, whether the patient can bear it or not, is no longer insisted upon. Surgical diseases, especially, are treated by rest. Dr. Harley, physician, and Professor of Medical Jurisprudence to University College Hospital, has treated his own case — retinitis and glaucoma, produced by over-working his eyes with the microscope — with a remarkably bold application of the principle of giving *rest* to the exhausted organ. For seventeen months, he shut himself in a darkened room; during nine of these seventeen months, the darkness was so absolute that even the outline of his own hand was unknown to him. He promises a curious fairy tale of the extraordinary power he gained of seeing objects in the dark; and gives a very interesting account of his sensations when, the hyperæsthesia of the retina having subsided, light was once more admitted. Two phenomena were especially noted: *First* — he had lost the power of distinguishing colors. Blue, green, yellow and light colors, all looked white; greys, browns, reds and dark colors, all looked black. For several weeks, the different tints of the carpet were indistinguishable; and for a much longer time, he could not appreciate the various shades of the same color. *Second* — his power of estimating distance by the eye, was gone. The room, when the bandages were removed from his eyes, looked like a long, broad passage; the chairs, etc., lengthened out and distant; a person close at his side, appeared yards off; his own arms and legs seemed ridiculously elongated, and his hands and feet absurdly distant; — he could not help laughing at his own figure. Also, he found that objects remained long photographed on his retina. On

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opening his eyes, after seventy-two hours' darkness, he looked on a wall, papered with a marked pattern — blue lozenges on a pale, figured, stone-colored ground. He looked at it for about half a minute, and then shut his eyes again; and the pattern of the paper, in all its details, remained fixed on his retina for twenty-five minutes — only the blue lozenges were bright yellow, and the pale stone-color was black. He promises a full report of his case and its treatment. This case, which has high physiological interest, I adduce as an instance of the treatment by rest. Dr. Harley's medical brethren prophesied atrophy of the retina, and confirmed blindness, from such prolonged exclusion of light; but he took the risk — he dared the innovation — and has recovered.

Sir James Simpson, at the Social Congress held at Belfast, in September last, made another assault on preconceived notions, by calmly proposing to abolish hospitals, and to treat the sick at home, or in hospital villages, with cottage structures instead of palatial buildings. He quoted various statistics to show the comparatively high rate of mortality in hospitals, and the extra perils encountered by a residence in them during illness. The suggestion circulated like a galvanic shock through the newspapers at the time; but I do not hear any thing more of it.

Here is another curious assault on prevalent notions: Mr. Rowell, an Oxford surgeon, has written a pamphlet in which he attempts to disprove the current idea that dry and elevated situations are favorable to health; and to show that low, sheltered, damp situations are better. He is a careful observer, and does not support this thesis by merely speculative arguments, but quotes all sorts of facts and statistics to prove his conclusion. He sent letters of inquiry to several clergymen, residing in districts which are shown, by the Registrar General's return, to have the lowest death rates, and received many such answers as these: "The district well wooded; fevers most frequent on the highest and most exposed sites." "Hills chalk or sand, valleys clay; but, strange to say, *fevers much in excess on the hills.*" The fen districts of Lincolnshire are healthy, though flat; and the laborers there exceptionally robust and vigorous. Mr. Rowell refers to particular villages, and even houses, which are often surrounded by floods, with death-rate much below the average; noted, in fact, for the sturdy longevity of the inhabitants. I can not give you an idea of the minute details which are given in this pamphlet, all tending to establish the doctrine that water, and the proximity of water, is good for human health; and excessive dryness, bad. The most probable conclusion is that, in reality, warmth and moisture combined, being necessary for life, and a moist air being a great conductor of heat either *to* the body or *from* the body, according to its own internal conditions and environments, any situation, to be healthy, must neither be so hot as to produce desiccation of tissue, nor so cold as to allow of no moisture in the air, and reduce the dew point nearly to zero. These conditions of health are, in our latitude, characteristic rather of low levels than high. Of course, the element of malaria is not considered in these comparisons of site; that is another matter, an added factor, which brings disease by its specific action, whatever the elevation at which it is found. This matter is evidently worth

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inquiring into; and I shall be obliged to any of your readers, if they can bring any facts occurring under their own observation, that may help to throw light upon it.

These are some specimens of the mode in which a habit of inquiry is unsettling all dogmas which have been accepted with slumbering acquiescence, from time immemorial. Homœopathy must gain, in this general agitation. Our Allopathic friends, I often think, must be consciously disingenuous in their attitude to Homœopathic facts. They really believe, in many cases, more than they care to avow. Indeed, I have been told of really Homœopathic practitioners, sailing under Allopathic colors — treating all their cases Homœopathically, to the best of their ability, using Homœopathic manuals and guide-books, and sending out bottles of Homœopathic medicine — and, in some cases, in infinitesimal doses, with the addition of some innocent and inert flavoring and coloring matter. Perhaps this is mere gossip; but it is doubtless a straw that shows which way the current is driving. Doubtless these same gentlemen, when they begin to inspect Homœopathic facts, in company with members of their own fraternity, put the telescope to the blind eye, and ignore us altogether. A short time since, the *Lancet* and other medical journals were busy discussing the momentous question, long since settled and shelved by Homœopaths, *Does Belladonna produce a rose-red rash?* Most gravely and elaborately did the doctors discuss this question — some deciding, from the depths of their inner consciousness, that it didn't, because they had not seen it; others stoutly affirming that they had seen it. A little rabidity, or Homœopathophobia, would occasionally betray itself, in these discussions, in some of the disputants, who seem always on the verge of a hysterical attack when the name of the hated hobgoblin is whispered. Fortunately for Homœopathy, it is proverbially difficult to prove a negative, which gives us a tremendous logical advantage; since no accumulation of flat denials, no failure in crude experiments in which some essential conditions might be, possibly without any fault of the experimenter, left out, have a particle of weight in refuting the affirmations opposed to them, which are based on positive experience. However, this great *Belladonna* question is likely soon to be settled, with or without the help of Hahnemann and his followers; and then, doubtless, other little bits of Homœopathic detail will come up, and so on, until the opposition begins to find the ground crumbling away beneath them — and then the whole Allopathic chorus will suddenly discover that they have never believed any thing incompatible with Homœopathy, all their lives, and that the notion of opposing it, never entered their heads!

I will conclude by extracting a few condensed cases from the clinical records of recent numbers of the British medical journals of Homœopathy. I have only quoted cases of special interest, omitting the familiar cases of *Aconite* in fever, *Nux* in dyspepsia, and such like. I have given doses and precise indications, as far as they are reported.

Belladonna, 12*th*.—Eliza P., Married: has had short breath and bad cough for three years, much mucous expectoration and occasionally blood; asthmatic attacks very severe; obliged to throw open the windows. *Belladonna*, 2nd, and subsequently 12th, gave "entire relief."—NANKIVELL.

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Arnica, 200*th*, gave great relief in a case of consumption; married woman aged 30; great pain in left side; green, abundant expectoration. The pain was relieved, the expectoration changed to white, and general health much improved.—NANKIVELL.

Arnica cured indigestion which patient attributed to carrying a heavy load on his back.—NANKIVELL.

[By the way, this is a case which gave the editor of the "Medical Mirror" a very bad headache; he could not for the life of him make it out.]

Zincum, 200*th*, removed shortly, constant pain in back or loins, so severe as to render life miserable.—NANKIVELL.

Zincum, 200*th*, proved very efficacious in a case of asthma; fits worse at night.—NANKIVELL.

Apis, and then *Arnica*, cured crops of boils on thigh and nates in a boy aged 12.—NANKIVELL.

Lachesis, 12*th*, cured the following: W. K., aged 68, a fisherman; lightness of the head; vertigo when leaning forward; frequent giddiness; could not look "stark" at any thing; sensation at sight of a tight band round the head; reels and staggers when his boat is in motion; thinks it was owing to the sun "running foul of him one hot day."—NANKIVELL.

Glonoine relieved (perhaps cured) Mary J., aged 48, of long-lasting (for years) pain at the occiput; pain ameliorated by heat; sometimes causes vomiting; sure to come on after standing at the wash-tub.—NANKIVELL.

Glonoine cured a boy aged 8, of agonizing pain in the eyes almost every evening; the boy was compelled to keep the palms of his hands against his eyeballs, and throw himself on a bench, face downwards.—NANKIVELL.

Lachesis, in 12th dil., is of great service in the fainting tendency of nervous women. In vesicular rashes; in pemphigus and eczema of the hands; but most of all in the flushes that occur at the critical age, with head symptoms of insomnia.—BAYES.

Lycopodium, 2nd trit., in *porrigo favus* is of great service; in chronic throat ulcerations, in young men, spreading, not deep; in chronic congestions of the liver; also in consolidation of the lungs: pains in the back and right side, caused by congested liver, yield rapidly to *Lycop.* 12.—BAYES.

Rhus, 3*rd*, was rapidly curative in nervous exhaustion, with darting pain in the right ear, like an electric shock or the crack of a pistol.—POPE.

Gelseminum, 0 gtt. v. every four hours, was successful with acute rheumatism, agonizing pain in all the limbs, which were fixed, as if paralyzed; palpitation and constriction in the chest; skin weltering in offensive acid perspirations; thirst; anxious face; great deposit of urates. This case was aided by linseed poultices on the chest, *Aconite*, 1st, small doses of *Morphia* (gr. i. to oz. vj.; oz. i. every fifteen minutes, *pro re nata*), seltzer water and claret: and, during convalescence, a hot sea-salt bath every day.—DR. VAUGHAN HUGHES.

Calcarea phosphorica, 3rd dec.—valuable in enlarged tonsils in delicate, thin children (not fat children, who want *Calc. carb.*), giving rise to loud breathing, huskiness, deafness, dysphagia, and general derangement of health. The child feels pain in opening the mouth, arising from the swelling having a tendency to increase backwards and outwards. Also, a case of Proctalgia in a child of eight years old was speedily cured by *Calc. phos.*—DR. R. T. COOPER.

Moschus, 3rd or 3rd dec., is of great service in aggravated hysteria, simulating tetanic convulsions; and in violent hiccough.—BAYES.

Muriatic Acid, 1st to 3rd dec., in some forms of dyspepsia, with loss of power and inclination to take food, moist, often chilly skin, fluctuating soft pulse, tender or sore tongue, sordes on teeth and lips.—BAYES.

Kali hydriodicum, in grain doses, rapidly cured (in a woman æt. 40) a papular eruption on the face, swelled throat, and a painful and extremely sensitive node (especially painful at night), on the right frontal bone.—NANKIVELL.

Arnica, 3*rd*, and then *Bryonia*, 3*rd*, cured rheumatic paralysis and wasting of the left deltoid.—NANKIVELL.

Calcarea, 3*rd*, and then *Aurum*, 3*rd*, cured otorrhœa after scarlet fever, complicated with chorea. "He constantly rolls his eyes about, projects his tongue from his mouth suddenly, like a snake, and speaks in an indistinct, jerking manner;" restless, but does not fling about his arms or legs; complains of pain in head, neck, and hands. Subsequently (and this was the

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indication for *Aurum*), complained of soreness of the tongue, can scarcely articulate, can not move the tongue without extreme pain; no appearance of ulceration or swelling.—NANKIVELL.

Hepar Sulphuris is found useful in congested liver, with great abdominal distress; sometimes producing hæmorrhoids, or constipation, even simulating stricture of the rectum: pilules of 6th, or grain doses of 3rd decimal trituration, were used.—BAYES.

Dr. Bayes thinks that, in laryngeal disease, the symptoms "sensations as of a clot of mucus, or of internal swelling while swallowing," is diagnostic of *Hepar;* also, "stitches or pains from ear to ear, when swallowing or turning the head;" also titillations in the throat, hoarseness and cough, at first dry, then croupy, with tenacious mucus.

Hydrocyanic acid was of great service in a case of bronchial asthma, in the smaller bronchial tubes, puffy face, feeble action of the heart, sense of constriction in the larynx, and beneath clavicles.—BAYES.

Hyoscyamus, 0, in half-drop doses, was used in complete loss of sense; involuntary passing of water; delirium, coming on with excitement, tears at bed-clothes, attempts to fling off every thing, then moves his hand as if writing and calculates aloud for hours (he was a banker's clerk); afterwards, he fell asleep for some hours, waking at intervals with fits of excitement. *Hyoscy.* "was the only medicine which relieved these symptoms and restored consciousness; which it always did."—BAYES.

Ignatia is indicated by excessive convulsive yawning (if *Ignatia* fails, *Phos. ac.* should be given). If cured; excessive perspiration always coming on during a meal. In some nervous cases, with great weight at the occiput. In weakness at the epigastrium, and pain as if strained. Constipation, with protrusion of the rectum. Stiffness or pain in the nape of the neck, with tendency to spasmodic closure of the jaws, and waking the patient out of sleep.—BAYES.

Ipecacuanha (omitting the well known features of its action), is specially useful if the tongue, being coated white or yellow, is also moist. Continued and violent sneezing. Dysentery, with large quantity of mucous, and green evacuation, as well as blood, and moist, furred tongue. 1st to 3rd used.—BAYES.

Iodine. The most satisfactory cures have been of congestions of the anterior margin of the liver and the right ovary: cured promptly by 3rd, or 3rd decimal. Also, chronic menorrhagia in thin, delicate women, subject to corrosive leucorrhœa, with other indications of congested uterus and ovaries.—BAYES.

Kali bichromas. In papular and small flat pustular eruptions on the face, especially forehead, scalp, and nose; and, in chronic rheumatism, associated with this papular eruption.—BAYES.

Kali hydriodicum, *3rd*, or 3rd decimal, in severe, sudden coryza, with frontal pain and streaming eyes. The crude salt, one-tenth to one-half grain doses, cures rapidly sore and fissured anus in infants; also, sub-acute inflammatory states of the womb in young married women, often with mucous leucorrhœa of slightly corroding or irritating character.—BAYES.

Kreasotum, *3rd*, or 3rd decimal, in obstinate dyspepsia, with great and constant nausea without vomiting; cold feeling at epigastrium. Also, in corrosive leucorrhœa.—BAYES.

Natrum carb., *3rd* or *6th*, in one form of dyspepsia is exceedingly useful—with red, smooth tongue, burning pain and tension from the epigastrium to between the scapulæ, contractive feelings at the epigastrium, colicky pains soon after food, and mucous relaxation of the bowels; all showing extensive irritation of the whole gastro-intestinal mucous membrane.—BAYES.

Natrum Mur., *6th*, *12th*, or *30th*, in despairing hypochondriasis, with dry mouth, sore, and often ulcerated tongue, chronic constipation and hard stool.—BAYES.

Nitric acid in specific ulcerations of mucous surfaces, using 3rd dilution, but changing to lower forms if a favorable change does not speedily supervene. Also, in a certain form of chronic laryngeal cough, dry, with stinging or smarting sensation, as if from a small ulcer, generally felt on one side.—BAYES.

Nux Moschata, *3rd*, or 3rd decimal, acts promptly in hysteria, especially with globus hystericus.—BAYES.

Senna. Dr. Drysdale relates a case in which this medicine acted with singularly good effects: a case of oxaluria in a gentleman, æt. 35, a wretched hypochondriac, with ever broken sleep, seldom lasting longer than an hour at a time, no appetite, furred tongue, several copious loose

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motions daily, urine high colored, strong odored, rather below the average amount, slight gleet, sexual apathy, emissions during sleep, splitting headache, palpitation, sinking in the abdomen. S. g. of urine, 1,035. *Nitric* and *Nitro-muriatic acids, Nitrate of Silver, Cocculus, Plumbum acet.* gave slight, but indecisive results. *Senna*, four drops of crude tincture twice daily, in a short time subdued nearly all the symptoms.

Plumbum, 3*rd*, cured a case of myalgia and cramp in a servant girl of sixteen, tall, pallid, and puffy-looking. She was subject to sudden, violent attacks of cramp in various parts, day or night, in legs, arms, neck, shoulders, back, trunk, thighs; so that she could scarcely walk a hundred yards, or carry a tray without the risk of dropping it. *Ignat.* and *Cup.* did no good.—Dr. Stokes.

R. M. Theobald.

25 Lee Terrace, Lee, C. E., Feb. 8, 1868.

HOMŒOPATHY IN THE MICHIGAN UNIVERSITY.

The contest which has been carried on in the State of Michigan, for so many years, relative to a chair of Homœopathy in the University of that State, has at last been settled. The Legislature appropriated $18,000, last winter, to the University, on condition of the organization of a Homœopathic School; and, as the money must be had, and could be had in no other way, the Board of Regents found it necessary to comply. The Homœopathic School is to be situated at Detroit. Dr. Hempel is appointed Professor of Theory and Practice; and provision has been made for the "appointment of another professor, before the commencement of the first term — the salaries of each chair to be $1,000. There are also appropriated $3,000 more for the support of the school; and such other professors will be appointed as may be necessary."

Our esteemed cotemporary in Detroit, the "Detroit Review of Medicine and Pharmacy," takes this very much to heart, and soothes its troubled spirit by repeating the oft-refuted slander against Homœopathy, that it is "sinking" in Europe, where it has been tried and failed, again and again; and caps the climax with an imperial ukase forbidding the practice of it in Russia. A ukase was issued, some twenty-five or thirty years ago, against the sale of Allopathic quack nostrums in Russia, but none against the practice of Homœopathy. The writer's grief has befogged his intellect. When that grand old healer, Time, has somewhat moderated his grief, we shall call upon him for a copy of that ukase of which he speaks.

The writer refers rather familiarly to the state of Homœopathy in Europe, saying that the Homœopathists "have forsaken their original dilutions, for the more practical massive doses," as published in the proceedings of their late meeting in France.

We do not know how late advices our cotemporary has from France. The organ of the French Medical Society (March No., 1868,) does not give account of any such doings. The President, in dismissing the last French Homœopathic Congress, says: "A scientific doubt in this matter is no longer possible, and *we have all* taken occasion, at this Session of Congress of 1867, to reaffirm our faith *in infinitesimal doses*." Will the Detroit journal publish this, and more to the same point, to be found p. 419, and own its error? or will it repeat this untruth, the next time it has occasion to refer to the question? We shall see.

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The "Chicago Medical Journal" takes quite another view of the matter—evidently thinks the Medical School of the Michigan University a one-horse institution—speaks of the Medical Faculty as having been "emasculated," ("the unkindest cut of all,")—says that the chairs have been filled with "itinerants and local nonentities"—and thinks that the diploma of the college will not henceforth be worth much, as it will be given alike to Homœopaths and Allopaths. All this, be it understood, is from a Professor in a rival institution. As far as we know, the Medical Department of the Michigan University has always had as able a corps of Professors as any Western college, to say the least. What it will be in the future, the future will reveal. Here is what a leading Detroit paper, the "Advertiser and Tribune," thinks:

"The law of March 15, 1867, giving the University one-twentieth of a mill tax on each dollar of the assessed valuation, required that the Regents should provide for 'at least one Professor of Homœopathy in the Department of Medicine,' before they should become entitled to the tax. At first, the Regents did not accept the terms; but a few weeks since, the demand for more money became so imperative that they decided to comply with the conditions required, and have instituted measures for founding a Homœopathic School, elsewhere than in Ann Arbor, and entirely distinct from the Allopathic College, now in such a flourishing condition, at that point. It has been reported that this action had led several of the Professors in the latter institution, to resign; and that the remainder of the Medical Faculty would follow their example. We sincerely trust that such reports are unfounded. We have no interest in the quarrel of the rival 'pathies,' save to deprecate its absurd acerbity; and we are, therefore, prepared to pronounce an impartial judgment in this matter. The resignation of the *corps* of Professors of the Medical College, because a Homœopathic School is to be established in the same State—with no connection with them, save in the fact that it is under the control of the Regents—appears to us to be unjustifiable and ridiculous; and we believe that this is the view the public will take of the matter. As far as our exchanges, from all points, have spoken, this has been their unanimous opinion. Moreover, a system of medical practice, whose votaries number millions, and whose practitioners include many of our most upright and successful professional men, is not to be denounced as 'mere quackery;' and it has claims that an institution, deriving means of support from taxation upon all, can not ignore. If Homœopaths are taxed to aid the University, they have a right to demand that some of that money shall aid them, as well as the Allopaths; and the representatives of the latter school will not obtain public approbation, if they make this a pretext for flying into a rage, calling hard names, and striving to break up an important and flourishing department of the University."

This is pertinent and sensible—and all the more so, from the fact that the writer thereof is understood to be, practically, a supporter of the Allopathic school.

From latest dates, we learn that all of the members of the Faculty, save one, have resigned; and that a fund is to be raised to establish an Allopathic College in Detroit. What a sad thing, if the Medical Department of the Michigan University should fall into the hands of the Homœopaths entirely!!!

Since writing the above, we learn that the original charter of the Medical Department of the University required that there should be a Homœopathic chair in said Department, and that, as there never has been, all the medical diplomas given by said University, are null and void, having been given irregularly—that is, the graduates of that school have no diplomas, and, as doctors practicing without diplomas, are generally set down as quacks—rightfully or wrongfully, we wonder what is the status of such

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graduates! Several of them are in this city, occupying prominent positions. We advise the Cook County Medical Society to look to it. Some of our Colleges here have Professors without a diploma! The matter deserves the attention of the American Medical Association.

PACIFIC MEDICAL AND SURGICAL JOURNAL.—Our enterprising Pacific friends, in a late No. (No. 11, Vol. I.,) tell us that *Lachesis* is the poison of the rattlesnake — which will be news to naturalists — and then tells how much water it would require to make the 200th of *Lachesis;* and adds: "We are led to make this statement, from the belief that people would better appreciate Homœopathic treatment, if they knew how the medicines are prepared; and because we think Homœopathic writers and practitioners are at fault in keeping this feature of their system in the shade." But this is neither new nor true; we do not keep this feature in the shade. Books, journals and pamphlets innumerable, have been published within the last fifty years, for the purpose of enlightening the public, medical and laical, upon our peculiar beliefs and practices; and we should not feel in the least hurt, if our Pacific friends would publish, in every number of their valuable journal, just how we attenuate our remedies. If they wish to determine, however, whether there is any virtue in the 200th attenuation, we recommend them not to use a slate and pencil, but to try it on the sick. Not that we are afraid of the slate and pencil: figures are with us, as well as facts: but such questions as these can only be determined by experiment. With those who can satisfy themselves by saying that the proposition is too ridiculous to be entertained for a moment, much more to be experimented upon, we have no argument; as those who persist in begging the question, are beyond the pale of disputation.

HAHNEMANN MEDICAL COLLEGE, OF PHILADELPHIA.

WE are pleased to announce that the first session of this new institution was a decided success. There were 61 *bona fide* matriculants, and 26 *bona fide* graduates. Some, who get up Annual Announcements of colleges, know just about what this *bona fide* means; so we need not dwell upon it.

A Summer Course is to be given at this college. Dr. Morgan, Professor of Surgery, will drill the class in manipulations with the ophthalmoscope. He has large colored plates, made by a talented artist, showing normal and abnormal appearances of the fundus oculi, based upon the new and great work of Stellwag. Dr. Koch will drill the class in microscopy, and Dr. Hering is to give the students the gist of Hausmann's new work, in a course of Lectures.

We are pleased to learn that this institution has taken high grounds as regards qualifications, and is resolved that its diploma shall be a guarantee of qualification. Here is a field for earnest and honest emulation.

We take this opportunity to say that we should be very happy to notice all our colleges, and tell what they are doing, or trying to do; but have

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thus far found it required more of an effort than we felt willing to make, to obtain the desired information, to say nothing of the rudeness which we have now and then encountered, in our quests. Although some of our Editorial corps are connected with one college or another, the JOURNAL, as a whole, is connected with no college, nor under obligation to any, nor influenced by any. We shall act impartially by all, and blame or praise, without fear or favor, just when and where we think proper; but, at the same time, shall be happy to publish, for any or all of them, such notices as the above, when they think it worth while to furnish us the matter.

PITTSBURGH (PA.) HOMŒOPATHIC HOSPITAL.

FROM the "Pittsburgh Evening Chronicle," April 14th, we learn that this institution made a very satisfactory report at its second annual meeting. "The Hospital has been put in complete repair, and furnished throughout for the accommodation of thirty-eight patients, besides employees. The receipts from all sources, during the year, were $30,140.64; the expenditures were $29,634.19; leaving a balance in the treasury, of $501.45. The total amount realized since the hospital was organized, is about $50,000. During the past twenty months, there have been admitted and maintained 256 patients, and 2,504 prescriptions have been issued from the dispensary department, gratuitously, to the poor of the city and vicinity. There have been 162 patients admitted during the past year, with a mortality of less than seven per cent. More than two-thirds were charity patients. The library has received large additions, donations having been made by Mr. J. G. Siebeneck, J. G. Backofen & Son, Major Cassell, and others. Auxiliary to the Hospital, is the Ladies' Homœopathic Charitable Association, organized a short time after the Hospital was opened, and contributing largely to its success. The Society has bought from the Hospital two free beds, at a cost of $1,000 each, and maintained an average of 14 charity patients, at $3 per week. Its Executive Committee meets weekly, to take action on the admission and discharge of charity patients. There is also a committee who visit the hospital twice a week, to inquire into the com forts and necessities of the inmates. By their Fair, last December, they realized the handsome sum of $7,297. Major William Frew and James B. Murray, Esq., were, on motion, declared Trustees for life, by reason of benefactions of $1,000 each.'

RUPTURE OF THE SPLEEN, IN A WORKMAN IN AN ANILINE FACTORY.

[*From Virchow's Archiv. for December*, 1867.]

V. H. v. W. sent for me on the 6th of January, at 7 P.M. He was 27 years old, sound and healthy hitherto; had worked for two years in an *Aniline* establishment, in the capacity of mason. On the 3rd of January, he was obliged to alter some masonry which had been used for manufac-

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turing a compound of *Arsenic* and *Aniline*. He had to work a long time in a stooping posture, removing old mason-work, which was filled with dust; which dust, he, to some extent, inhaled — though, being used to dust, he did not then mind it. For three days, he traveled his three hours (to work and home again) without feeling sick. On the 6th of January, however, he had to stop work at the recess, and walk for an hour and a half, home, with a severe colic. When home, he was obliged to lie down at once, the pain increasing in severity.

When called, I found the patient bathed in sweat, the temperature much elevated, pulse 120, with corresponding acceleration of the respiration; he was doubled up, and tossing about the bed, on account of the pain in the bowels; the abdomen was not distended, rather retracted, but very sensitive to the touch; previously to my visit, he had vomited frequently. From the history, I imagined he had been poisoned with *Arsenic;* and ordered *Ferr. reductum* and *Magnes. ust.* At 2 o'clock in the night, I was called in haste, on account of great increase in pain; but found him dead.

Post mortem, on the 8th, showed the heart and lungs sound. The peritoneal cavity, which was greatly distended, contained a mass of fluid and partly coagulated blood, whose source was found in the spleen, which was enlarged to ten inches in length and six in breadth, and presented a transverse fissure 2 inches deep, apparently formed by bursting of the capsule and pulp; it extended 6 inches, from the posterior superior to anterior inferior borders, and was partly closed by coagula. Stomach and intestines normal, though pale in color; liver normal. Death seemed to ensue from hæmorrhage, since the peritoneum had not had time to become much inflamed, on account of the speedy death. The blood was examined for *Arsenic*, only, and found free; unfortunately, it was not examined for *Aniline*. I believe, however, that the toxicological action of a fixed or volatile body, disengaged in the preparation of *Aniline*, was the cause of death; since acute swelling of the spleen, to bursting, without the action of miasms and contagions (which must be excluded in this case), is very difficult to explain. In spite of its obscurity, the case is reported, in the hope of eliciting analogous cases, from the past, or in the future; and so to promote science.

T. F. A.

MICROSCOPICAL ITEMS.

By T. F. Allen, M.D., New York.

The elegant results obtained by F. E. Schultze,* in his investigations upon the human ciliary muscle, by the use of *Chloride of Palladium*, will lead to the very general use of this re-agent in examining organic material.

Solutions, of different strengths, may be made from the strong solution of the salt in water (which last I have obtained of Luhme, in this city.) A dilution of $\frac{1}{100}$ gives a solution of a dark reddish-brown; $\frac{1}{800}$ (most used), a straw yellow. A small quantity of free *Hydrochloric acid* should

* Archiv., f. Microscop. Anat. III., 477.

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be added to the solution, as it ensures better action upon the tissues subjected to it.

Tissues to be examined may be cut into small pieces, or thin sections, and immersed in the fluid two or three days; they are rendered tough, without the gummy consistency that is produced by *Chromic acid.* Tissues poor in connective tissue — as portions of brain, etc., — will only be acted on superficially; and should, therefore, be cut into thin slices, previous to immersion. After the tissue has hardened, and is sufficiently tinted, sections may be made, and mounted in glycerine, after thorough rinsing in distilled water; or may be immersed in Beale's carmine fluid, to stain other portions, then again rinsed off, and mounted.

Chloride of Palladium renders the nuclei and muscle fibre specially distinct. Granular protoplasm becomes tinged dark-yellow; so, also, the granular contents of glandular cells. Smooth muscle fibre appears a clear straw-yellow, or darker, from prolonged immersion. Striped muscle fibre presents a deep brown yellow. Medullary nerve fibre takes a dark-grey or blackish color. Hyaline membranes and elastic fibres remain transparent, or are but slightly tinged. Fat is only tinged in places exposed to direct action, as at the surface of sections; then, only slightly. The gelatinous inter-cellular substance of connective tissue remains completely unaffected; and in this lies the great value of the agent in distinguishing muscle fibres imbedded in it. This same gelatinous substance, however, unites with other coloring substances — *e. g.*, carmine; and portions once tinted by *Chloride of Palladium* are not affected by carmine: so tinting with carmine, subsequent to immersion in the *Palladium*, affords a beautiful contrast, as well as efficient aid in tracing muscle-fibre.

Siccatif de Harlem, mentioned incidentally in our last number, has been recommended by Dr. Jones, of Englewood, N. J., as valuable for mounting delicate objects, which would be injured by the heat required by *Canada balsam.* It, moreover, possesses great penetration, and thoroughly permeates the immersed substance; at first perfectly limpid, it gradually hardens, and becomes very permanent. Last winter, I made some fair injections of the eye, with this varnish, colored with artists' vermilion. It, however, hardens very slowly — which is a drawback to its use as injecting material, as well as cement for cells, etc.; though I succeeded in fastening some gutta-percha cells with it.

Schultze's "Archiv. f. Microscop. Anatomie," 1868, I., contains:

I. Investigations into the nature of the adenoid tissue of the upper or post-nasal portion of the pharynx. The wall of the pharynx, between the eustachian openings and base of skull, is quite thick; the mucous membrane seems thrown into folds, forming deep recesses, two of which, just to the inner side of the eustachian tubes, are specially noted in works on anatomy. These pouches and plaits are the result of follicular-like glands, analogous to the lymphatics, and some even closely resembling Peyer's glands in the intestines. These glands become invaded by catarrhal disease; they may encroach on the openings of the eustachian tubes, giving

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rise to mechanical closure of them; are usually involved in diphtheritic and syphilitic diseases.

II. Two articles on the structure of the retina, by Drs. Stenlein and Max Schultze.

III. On the fibres of Purkinje, by Dr. Lehnert; illustrated by drawings from the heart of the ox and sheep, in different stages of development. These fibres, which underlie the endocardium, were supposed by Purkinje to be a special apparatus. Kölliker proved them to be striped muscle fibre. The writer endeavors to prove them portions, erratic fibres, of the proper muscular structure of the heart; both being identical in mode of development, and continuous in fibre.

V. Observations on the structure of the spinal ganglia and sympathetic ganglionic cells; by Dr. Schwalbe. The author has used *Iodized serum* largely, and also found the *Chloride of Palladium* of great value — superior to either *Chromic* or *Hyperosmic acid* for tracing nerve fibres.

VI. Researches on the tooth-pulp, by F. Boll (a student of medicine), is a most instructive article. He discusses two points, chiefly: (1) the termination of the nerves of the tooth; and (2) the relation of the pulp to the development of the proper dental tissue. In examining the nerves, a solution of *Terchloride of gold* was used, (following the method of Cohnheim, in investigating the nerves of the cornea.) He demonstrates that fine filaments of the nerves pass between the cells of the pulp, and enter special canals in the dentine; also, that the pulp cells have long slender processes, which enter other fine canals in the dentine. The conclusion as to the production of inter-tubular dentine, is the same as the view held by Waldeyer, and differs from Kölliker. Waldeyer maintains that "the formation of dentine consists in the conversion of a part of the protoplasm of the dentinal cells, into a collaginous substance, which is subsequently calcified; while the remaining part of the cell-protoplasm continues, in the form of soft fibres, to occupy the interior of the tube, surrounded by the calcified substance." *

VII. Auditory apparatus of Lucanus cervus ("big horn-bug.")

VIII. Structure of the taste-papillæ of the tongue. (From the Swedish.)

"Robins' Journal de l'Anatomie" contains an article on the nervi-nervorum, and another on pulmonary epithelium.

Beale's carmine fluid, for staining tissues and nuclei, is certainly most excellent. It may be tested by making a beautiful object from the epithelium of one's tongue, adding a mite of the carmine fluid, and letting it stand for 24 hours. The nuclei are seen to be of a bright red, and, of course, very distinct. The following is the composition, taken from the last edition of his "Microscope in Medicine": *Carmine*, 10 grains; strong *Liquor ammonia*, ½ drachm; Price's *Glycerine*, 2 ounces; *Distilled water*, 2 ounces; *Alcohol*, ½ ounce. First, dissolve the *Carmine* in the *Ammonia*, using heat very carefully at first, then boiling for a second; allow this

* Quarterly Jour. of Mic. Science, April, 1868.

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solution to stand till cool, then add the *Glycerine*, and *Water*, and filter the whole; add the *Alcohol*, shake, allow to settle, and finally pour off the clear fluid.

THE CHEMICAL CALCULUS VERSUS THE ATOMIC THEORY. "THE CHEMISTRY OF THE PAST" AND "THE CHEMISTRY OF THE FUTURE."

BY F. A. LORD, M.D., CHICAGO.

WE all relish a sensation occasionally — and why not in the scientific world, as well as elsewhere? and why not in chemistry, as well as in any other science? At all events, the chemists over the water have had a sensation, which has stirred up quite a lively time among them. It came in the shape of a bomb-shell, thrown into their midst by Sir Benj. C. Brodie, Professor of Chemistry in the University of Oxford, — said shell being labelled "*Chemical Calculus*," and intended to blow into atoms — what? the atomic theory; and to furnish a new system of chemical symbols.

Instead of "atoms," the learned Professor has offered them "units of ponderable matter;" and instead of "chemical action," "an operation on the unit of space, the result of which is a weight." The "unit of ponderable matter" is defined as "that portion of ponderable matter which, at a temperature of 0 Centigrade, and at a pressure of 760 millimetres of mercury, occupies a space of 1000 cubic centimetres." This volume — viz., the volume of 1000 cubic centimetres — is considered as "the unit of space;" and the weight of a unit of hydrogen is taken as the standard. Greek letters are to be substituted for the Roman, in chemical formulæ, and these freely interspersed with algebraic signs; many substances now regarded as simple, are represented in their symbolic form as compounds, having, for one of their constituents, some unknown and as yet unrecognizable element; altogether, giving the really attractive science of chemistry an aspect of formidable abstruseness, which may well confound and perplex the accomplished chemist — to say nothing of its appalling effect on the beginner in chemical science. As for ourselves, we confess to having had our powers of abstraction and concentration put to the severest trial, in the attempt to gain even a tolerably clear idea of what is really aimed at and inculcated in this new theory of the nature and action of chemical substances. It seems to be a subject which demands for its investigation and comprehension, in an eminent degree, the rare and difficult faculty of entirely annihilating, as it were, for the time being, all preconceived ideas and teachings on the subject-matter in hand. As a means of mental discipline, we should say it would stand unrivaled. But so far as it relates alone to the advancement of chemical science, we shall have to cry out, with some others, "*cui bono?*"

This subject is one to which chemists, all over the world, are now directing their attention; and upon which, of course, they are somewhat divided in opinion. The views and theories of such a man as Sir Benj. Brodie, are not to be turned off with a doubt and a sneer. They demand, and are

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receiving, the candid and careful attention of men of science every where, who will give them, no doubt, all due credit — and, at the same time, will imperatively demand that chemistry shall not be enveloped in this cloud of mystification and transcendentalism, without a fully compensating real addition to the profundity of our knowledge of chemical *facts*. These, after all, are the only things that science cares any thing about. One man's opinions are as good as another's, in her impartial balances; and none of any real value, unless stamped with the unmistakable impress of truth. To discover or to gain a clearer knowledge of *facts* in science, we should indeed be willing to undergo any amount of patient labor and investigation; but, in this case, we must regard it at least safe and sensible to await the further development of this new "method of investigation," which is promised, or else a more satisfactory explanation, by its author, of the benefit that is likely to be derived from its adoption.

Whether the existence of chemical atoms be a literal fact or not, is really a matter of little consequence to chemistry, however interesting it may be as a matter of metaphysical speculation. The theory is sufficient for the purpose for which it was proposed, if it is adapted to the rational explanation of chemical phenomena. We may safely adopt the view of the lamented Faraday, that "whether matter be atomic or not, thus much is certain: that, granting it to be atomic, it would appear as it now does."

A correspondent of the "Chemical News," speaking of the Chemical Calculus, forcibly says: "The *essence* of natural phenomena is indeed unknowable; we may study their relations, and ascertain the conditions of their existence, so as to obtain means for their modification and control; but when we seek, with subtle phrases, to express their absolute nature and causation, we do but disguise our ignorance, and cheat our yearning curiosity with words. Of such kind, appears to be the abstract definition of chemical phenomena, now put forward to fit our science for the new analytical method proposed. * * * * * My attitude is that of a student who, after a perplexing lecture, lays his doubts, with deference, before his professor. I feel anxious lest chemical philosophy, at this juncture, should be led into a false though brilliant path; lest, in striving after analytical methods, possibly unsuited to a science so essentially concrete and experimental, we should barter solid facts for metaphysical subtleties, and only, after all, make chemistry more abstract, at the cost of making it less real."

WESTERN INSTITUTE OF HOMŒOPATHY.

THIS Institute held a very profitable two-days' session, May 21st and 22nd, at Milwaukee, Wis. The first day was occupied in reading the following reports: Dr. Beebe, on New Mode of Operating in Excision of the Lower Jaw; Dr. Boyd, Use and Abuse of Pessaries; Dr. Chittenden, Trichiniasis; Dr. Wilson, Fistula in Ano; Dr. Franklin, Tumors of the Lower Jaw; Dr. Small, Medical Education; Dr. Bowen, Malaria; Dr. Douglas, Clinical Cases; Dr. Ludlam, Recent Improvements in Obstetrics; Dr. Perrine, Prolapsus Uteri; Dr. Hale, Materia Medica; Dr. Parsons, Anatomy of the

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Foot; Dr. Patchin, Clinical Case of Patulous Foramen Ovale; Dr. Bellows, Man — His Wants and Necessities; Dr. Duncan, Nephritis.

The second day was devoted to the discussions of these reports. Phonographic notes were taken of these debates, for publication in the Transactions, which are to be issued shortly. A committee of five was appointed to report at the next meeting, on the duties of preceptor-medical education. The usual banquet was not omitted.

The following are the committees to report next year: Longevity, its Physical Signs, Dr. D. N. Beckwith, Ohio; General Pathology, Dr. J. D. Craig, Mich.; Diphtheria, Dr. A. R. Smart, do.; Co-relation of Pathogenesy and Pathology, Dr. C. J. Hempel, do.; Medical Electricity, Dr. C. J. Harris, do.; Trichiniasis, Dr. G. W. Chittenden, Wis.; Malignant Erysipelas, Dr. M. F. Page, do.; Fractures, Dr. G. W. Perrine, do.; Diphtheria, Dr. A. Kendrick, do.; Popularizing Homœopathy, Dr. J. S. Douglas, do.; Chronic Diarrhœa, Dr. N. A. Gray, do.; Asthma, Dr. A. G. Leland, do.; Granular Conjunctivitis, Dr. J. T. Boyd, Ind.; Operative Surgery, Dr. E. C. Franklin, Mo.; Anatomy, Dr. S. B. Parsons, do.; Surgery, Dr. G. D. Beebe, Ill.; Tuberculosis, Dr. A. E. Small, do.; Ante-Natal Influences, Dr. A. R. Bartlett, do.; Clinical Practice, Dr. L. Pratt, do.; Bright's Disease, Dr. T. C. Duncan, do.

The following are the officers for the ensuing year: President, Dr. J. P. Dake, of Ohio; 1st Vice President, Dr. J. T. Boyd, of Indiana; 2nd Vice President, Dr. G. Worley, of Iowa; Treasurer, Dr. G. W. Perrine, of Wisconsin; Corresponding Secretary, Dr. E. A. Lodge, of Michigan; Recording Secretary, Dr. T. C. Duncan, of Illinois; Censors, Drs. T. J. Patchin, of Wisconsin, G. D. Beebe, of Illinois, W. C. Barker, of Illinois, A. R. Smart, of Michigan, and S. B. Parsons, of Missouri.

The Society adjourned to meet in Ann Arbor, Mich., in May, 1869.

T. C. DUNCAN, *Rec. Sec'y.*

TREATMENT OF EXTERNAL ANEURISMS BY DIGITAL COMPRESSIONS.

VANZETTI, Professor of Clinical Surgery at the University of Padua, has the merit of introducing this method of treatment. His first successes were published in the Bull. Gén. de Thérapeutique Méd. et Chirurgicale, LV., 1858. In Vol. LXXIII., there are three other cases by pupils of Vanzetti. The following is by Dr. Vecelli, Surgeon of the Hospital at Treviso:

Traumatic aneurism of the superficial palmar arch. Digital compression. Cure in thirty minutes.

P—— Antoine, 44 years of age, a peasant, was received into the Hospital, Nov. 13th, 1865.

A month and a half before, while cutting bread with a pruning-knife, he gave himself a pretty deep cut, two centimetres long, in the palm of the hand, between the thenar and hypothenar prominences, three centimetres from the first cutaneous fold of the carpus. Seeing the blood flow abun-

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dantly, and in interrupted jets, he applied at once to the nearest physician, who applied a firm tampon upon the wound, which was kept in place with a pretty tight bandage. On the fifth day, the dressing was removed, and the wound cicatrized.

At the end of twelve days, the peasant, having resumed his ordinary labors, noticed that a pulsating projection had formed in the middle of the cicatrix. He continued, however, to use his hand, though painful, avoiding, however, any pressure upon the tumor. A little later, he observed that it had evidently increased in size. Seeing it still increase, he thought he would re-apply his bandage — drawing it tighter, in hopes of making the tumor disappear. At the end of four days, having removed the bandage, he saw not only that the tumor had not disappeared, but that a black spot had formed at its summit. Being alarmed, he repaired to the Hospital at Trevison, where he was received towards evening.

Having examined his hand, I had no trouble to recognize an aneurism, resulting from the wound made in the superficial palmar arch, with the peculiarity of a little ecchymotic spot at its summit, resulting from the pressure of the bandage. The tumor presented all the classic signs of aneurism, was reducible, and was about of the size of a nut, somewhat pointed.

Having half an hour at my disposal, I attempted at once the digital compression of the humeral artery. I did it alone, without troubling myself to keep up a pressure absolutely constant. Half an hour had not passed, when I ceased the pressure, and, examining the tumor, I found it without pulsation, without souffle, and already solidified.

Well pleased with this result, I continued the pressure fifteen minutes longer, to make more sure of the solidification of the tumor; then I placed the arm in a simple sling, directing the nurse to watch the movements of the patient during his sleep.

At the end of ten days, the tumor had become entirely solid; the patient was permitted to go home, with directions not to use the arm, and to return in a month. Having returned at this time, the tumor was found quite solid, and reduced to half its original size. The cure was permanent.

VIOLENT HICCOUGH, OF SEVERAL MONTHS' DURATION, ARISING FROM INTESTINAL WORMS.

Dr. Cavasse was consulted about a little girl, near Carmes, about 10 years of age, who, having previously always enjoyed good health, was taken, towards the end of June, in the year previous, with divers symptoms, among which was a hiccough, of uncommon violence. This hiccough lasted, at least, eight hours every day, by turns of an hour or two, and ceased entirely during sleep. The contractions of the diaphragm were sometimes so deranged, that respiration could only be effected by spasmodic efforts (sobresauts), the child appearing then to be in immediate danger of death by asphyxia. The child, moreover, had a capricious appetite, a sensation of a foreign body in the throat, pains in the stomach, oppressions, palpitations; she was very pale, and her lower eye-lids were bluish. There was also anæmia, nutrition evidently suffering. There was, however, no fever, nor any cerebral affection which could account for the hic-

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cough; but she happened, in some of her attacks, to vomit her food, and with this a lumbricus was found, on two occasions. The Doctor thought this was the cause of the trouble; and his treatment verified his diagnosis.

About Nov. 1st. after the administration of the first vermifuge (*Calomel*) the child expelled, upwards, as well as downwards, a dozen of lumbrici; and the hiccough disappeared at once. Other worms were expelled five days after, subsequent to a dose of *Castor oil;* then, somewhat later, under the influence of *Semen contra.* After a while, as the child passed no more worms, had no more hiccough, enjoyed a regular appetite and good digestion, all treatment was abandoned. But Dec. 1st, another lumbricus was discharged, and the hiccough returned. A new vermifuge was given, which occasioned the expulsion of some other worms. The hiccough now ceased, not to appear again, as M. Cavasse was assured. (Gaz. des Hôp., 1867, and Bull. Gén. de Thér., LXXIII., 332.)

THE NINTH ANNUAL ANNOUNCEMENT OF THE HAHNEMANN MEDICAL COLLEGE. — The Report of the Trustees gives a flattering account of the past success and present status of this institution. Dr. Hale, we see, has resigned the chair of Materia Medica — vacancy not yet filled; and Dr. H. C. Allen, formerly of Cleveland, has taken the chair of General and Descriptive Anatomy — the previous incumbent of this chair having assumed the chair of Practical and Pathological Anatomy.

JOHN BARKER, M.D., BROOKLYN, N. Y.

AT the Annual Meeting of the Homœopathic Medical Society of the County of Kings, held on Tuesday evening, May 12th, 1868, the following Resolutions were adopted, viz:

WHEREAS, Since the last monthly meeting of the Homœopathic Medical Society of the County of Kings, we have been called to mourn the loss of another of our members, DR. JOHN BARKER, one of the brightest ornaments of our profession, and who, by his peculiarly genial manners and sincere devotion to the interests and welfare of others, won, in an eminent degree, the confidence and esteem of a very large circle of friends and patrons in the community, and who, by his uniform courtesy and kindness, commanded the respect and affectionate regard of his professional associates, while yet in the prime of life, and in the full tide of usefulness, was, after a painfully protracted illness, removed by death, from the sphere of his earthly labor, on the 18th of April last;

Resolved, That in the death of DR. BARKER, we mourn the loss of a faithful, talented and successful physician, a genial, warm-hearted friend and brother, a conscientious, Christian man.

Resolved, That we tender to the large circle of friends and patrons of our beloved brother, who, by his death, suffer the loss of a skillful physician, endeared to them by a life of kindness and devotion to their welfare, in many seasons of trial and affliction, our heartiest sympathies.

Resolved, That, while we join with his deeply-afflicted circle of relatives, in sorrow for the loss of a brother and friend beloved, we thank God, and rejoice that, throughout his sickness, he was sustained by an unwavering confidence and trust in Christ as his Saviour, and, in the hour of death, was enabled to rejoice in the hope of a blessed immortality.

Resolved, That a copy of these Resolutions be handed to the friends of our deceased brother, and that they be published in the papers of this city, and in the Homœopathic journals.

HENRY MINTON, M.D., *President.*

B. FINCKE, M.D., *Rec. Sec'y.*

BIOGRAPHICAL NOTICE.

R. E. DUDGEON, M.D.

WE have the pleasure, in this number, of presenting our readers with the lithograph of our trans-Atlantic friend and colleague, Dr. R. E. Dudgeon, so well known to us all, that any attempt to make him better known, may seem superfluous. However, as we have a few items from a responsible

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source, which may not be generally known, we shall venture to make an attempt on his life.

Dr. R. E. Dudgeon was born at Leith, in Scotland, in the year 1820. Of his parents, we know nothing, except, by inference, that they were people who valued the blessings of a good education, as we find that their son enjoyed all the benefits of a training at the famous High School in Edinburgh, whence he was transferred to the University, and, in due time, graduated with high honors. In 1839, he received the diploma of the College of Surgeons of Edinburgh; but, not satisfied with the knowledge there obtained, he visited the medical schools of Paris, Dublin, and Berlin: and, having thus become familiar with the theory and practice of medicine, he returned to Edinburgh in 1841, and took the degree of Doctor of Medicine at the University.

In 1842, Dr. Dudgeon launched his well-stored bark upon the sea of life, by setting up in practice in Liverpool — no doubt full of hope, and well satisfied that the skill which he had acquired by so much study, would prove adequate in the encounter with the most formidable diseases. But the Doctor's bright hopes were not all realized; experience on the battle-field taught him that there were many foes too sturdy to cry for quarter at the first blow. At this time, he fell in with his old friend, Dr. Drysdale, whom he found settled in Liverpool, and practicing Homœopathy. Dr. Drysdale, in conjunction with Drs. Russell and Black, was then engaged in getting up a periodical organ of Homœopathy, the "British Journal of Homœopathy;" and prevailed on Dr. Dudgeon, who was not overburdened with practice, to assist him, by translating articles from the German, for publication in the "Journal." Dr. Dudgeon translated for the first volume, Hahnemann's introduction to *Arsenic;* Schmid on the use of *Cuprum aceticum;* Kurtz's paper on the comparative statistics of Allopathic and Homœopathic treatment; Trink's critical remarks; the proving of *Ranunculus sceleratus*; Schmid's remarks on *Opium;* and several minor articles. This work naturally led Dr. Dudgeon to think there was more in Homœopathy than he had been taught at the medical schools; and the following year, he was so far infected with the Homœopathic heresy, that he assisted Dr. Drysdale in his proving of *Bichrom. of Potash;* and went over to Manchester, to make the drawings of the morbid appearances observed in the workmen employed in the manufacture of that substance, which were published, along with the proving of the *Bichrom.*, in the 2nd Vol. of the "British Journal of Homœopathy."

The way was thus laid open for him to inquire into a better way than any he had learned from the renowned teachers at whose feet he had sat. It would be interesting and instructive to know just what finally decided such a well-stored and well-balanced mind to turn his back upon all his fellows, and take up the cross of Homœopathy — for we presume it was in England, in those days, as it was in this country: those who embraced Homœopathy were looked upon as unmitigated knaves or fools, by every body; — such a notion now is entertained by none but fossils. The world does move: those who stand still and look back, should remember Lot's wife.

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Whatever these causes may have been, they were efficient; and we can not doubt that they were worthy of him, as a man and a scholar, since they impelled him at once to abandon his practice, and set off in search of more light upon this new medical system. Accordingly, we find him spending the winter of 1844-5 in Vienna, studying Homœopathy in Fleischmann's Hospital. Thus equipped with new weapons, he returned to his native land in the spring of 1845, and established himself in London, where he now resides. In 1846, he became one of the Editors of the "British Journal of Homœopathy," (Drs. Drysdale and Russell being, at that time, the others;) and his editorial connection with this journal, still continues. He has been a prolific contributor to its pages; and to his exertions is it, in no small degree, owing, that this journal has always held a foremost place among medical journals, whether of our or any other school. In the winter of 1852-3, he delivered a course of Lectures at the Hahnemann Hospital; these Lectures were published in 1854. Besides a Life of Hahnemann, which occupies the first chapter, they contain a critical analysis of all his views and methods of practice, with those of the most celebrated writers on the subject; so that, in a small space, they contain a compendious view of all that constituted Homœopathy up to the day of their delivery. They are written in a style clear as well as forcible, and with such an undercurrent of humor, that they are quite as entertaining as instructive. They should be made a text-book in all our colleges; for no where else, in the English, or any other, language, is there to be found, in such narrow limits, such a complete exposition and history of Homœopathy. Previous to the publication of these Lectures, Dr. Dudgeon had translated Hahnemann's "Organon" and his "Lesser Writings," and written Vol. I. of the "Pathogenetic Cyclopœdia" — the best work, of the kind, which has fallen into our hands; so good is it, that we have never ceased regretting that the Doctor could not have seen reason good for completing the work, in the same style. Besides these labors, he lent a helping hand in the preparation of the "Hahnemannian Materia Medica" and the "New Repertory," of the former of which, but one number was issued, and the latter, we have never seen.

But Dr. Dudgeon's activities are not confined to his practice and his literary labors, as he is a member of the Pathological Society of London and the Hahnemann Medical Society, and was for several years, Secretary of the British Homœopathic Society. His labors have been recognized by many Homœopathic Medical Societies in Europe, and North and South America, of which he has been made member. He is a Fellow, also, of the Anthrop and Zoölogical Societies of London; and last, though not least, he is full private in the London Scottish Rifle Volunteers. In such a wide range of labors, one might well find scope for the greatest versatility of talent; while unusual application and industry must have been requisite for the accomplishment of so much, in the midst of all the wear and tear of professional life. We trust that the Doctor may be spared many long years yet, to complete more fully what he has already so well commenced.

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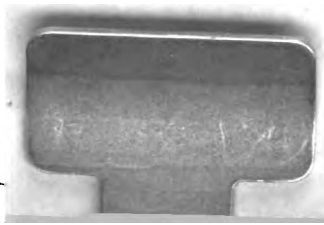
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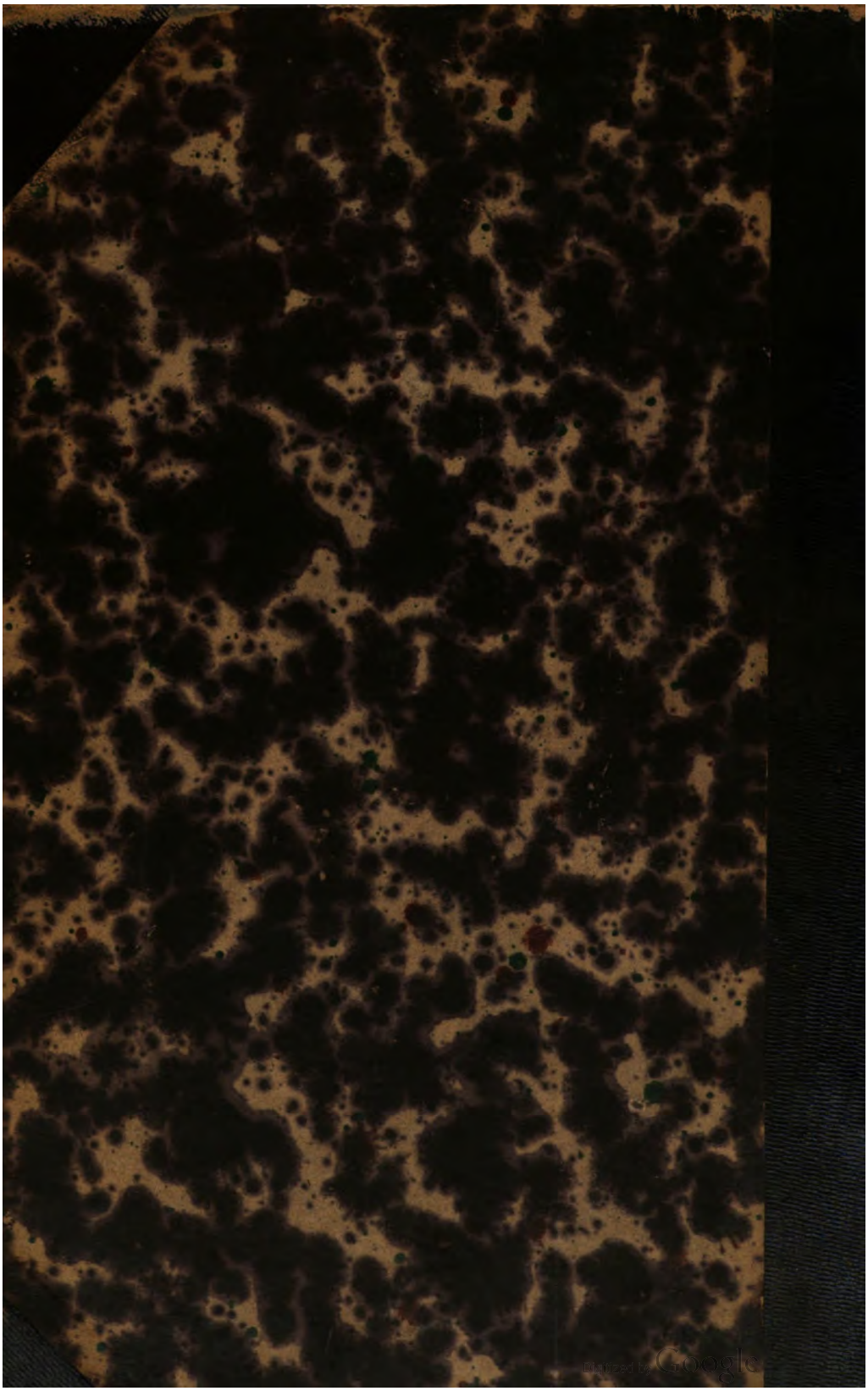
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